



三井住友海上火灾保险（中国）有限公司

Mitsui Sumitomo Insurance (China) Company, Limited
中国上海市浦东新区世纪大道 100 号 上海环球金融中心 34 楼 T70 室
34-T70, Shanghai World Financial Center, 100 Century Avenue,
Pudong New Area, Shanghai, China

致：三井住友海上火灾保险（中国）有限公司
To: Mitsui Sumitomo Insurance (China) Company, Limited

保险公司签收

财产损失索赔函 · 事故报告书

PROPERTY DAMAGE CLAIM AND ACCIDENT REPORT

POLICY NUMBER 保险单号码:		INSURANCE CLASS 保险险种:	
INSURED 被保险人名称:		CLAIM AMT 索赔金额:	
PRESENT ADDRESS 地址:			
WHICH OCCURRED ON 事故发生日期:	(Y)/(M)/(D) ____/____/____ 年 月 日	LOCATION OF THE LOSS 事故地点:	
SUMMARY OF THE LOSS 事故概要:	<input type="checkbox"/> SEE ATTACHED REPORT <input type="checkbox"/> 附事故损失报告参照	CAUSED BY 损失原因:	
THERE IS NO OTHER INSURANCE APPLICABLE TO THIS LOSS EXCEPT AS STATED HEREUNDER 请说明其他对本事件有效之保险			
INSURANCE COMPANY 保险公司名称	POLICY PERIOD 保险期间	COVERAGE OR BOND FORM 保险险种	AMOUNT OF INSURANCE 保险金额
PLEASE COMPLETE THIS FORM IN DETAIL AS MUCH AS POSSIBLE, OTHERWISE THE CLAIM WILL BE PREJUDICED. IT IS UNDERSTOOD AND AGREED THAT THE FURNISHING OF THIS FORM TO THE INSURED OR ITS PREPARATION BY ANY REPRESENTATIVE OF THE COMPANY OR THE ACCEPTANCE OR RETENTION OF THE PROOF THEREAFTER BY THE COMPANY SHALL NOT CONSTITUTE A WAIVER OF ANY OF THE CONDITIONS OF THE POLICY. 请务必完整填写此表格，以保障您的索赔权利。 兹声明：本公司向被保险人或其代表提供此事故报告书及其日后接受或保留其他之有关证明，均不构成公司对保险单上所載之任何条款予以放弃。 I/WE HEREBY DECLARE INFORMATION GIVEN ABOVE IS MADE TRUE AND CORRECT AND TO THE BEST OF MY/OUR KNOWLEDGE. 我/我们郑重声明：本表格所反映的信息是尽我/我们所知及所信，本表格的资料全属正确无误。 I/WE HEREBY UNDERTAKE TO PROVIDE ANY DOCUMENTS OR ASSISTANCE TO THE INSURER FOR RECOVERY AGAINST ANY OTHER THIRD LIABLE PARTY ACCORDING TO THE POLICY. 我/我们承诺根据保险合同规定，协助保险公司向任何有责任的第三方进行追偿。 AFTER I/WE'VE RECEIVED THE FINAL AND TOTAL CLAIM AMOUNT, WE WILL NOT CLAIM AGAINST YOUR COMPANY ANY MORE WITH REGARD TO THIS ACCIDENT. 我/我们收到上述最终及全部赔款后，就此事故不再向贵司提出任何索赔。 I/WE PROMISE THAT CONCERNING THE LOSS/DAMAGE OF THIS INSURANCE CLAIM APPLICATION, HAVE NEVER RECEIVED ANY COMPENSATION FROM ANY THIRD PARTY. IF THERE IS ANY DISCREPANCY, I/WE PROMISE TO RETURN THE INSURANCE INDEMNITIES BACK TO YOUR COMPANY PROMPTLY. 我/我们承诺就本次向贵司申请理赔的损失未从任何第三方获得赔偿，如有与上述不符的情况，我/我们承诺返还相应的保险赔偿金。			
ON THE DATE OF 日期: _____(Y:年)_____(M:月)_____(D:日)	_____ SIGNATURE OF THE INSURED 被保险人署名/盖章		
<input type="checkbox"/> PLEASE PAY BY CHECK <input type="checkbox"/> 请用支票支付			
<input type="checkbox"/> PLEASE PAY BY WIRE-TRANSFER <input type="checkbox"/> 请通过银行转帐			
NAME OF BANK 银行名	NAME OF BRANCH 分支行名	ACCOUNT NUMBER 帐号	ACCOUNT NAME 帐号名称

