

安达保险有限公司 上海市浦东新区 博成路 1101 号 华泰金融大厦副楼 3 楼 邮编: 200126 Chubb Insurance Company Limited 3rd Floor Annex, Huatai Financial Building No. 1101 Bocheng Road Pudong, Shanghai 200126, China 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	Name :						
被保险人	公司名称	保险单号码					
E-VIVIEN >	Business or Occupation:	Address:	Address:				
	业务性质	地址					
	Contact Person: Tel. No.:	Fmail:					
	联系人 电话	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?						
	□ Yes(是) □ 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	Date & Time:						
损失	日期/时间	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?						
	Whether Fire Dept. or Police was informed and any investigation 消防部门或警方是否到出事现场调查	was carried out?	□ Yes 是	□ <b>No</b> 否			
	If Yes, At which Fire Dept. or Police Station was this loss/damage 如果是, 您所报案的消防部门或警方名称	1	el. No.:				
	If it is a theft loss, any forcible and violent evidence was found at 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	the risk premise?	□ Yes 是	□ <b>No</b> 否			
	If Yes, please detail:						
	If No, please advise how to support the property was stolen? 如果否, 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? U Y 您是否是受损财产的唯一拥有人?						
	If No, please detail:						
	Whether there is any third party liable for this accident? U Y 事故的发生是否由于其它方的疏忽造成 易						
	If Yes, Name and address of the third party: 如果是,请给出其它方的名称和地址	<sup>-</sup>	Tel. No.:				

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THE STATEMENT OF CLAIM 家赔清单	lo	scription of article ost 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	
AKAH119 T								
适用于财产险的	A. 理赔申请书; B. 事故发生时的固定资产台帐、资产负债表、库存表等;							
基本索赔资料清   单	C.	事故发生时的固定资产台帐、资产负债表、库存表等; 事故描述及辅佐证明材料,如:照片/目击证人的证词等;						
一     仅物质损失	D.	相关部门出具的事故调查报告,如:警方报案记录/消防报告等(如有);						
K 10/M JA X	E.	索赔清单,请列明受损财物的数量、种类、型号、购买日期、价值、要求赔偿金额;						
	F.	G. 维修/重置方案和费用报价(请附维修供应商签章)、维修/重置发票和其它票据; H. 损坏物品的原始购置发票、购置合同、保修合同及其它相关单据; E. 残值处理情况及残值证明; D. 致第三方的书面索赔函及对方回复(如有);						
	G.							
	Н.							
	I.							
	J.							
	K.							
	L.	其他视案情所需	材料。					
若涉及利润险损失 还需 <del>提</del> 供	Μ.	1. 利润表、会计总帐/明细帐和其他有关的财务数据(以往对比数据);						
	N.	生产/销售计划介绍;						
	Ο.	维修、恢复生产/销售计划/时间表;						
	Р.	为恢复生产所需	额外费用的相关文	件				

## ANTI-FRAUD WARNING &

DECLARATION

反保险欺诈提示及 声明 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:

【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。

【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。

【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。

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迅息。

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。

Signature of Insured	Position	Date
Company's stamp 签字并盖公章	职位	日期