

Property Damage and Loss Claim Form

www.chartisinsurance.com.hk



This form must be completed truthfully and accurately.

The list of documents required is not exhaustive and we reserve our right to request from you any additional information/documentation, as necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.

The completed form should be returned to us together with all supporting documents as soon as possible at the following address:

Claims Department
Chartis Insurance Hong Kong Limited
46/F, One Island East
18 Westlands Road
Island East Hong Kong
852 2838 9916 Facsimile

Claims Department
Chartis Insurance Hong Kong Limited (Macau Branch)
Unit 506, 5/F, AIA Tower
No 251A-301 Avenida Comercial de Macau
853 2835 5299 Facsimile

General documents required:

- Incident report or letter issued by relevant authorities
- Original purchase receipts of the damaged item(s)
- An estimate of repair quotation, if the damaged property can be repaired
- A replacement quotation, if the damaged property needs to be replaced
- Police Report (Only for loss caused by theft, burglary or robbery)
- Photos showing the loss or damage

Section I - General Information

Policy/certificate no.	Name of insured:	Name of contact person:
Contact person's E-mail address:	Telephone no. (Office):	Telephone no. (Mobile):
Mailing address of insured:		
Name of agent/broker:	E-mail address:	Telephone no.:
Please provide full details of all claims made against any insurance company in the past 5 years, if any.		

Section II - Description of Incident

Date of loss (MM/DD/YYYY):	Time of loss:	Place of loss:
Brief description of the circumstances:		
If the loss is covered by other insurance, please state the name of the insurance provider, the nature of insurance & policy no.		
Contact details (including name, address & telephone no.) of witness(es) or person(s) who discovered the loss:		
Name & address of the police station where the incident was reported to, if any:		
Date of report (MM/DD/YYYY):	Time of report:	Report no.:

Section V - Declaration and Authorization

I/WE HEREBY DECLARE that to the best of my/our knowledge and belief, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind. I/We agree that any of my/our/the insured's personal information collected or held by Chartis Insurance Hong Kong Limited and/or Chartis Insurance Hong Kong Limited (Macau Branch) ("the Company"), (whether contained in this claim form or otherwise obtained) is provided and may be held, used and disclosed by the Company to individuals/organization associated with the Company or any selected third party (within or outside Hong Kong, including reinsurance and claim investigation companies and industry associations/ federations and other service provider providing services relevant to insurance business) for the purpose of processing this claim. I/We understand that the furnishing of this notification form is not an admission of liability on the part of the Company. I/We further authorize any individual or entity holding any records including any statements taken or knowledge of me/us which is/are relevant to the settling of this claim and/or the insurer's right of recovery thereunder to furnish such records or knowledge to the Company or its authorized representatives. A photocopy of this authorization shall be considered as effective and valid as the original.

I/We hereby irrevocably authorize:

- a. any individual or entity holding any records including any statements taken or knowledge of me/us which is/are relevant to the settling of this claim and/or the insurer's right of recovery thereunder to furnish such records or knowledge to the Company or its authorized representatives. A photocopy of this authorization shall be considered as effective and valid as the original; and
- b. the police that has any of my/our informatin to provide the Company with the information including but not limited to the police reports, witness statements, investigation and/or prosecution results.

This authorization shall bind the Claimant(s)' successors and assigns and remain valid notwithstanding the Claimant(s)' death or incapacity in so far as legally permissible. A photocopy of this authorization shall be as valid as the original.

Name of reporter:	Signature of reporter:
ID card no./passport no.:	Date (MM/DD/YYYY):
Name of insured:	Signature of insured with company chop:
Date (MM/DD/YYYY):	