



## CARD PURCHASE INSURANCE CLAIM FORM

(Definite and complete answers must be given to each question. The issue or acceptance of this form to you or from you is neither to be regarded as an admission of liability nor as a waiver by the Company of any breach of the policy conditions. (You are required to enclose copies of your charge slip, bills and statement of account from the Bank with this form.))

Name of Claimant in full:		Occupation:	
Address:		Telephone No:	
		Residence:	Mobile:
Card Company:	Type of Card:	Expiry Date of Card:	Card Account No:
Date, time and place of accident/loss:			
State how the accident/loss occurred: (note that it is necessary that the fullest particulars be given. If space is insufficient, please attach separate sheet and continue.)			
State where article/s was/were kept after purchased from the shop:			
Was/Were article/s put to use after it was/were purchased? If so, state when, where and how was/were article/s being put to use:			
Please state your usual place of residence: Since when (state month and year) you have been staying there prior to the purchase of the lost/damaged items:			
Was/Were lost/damage article/s brought back to your usual place of residence? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, please state date and time :			
Type of property lost/damaged:			
Was loss report to police? YES <input type="checkbox"/> NO <input type="checkbox"/>		Police Report No:	
<i>(Please note that police report is required to facilitate the processing of your claim.)</i>			
State the name and address of person who witnessed the loss/damage (if any):			
Total amount of claim:			
Is there any other Insurance in force providing cover for this loss or damage? If so, please advise:			
Name of Insurer:		Insurance Policy No:	

### DECLARATION

I/We hereby declare for foregoing particulars to be true in every respect and that no information has been suppressed and that the sum claimed above represents the amount I/We are entitled to claim in terms of the Policy and the conditions contained therein.

Signature of Claimant:

Date: \_\_\_\_\_

### HSBC Insurance (Asia) Limited

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*Incorporated in the Hong Kong SAR with limited liability.*

