NAVIGATOR
Insurance Brokers Ltd.
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QBE HONGKONG & SHANGHAI INSURANCE LIMITED
A member of the worldwide QBE Insurance Group
17/F, Warwick House, West Wing, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong
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昆士蘭聯保保險有限公司
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CLAIMS HOTLINE 賠償部熱線：	(852) 2877 8608
CLAIMS FAX 賠償部傳真：	(852) 3607 0540

FOR AGENT USE:

Agent name:
Tel no.:

INLAND TRANSIT CLAIM FORM 陸路貨物運輸索償申請表

A. CLAIM PROCEDURES 索償程序

1. If the cargo is delivered in any doubtful condition, put down remarks on the receipt. **Do not sign any clean receipt.**
   如收取貨物時對貨物狀況有懷疑，請於簽收時標示在收據上。**切勿簽發任何證明貨物完好之收據。**
2. Immediate notice of loss / damage should be given to us or the Survey Agents (if overseas) named in the Schedule (Survey fee is customarily paid by the claimant and can be part of a valid claim under the policy.)
   立即通知本公司或保單上的調查公司以安排檢驗（費用由客戶先付。如損失為保單承保範圍內，檢驗費用可一併向本公司索償。）
3. Immediately file a claim in writing to the carriers, forwarders, bailees or other concerned parties in the supply chain for any missing or damaged packages and to reserve the right of recovery.
   立即以書面知會承運人，貨運代理或運輸公司有關貨物損毀及檢驗事宜，以及保留追償權利。
4. Take reasonable measure to avert or minimize damage / loss.
   採取合理措施以減低損失。

B. BASIC INFORMATION 基本資料

1. Policy no. 保單號碼	
2. Name of insured 保戶名稱	
3. Contact person 聯絡人名稱	
4. Telephone no. 聯絡電話	5. Fax no. 傳真機號碼
6. Correspondent address 通訊地址	
	7. Email address 電郵地址

C. LOSS DETAILS 貨損詳情

1. Date of loss 貨損日期	2. Place of loss 貨損地點
3. Nature of loss 貨損情況	4. Cause of loss 貨損原因
5. Name of the carrier and vehicle registration no. 承運人及車牌號碼	
6. Origin / Destination 起點 / 目的地	7. Contract of carriage no. / Receipt no. 運輸單據 / 收據號碼

D. STATEMENT OF CLAIM 索償明細

Model / Carton no. 型號 / 紙箱號碼	Name of the cargo 貨物名稱	Damage / Loss quantity 損失數量	Unit price 單價	Loss amount 損失金額
1.				
2.				
3.				
4.				
5.				
	Estimated salvage value of the damaged cargo 估計受損貨物殘值			
	Claim amount 索償金額			

E. CLAIM DOCUEMENT 索償文件

- ☐ Original insurance policy
  保單正本
- ☐ Original shipping order / Contract of carriage
  運輸單據正本 / 及其他運輸合約正本
- ☐ Original loading receipt and delivery receipt
  裝貨證明及收貨單據正本
- ☐ Original survey report and other documentary evidence showing the extent of loss / damage
  檢驗報告正本及其他貨損證明
- ☐ Invoice and packing list
  發票及裝箱單
- ☐ All correspondence exchanged with the carrier regarding the damage / loss of cargo
  所有與貨運公司或其他相關公司有關貨損的通訊記錄

F. OTHER INFORMATION 其他資料

1. Is this shipment insured under other insurance policy?
   是否有其他保單承保此票貨物？
   ☐ Yes 是
   ☐ No 否

   If yes, please provide a copy of such policy
   如有，請提供保單副本

2. Is this case reported to the police?
   此事件是否已報告警方？
   ☐ Yes 是
   ☐ No 否

   If yes, please provide copy of the statement, letter of consent and the below information
   如已報告警方，請提供口供副本，同意書及以下資料

   ☐ Police station to which the accident is reported to
   報案警署

   ☐ Date of report
   報案日期

   ☐ Police book no.
   警方檔案號碼

G. DECLARATION 聲明

I / We hereby declare that the foregoing particulars are ture in every respect, that I / we have not withheld from the Company any information within my / our knowledge connected with the accident. It is also understood and agreed that the furnishing of this Report form to me / us by the insurance company does not constitute a waiver of their rights entitled under the terms and conditions of the Policy.

本人 / 本公司特別聲明以上所述乃屬實情並無將所知有關該意外之任何情形隱瞞不向貴公司報告。同時，本人 / 本公司同意及明白貴公司供給此表格並不構成貴公司已放棄保單條例之權利。

Insureds signature with company chop:

Date: / /

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service; any claim or investigation or analysis of such claim; and exercising any right of subrogation, and may be transferred to 1) any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes; 2) any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation, and 3) any members of the Federation by the Federation for any of the above or related purposes.Moreover, we are hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right to obtain access to and to request correction of any personal information concerning yourself held by us. Requests for such access can be made in writing to the Personal Data Privacy Officer, QBE Hongkong & Shanghai Insurance Limited, 17/F, Warwick House, West Wing, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong (Telephone: 2877 8488, Fax: 3607 0300)

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