A FAIRFAX Company

FALCON
Falcon Insurance Company (Hong Kong) Limited
富勤保險(香港)有限公司

To : **Falcon Insurance Company (Hong Kong) Limited**

Claim No.: 120

From: Policyholder: _____

Policy No.: 1 2 0 - | | | | | | |

Date: _____

SUBMISSION OF MEDICAL CLAIMS DOCUMENTS

1. Total Number of Claim Forms Attached: _____
2. Total Amount Claimed:

H K D	
U S D	
R M B	

3. Remarks: _____

_____

_____

_____

_____ _____
Name & Title Authorized Signature

For Office Use Only Date

Overall Status: | | | Date Entered By _____ _____

Date Claim Processed: D D M M Y Y | | | | | | Checked By: _____ _____

6/F DCH Commercial Centre
No.25 Westlands Road
Quarry Bay, Hong Kong

Tel 電話：(852) 2232-2888
Fax 傳真：(852) 2232-2899
Website 網址：www.falconinsurance.com.hk

香港鰂魚涌
華蘭路二十五號
大昌行商業中心六樓

商界展關懷 caringcompany 2007/08
Awarded by The Hong Kong Council of Social Service 香港社會服務聯會頒發