

## HOMEGUARD – HOME CONTENTS INSURANCE CLAIM FORM 家居樂 – 家居財物保險索償申請表

(Please complete in block letters 請用正楷填寫)

### MAKING A CLAIM 索償須知

- Please **READ** your policy and relevant documents to check if your claim is covered under the policy terms and conditions. 請查閱保單細則及有關文件，確保該項索償已納入為承保範圍之內。
- Please **SUBMIT** a completed claim form, together with original copies of all relevant documents supporting your claim, to Claims Div., RSA at 32/F., Dorset House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. 請將填妥的索償表格連同有關證明文件之正本，寄回香港鰂魚涌英皇道 979 號太古坊多盛大廈 32 樓 RSA 索償管理部收。

Insured's Information 受保人資料			
Name of Insured 受保人姓名		Policy No. 保單號碼	
Corresponding Address 通訊地址			
Premise Insured 受保地址			
Name of Domestic Helper (if any) 受保家傭姓名 (若適用)		Employer's HKID No. 僱主之香港身份證號碼	
Date of loss 意外發生日期		Daytime Contact No. 日間聯絡電話號碼	
Are you an owner or a tenant? 你的居所是自住還是租出? *Please delete the inappropriate one (請刪除不適用者)			
		Owner/Tenant 自住/租出*	
Other insurance for lost items, if so, please provides us with the details. 您有否為損毀財物額外投保。如「有」者，請提供詳情。 <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please put a ✓ in the appropriate box of your claim below. Please list items & indicate the amount of your claim in details.  
請在格內用✓選擇索償之項目及詳細列出索償之內容及數目。(If there is insufficient space on the claim form, please specify the details on a separate sheet clearly and indicate which section the information relates to. 如空位不足，請另附紙張填寫，並列明所述之項目名稱。)

<input type="checkbox"/> <b>Household Contents 家居財物保障</b>	<input type="checkbox"/> <b>Alternative Accommodation 臨時住所</b>	
<input type="checkbox"/> <b>Freezer Contents 雪藏食品</b>	<input type="checkbox"/> <b>Temporary Removal 臨時搬遷</b>	
You should notify police immediately for the following claims 以下的索償必須立刻通知警方：		
<input type="checkbox"/> <b>Burglary/Robbery Injury 因爆竊或搶劫引致損傷</b>	<input type="checkbox"/> <b>Damaged Locks/Windows 門鎖/窗戶損毀</b>	
<input type="checkbox"/> <b>Domestic Helper's Effects 家庭傭工個人財物</b>	<input type="checkbox"/> <b>Personal Effects and Valuable 個人財物遺失或損毀</b>	
Cause and Circumstance of Accident 意外發生的原因及經過		
<u>Damage/Lost Item 損毀/遺失項目</u>	<u>Year of Purchase 購買年份</u>	<u>Currency/Claim Amount 索償金額</u>
Documents Attached 附加文件		
<input type="checkbox"/> Photos of Damage Items 損毀財物照片		<input type="checkbox"/> <u>Original Receipt of the Items 財物之發票正本</u>
<input type="checkbox"/> Police Report 警方報告(case no. 檔案編號: _____)		<input type="checkbox"/> Others (Please specify) 其他 (請註明): _____
<input type="checkbox"/> <b>Personal Liability 個人責任</b>		
<u>Circumstances of Third Party Claim 第三者索償之情況</u>	<u>Currency/Claim Amount 索償金額</u>	
Documents attached to prove my loss 附加文件以證明有關損失:		

<input type="checkbox"/> <b>Death &amp; Permanent Total Disablement 意外死亡及永久完全傷殘</b>	
<u>Circumstances 意外情況</u>	<u>Description of Injury 受傷情況</u>
Documents Attached 附加文件 <input type="checkbox"/> Medical Report 醫療報告 <input type="checkbox"/> Consent Letter for Medical Record 索取醫療報告的授權信 <input type="checkbox"/> Others (Please specify) 其他 (請註明): _____ <input type="checkbox"/> Police Report 警方報告(case no. 檔案編號: _____) <input type="checkbox"/> Death Certificate 死亡證明書	
<input type="checkbox"/> <b>Employees' Compensation 家庭傭工保障</b>	
<u>Circumstances 意外情況</u>	<u>Description of Injury 受傷情況</u>
Documents Attached 附加文件 (Can be collected from Labor Department 可於勞工處索取) <input type="checkbox"/> Form 2B 表格 2B <input type="checkbox"/> Form 2 表格 2 <input type="checkbox"/> Form 5 表格 5 <input type="checkbox"/> Form 7 表格 7 <input type="checkbox"/> Others (Please specify) 其他 (請註明): _____	
<input type="checkbox"/> <b>Medical and Hospitalization Expenses 醫療及住院費用</b>	
<u>Reason/Diagnosis &amp; date first occurred 原因/病情及首次發現日期</u>	<u>Currency/Claim Amount 索償金額</u>
Documents Attached 附加文件 <input type="checkbox"/> Original Medical Receipt 醫療費用之單據正本 <input type="checkbox"/> Medical Report 醫療報告 <input type="checkbox"/> Consent Letter for Medical Record 索取醫療報告的授權信 <input type="checkbox"/> Others (Please specify) 其他 (請註明): _____	
<input type="checkbox"/> <b>Repatriation Expenses 送返原居地費用</b>	
<u>Circumstances 意外情況</u>	<u>Description of Injury 受傷情況</u>
Documents Attached 附加文件 <input type="checkbox"/> Medical Report 醫療報告 <input type="checkbox"/> Consent Letter for Medical Record 索取醫療報告的授權信 <input type="checkbox"/> Others (Please specify) 其他 (請註明): _____	
<b>Declarations 聲明</b>	
I declare to the best of my knowledge and belief that the information given is true in every respect. I agree that any concealment or incorrect statement in connection with this claim may result in prosecution and the policy shall become void. 本人謹此聲明，根據本人所知及所信，本索償表格上填報之資料均實屬無訛。本人並同意，任何蓄意欺騙或隱瞞將構成法律責任並導致保單失效。	
Signature of the Insured 受保人簽署 _____ Date 日期 _____	
<b>For claims assistance, please call our CLAIMS HOTLINE at 2968 3221 (9:00am to 5:30pm) every Monday to Friday.</b> 如有任何查詢，請於星期一至五上午九時至下午五時半，致電索償熱線 2968 3221。	

**Notice of Personal Information Collection 個人資料收集聲明**

Any person from whom the Company has collected personal information shall have the right to enquire the purpose of using the information, the right of access to and the right to request correction of the personal information concerning themselves. Such request can be made to the Compliance Officer of the Company via, mail to 32/F., Dorset House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong, or fax to +852 2968 5111, or email to [hk\\_compliance@hk.rsagroup.com](mailto:hk_compliance@hk.rsagroup.com). 任何人士若曾經提供個人資料給本公司，均可查詢其資料用途、查閱及更改有關資料。有關查詢及申請可循下列途徑向本公司之條例事務主任提出：郵寄至香港鯉魚涌英皇道 979 號太古坊多盛大廈 32 樓，或傳真至+852 2968 5111，或電郵至 [hk\\_compliance@hk.rsagroup.com](mailto:hk_compliance@hk.rsagroup.com)。