



安达保险有限公司
上海市浦东新区
世纪大道 1229 号
东方汇广场 801 室
邮编: 200122

Chubb Insurance Company Limited
Unit 801 Century Metropolis
No. 1229 Century Avenue
Pudong, Shanghai
200122, P.R.C.

电话/O: (86 21) 2325 6688
传真/F: (86 21) 5292 5880
服务热线/Service Hotline: 400 889 2120
www.chubb.com.cn

PROPERTY CLAIM FORM 财产险索赔申请表

Important: The insured is requested to state as fully and accurately as possible the information asked for hereunder and to return this form immediately to the company via email to: **chn.claims@chubb.com** **The acceptance of this form is not in itself an admission of liability on the part of the Company.**

重要提示: 请索赔人尽可能全面而准确地填写此表格, 并返还保险公司(报案邮件地址: **chn.claims@chubb.com**)。接受本申请表并不表示本公司已承认赔偿责任。

THE INSURED 被保险人	Name : _____ 公司名称	Policy No.: _____ 保险单号码
	Business or Occupation: _____ 业务性质	Address: _____ 地址
	Contact Person: _____ Tel. No.: _____ 联系人 电话	Email: _____ 电邮地址
	Are there any other insurance in force which would cover this loss in whole or in part? 有无其他有效保险保障此次事故造成的全部或部分损失?	
	<input type="checkbox"/> Yes(是) <input type="checkbox"/> No(否) If answer is YES, state: 如选‘是’, 请告知:	
	Name of Insurer: _____ 投保公司名称	Policy Details: _____ 投保险种明细

THE LOSS 损失	Date & Time: _____ 日期/时间	Location: _____ 地点
	Describe in details how the accident occurred. 陈述事故原因和经过 _____ _____ _____ _____	
	When did you receive notice of the accident, from Whom? _____ 您何时收到意外事故的报告, 报告人的名称	
	Whether Fire Dept. or Police was informed and any investigation was carried out? <input type="checkbox"/> Yes <input type="checkbox"/> No 消防部门或警方是否到出事现场调查 是 否	
	If Yes, At which Fire Dept. or Police Station was this loss/damage reported? _____ Tel. No.: _____ 如果是, 您所报案的消防部门或警方名称	
	If it is a theft loss, any forcible and violent evidence was found at the risk premise? <input type="checkbox"/> Yes <input type="checkbox"/> No 如果是偷盗案件, 事发现场是否有暴力进入或毁坏的明显痕迹 是 否	
	If Yes, please detail: _____ 如果是, 请详细说明	
	If No, please advise how to support the property was stolen? _____ 如果不是, 请告知有何证据显示该财产被偷窃	
	Are you the sole owner of the property lost or damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No 您是否是受损财产的唯一拥有人? 是 否	
	If No, please detail: _____ 如果是, 请列明对该受损财产享有权益的其它方	
	Whether there is any third party liable for this accident? <input type="checkbox"/> Yes <input type="checkbox"/> No 事故的发生是否由于其它方的疏忽造成 是 否	
	If Yes, Name and address of the third party: _____ Tel. No.: _____ 如果是, 请给出其它方的名称和地址	

THE STATEMENT OF CLAIM 索赔清单	Description of article lost or damaged 描述受损物品	From whom article purchased 从何处购得	Date of purchase 购买时间	Price paid at the purchase 购买价值	Repair or Replacement cost 修复或重置费用	Amount claimed 要求赔偿金额

<p>ANTI-FRAUD WARNING & THE DECLARATION 反保险欺诈提示及声明</p>	<p>Good faith is the basic principle of insurance contracts. Fraudulent insurance activities may result in the following liabilities 诚信是保险合同基本原则，涉嫌保险欺诈将承担以下责任：</p> <p>【Criminal】 Fraudulent insurance activities may result in criminal sentence of criminal detention, and fine or confiscation of property. Surveyors or appraisers of insurance accidents, who facilitate others to commit fraud by intentionally providing false evidence, may constitute accomplices of insurance fraud. 【刑事责任】进行保险诈骗犯罪活动，可能会受到拘役、有期徒刑，并处罚金或者没收财产的刑事处罚。保险事故的鉴定人、证明人故意提供虚假的证明文件，为他人诈骗提供条件的，以保险诈骗罪的共犯论处。</p> <p>【Administrative】 Fraudulent insurance activities which do not constitute a crime may be punished by administrative penalties of detention up to 15 days and/ or a fine up to 5000 RMB. Surveyors or appraisers of insurance accidents, who facilitate others to commit fraud by intentionally providing false evidence, may also be subject to corresponding administrative penalties. 【行政责任】进行保险诈骗活动，尚不构成犯罪的，可能会受到 15 日以下拘留、5000 元以下罚款的行政处罚；保险事故的鉴定人、证明人故意提供虚假的证明文件，为他人诈骗提供条件的，也会受到相应的行政处罚。</p> <p>【Civil】 If the insurance applicant fails to perform his information disclosure obligations intentionally or due to gross negligence, the insurance company shall be exempt from the obligations of paying the insurance compensation. 【民事责任】故意或因重大过失未履行如实告知义务，保险公司不承担赔偿或给付保险金的责任。</p> <p>I/We hereby declare that I have read and acknowledged the above Anti-Fraud Warning, and I/we have complied with the conditions and warranties of the Policy. I/We declare that all the aforesaid statements are true with no false and omission, and I/we have not concealed any information relating to this claim. 我/我们声明我/我们已经阅读并知晓《反保险欺诈提示》，并遵守和履行了保单所规定的要求和义务。我/我们所填写的内容全部属实，没有隐瞒任何与此次损失有关的讯息。</p> <p>I/We understand that the acceptance of this form is not in itself an admission of liability on the part of the Company. 我/我们明白 Chubb 并不因提供或接受此索赔申请表而承认其赔偿责任，且不因此而放弃保险合同项下应有的权利。</p> <p>Signature of Insured _____ Position _____ Date _____ Company's stamp 签字并盖公章 职位 日期</p>
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