

MEMORIGIN WATCH ROBBERY & THEFT INSURANCE CLAIM FORM 萬希泉手錶 盜竊保險索償表格

Personal Information Collection Statement

Purposes of Collection

The information you provide us is used for the purposes of :

- carrying out your instructions, arranging and providing the requested insurance covers;
- providing services relating to insurance covers contracted, including settlement of claims;
- providing you with information concerning the business or products of our company or of our subsidiary or associated companies;

and for any other purposes related to the above. Failure to supply such information may result in our being unable to provide the requested insurance covers or related services.

Transfer of Personal Data

Personal information held by us is kept confidential but we may provide such information to :

- reinsurers, intermediaries, contractors, third-party service providers, and other persons who provide services to us in connection with our business;
- statutory governmental or regulatory bodies or insurance industry organisations and institutions;
- our subsidiary or associated companies.

Access to Personal Data

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Falcon Insurance Company (Hong Kong) Limited. Request for such access can be made to :

Data Protection Officer
Falcon Insurance Company (Hong Kong) Limited
Suites 7-11 3/F Cityplaza Four
No.12 Taikoo Wan Road
Taikoo Shing
Hong Kong

個人資料收集聲明

收集目的

閣下所提供的資料將用作於：

- 執行閣下的指示及安排閣下要求的保險保障，
- 提供保險合約內的有關服務，包括理賠服務，
- 為閣下提供本公司或附屬公司、聯營公司的業務和產品資訊，

及與以上有關的其他業務運作。倘若閣下提供的資料錯誤或不完整，會導致本公司無法按閣下之要求提供保險保障和有關服務。

個人資料轉交

本公司對個人資料是絕對保密，惟可能提供此資料予：

- 任何向本公司提供有關業務運作服務之人仕、再承保公司、中介人及其他承約商，
- 官方監管機構及保險界組織及團體，
- 本公司的附屬公司及聯營公司。

索閱個人資料

閣下有權查閱及要求更正由富勤保險(香港)有限公司持有有關閣下的個人資料，如有此項要求，可向富勤保險(香港)有限公司索閱：

資料保護主任
富勤保險(香港)有限公司
香港太古城
太古灣道十二號
太古城中心第四期三樓七至十一室



A member of
the Insurance Claims Complaints Bureau

PART I - INSURED PERSON DETAILS

甲部 - 受保人資料

- 1) Name of Insured Person _____
受保人名稱
- 2) Policy Number _____
保單號碼
- 3) Address _____
地址
- 4) Name of contact person _____ 5) Contact No. _____
聯絡人姓名 聯絡電話

PART II - LOSS DETAILS

乙部 - 損失資料

- 1) Date of loss _____ 2) Time _____ a.m. / p.m.
損失日期 時間 上午/下午
- 3) Where did the loss occur? (please give full address) _____
損失在何處發生?(請詳述地址)
- 4) How did the loss occur? (Please give full details showing how access to the property was effected, particularly whether there were signs of forcible entry or exist from the premises)
損失如何發生?(請詳述竊匪如何進入屋內,並指出在該樓宇內有否被強行進入或離開的痕跡)
- 5) Full description of the watch: Date of Purchase _____ Receipt/Invoice No. _____
請詳述手錶資料: 購買日期 發票號碼
- Model No. _____ Serial No. _____ Purchase Costs _____
型號 序號 購買價值
- Place of Purchase _____
購買地點

Special Note : Please attach the original purchase Receipt or Invoice

注意事項 : 請附上正本發票或收據

PART III - GENERAL DETAILS
丙部 - 一般資料

1) Is the Insured Person the sole owner of the property?

被保人是否財物之唯一擁有人？

Yes 是

No 否

- If 'No', please provide the identity of the owner:
如「否」，請提供物主資料

2) Are there any other insurance upon the same property?

是否有其他保險保障該財物？

Yes 是

No 否

- If 'Yes', please provide the related policy copies
如「是」，請提供有關保險單副本

3) Has the Insured Person sustained other losses of the same nature?

過往曾否遭遇同樣性質的損失？

Yes 是

No 否

- If 'Yes', please give full details:
如「是」，請詳述之:

4) Is the premises occupied at the time of loss?

事發時該樓宇單位是否有人居住？

Yes 是

No 否

- If 'No', how long has the premises been unoccupied?
如「否」，該樓宇單位空置了多久？

5) Is the premises equipped with any alarm system?

該樓宇單位有否裝置防盜系統？

Yes 是

No 否

- If 'Yes', please give brand name and model no.
如「是」，請詳述其品牌及型號

PART IV - POLICE REPORTING DETAILS

丁部 - 報案詳情

Did anyone report to the police? Yes No
是否已向警方報案? 是 否

i) If "Yes", please provide the following details:
如「是」, 請提供下列資料:

Police Report No. _____ Name of Police Station _____
報案編號 警署名稱

ii) If "No", please state the reason: _____
如「否」, 請提供原因:

PART V - DECLARATION & AUTHORIZATION

戊部 - 聲明及同意書

I/We confirm that I/we have read and fully understand the Purpose of Collection of my personal data. I/We agree to the transfer of my data to the relevant parties as stated in the section of Transfer of personal Data.

本人/吾等確認已閱讀, 並清楚明白收集本人/吾等個人資料之目的。本人/吾等同意富勤保險(香港)有限公司, 將本人/吾等的個人資料, 根據“個人資料轉交”一項所列, 移交予有關人仕。

I/We do hereby affirm and declare that the above statements and the statements contained in the list of lost or damaged items are in all aspects true and complete and are made without reservation of any kind. I/We do further affirm and declare that to my/our knowledge no other person than myself/ourselves has any interest in the said property by bill of sale or as owner, mortgagee, trustee or otherwise, and that there are no other insurance except as specified in Part IV(2) above, effected on the said property by me/us, or so far as I am/we are aware, by any other person.

本人/吾等謹此證實及聲明以上所述及於損失或損毀清單內所述之內容皆屬真實, 並無隱瞞或保留。本人/吾等並再次證實及聲明, 據本人/吾等所知, 除本人/吾等外並無任何其他人士以銷售單據或以財物主人, 按揭人, 託管人或其他身份對所述財物擁有主權; 除如丁部(2)所述外, 而本人/吾等或其他人等亦無向其他保險公司投保該財物。

LETTER OF CONSENT

同意書

I/We consent to the relevant party(ies) releasing my/our statement, personal data, sketches, investigation result, brief facts and notes of proceeding in relation to the this incident to Falcon Insurance Company (Hong Kong) Limited.

I/We confirm that the copy of this Consent has the same effect as the original.

本人/吾等現同意有關部門就有關於此事件提供本人之口供, 個人資料, 草圖, 調查結果, 案情簡介及審判過程給予富勤保險(香港)有限公司。

本人/吾等確定同意書的副本, 與正本擁有同樣效力。

Signature of Insured (with company chop if incorporated)
受保人簽署(及公司蓋章, 如適用者)

Date
日期

Ref. 檔案編號：

Letter of Consent 同意書

Incident on 事故日期

Location 事故地點

I, _____, consent to the relevant party(ies) releasing my statement, personal data, sketches, investigation result, brief facts and notes of proceeding in relation to the captioned incident to **Falcon Insurance Company (Hong Kong) Limited**.

I confirm that the copy of this Consent has the same effect as the original.

本人，_____，現同意有關部門就有關於上述事件提供本人之口供，個人資料，草圖，調查結果，案情簡介及審判過程給予**富勤保險(香港)有限公司**。

本人確定同意書的副本，與正本擁有同樣效力。

Signature 簽署

Name (in block letter) 姓名 (以正楷填寫)

I.D. Card No./ Passport No. 身份証號碼 / 護照號碼