



# Marine Claim Form 水險索償申請表

This form must be completed truthfully and accurately. If the space is not enough or no applicable field available, please supplement information by attachment.  
請正確填寫此申請表。如果表格空間不足或沒有適用之欄位，請以附件補充資料。

The list of documents required is not exhaustive and we reserve our right to request from you any additional information/documentation, as necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.  
各部份之「所需文件」只是概括要求，本公司保留權利在有需要時要求閣下提供更多文件以處理有關的索償申請。如所遞交的索償申請表未填妥或有關資料或文件不足，閣下的索償申請有可能會受延誤或被拒絕。

The completed form should be returned to us together with all supporting documents as soon as possible at the following address:

請填妥索償申請表並連同所有有關文件盡快寄回以下地址：

AIG Insurance Hong Kong Limited (Macau Branch)  
Claims Department  
Unit 506, 5/F, AIA Tower, No 251A-301 Avenida Comercial de Macau  
Facsimile: 853 2835 5299  
Telephone: 853 2835 5602 / 6321 3633  
Email address: claim.mo@aig.com  
www.aig.com.hk/macau

美亞保險香港有限公司（澳門分行）  
賠償部  
澳門商業大馬路251A-301號友邦廣場5樓506室  
傳真：853 2835 5299  
電話：853 2835 5602 / 6321 3633  
電郵地址：claim.mo@aig.com  
www.aig.com.hk/macau

General documents required 所需文件：

- Insurance Policy/ Certificate/ Monthly Declaration 保險單/證書/月結申報表
- Commercial Invoice and Packing List 商業發票及裝箱單正本或副本
- House & Master Bill of Lading/ Air Waybill or Contract of Carriage with terms and conditions 提單/空運單/鐵路運單/陸路運輸合同/承運單副本
- Original survey report and copy of surveyor's invoice 正本公證行報告及公證行發票
- Non-delivery certificate / Delivery receipt with exceptions issued by the carrier/ forwarder 承運人發出的貨物殘損或溢短證明副本
- Copy of claim letter against liable parties, e.g. carrier / forwarder and their reply 向承運人或責任方發出的貨損通知及責任方回覆的副本
- Claims statement/debit note, repair/reconditioning estimate, repair invoice, etc. with breakdown 索償金額、維修或重置估價，維修費用收據及詳情
- Others relevant documents &/or information 其他有關文件

## Section I - Details of Assured 第一部份 保戶資料

Policy/Certificate No. 保單號碼	Name of Assured 保戶名稱	Date & Place of Issuance 出單地點及日期
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## Section II - Details of Claimant 第二部份 索償者資料

Claimant/Company Name 公司/索償者名稱	Contact Person 聯絡人	
Contact Address 聯絡地址		
Contact No. 聯絡電話	Fax 傳真	E-mail 電郵

## Section III - Details of Claim 第三部份 索償詳情

Description of Shipment 貨物詳情	Insured Value 保額		
Vessel/Flight No./Truck No. 船名/航班編號/車牌號碼	Voyage No 航次	Claim Amount/Estimate Loss Amount 索償/估計損失金額	
Bill of Lading/AWB/Contract of Carriage No. 提單/空運單/鐵路運單/陸路運輸合同/承運單編號	Voyage From 出發地	To 目的地	Via 經由
Description of Loss/Damage 損失/損毀詳情			

## Section IV - Declaration and Authorization 第四部份 聲明及授權

I/WE HEREBY DECLARE that to the best of my/our knowledge and belief, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind. I/We agree that any of my/our/the insured's personal information collected or held by AIG Insurance Hong Kong Limited (Macau Branch) ("AIG Macau Branch"), (whether contained in this claim form or otherwise obtained) is provided and may be held, used and disclosed by the Company to individuals/ organization associated with the Company or any selected third party (within or outside Macau, including reinsurance and claim investigation companies and industry associations/ federations and other service provider providing services relevant to insurance business) for the purpose of processing this claim. I/We understand that the furnishing of this notification form is not an admission of liability on the part of the Company.

I/We further authorize any individual or entity holding any records including any statements taken or knowledge of me/us which is/are relevant to the settling of this claim and/or the insurer's right of recovery thereunder to furnish such records or knowledge to the Company or its authorized representatives. A photocopy of this authorization shall be considered as effective and valid as the original.

本人/我們謹此聲明上述所申報的一切資料均屬正確無誤，並無任何保留。本人/我們同意如為處理有關本索償事宜，美亞保險香港有限公司（澳門分行）（“美亞保險澳門分行”），可以使用所收集及持有關於本人/我們/受保人的個人資料（包括在此索償申請表內或其他地方之資料）或將該等資料給予有關承保公司、人士或機構（包括在澳門境內或境外之再保公司、賠償調查公司、保險業協會/聯會及其他提供保險業有關服務之公司等）。本人/我們明白呈遞此表格並不代表貴公司承認任何責任。

本人/我們並授權持有本人/我們的任何記錄或資料之人士或團體，向貴公司或其代理人，提供與本索償事宜或與保險公司的追償權有關之記錄或資料。此授權信之影印本將與正本具有同等效力。

Signature of insured with company chop 保戶簽署及蓋章：

Date 日期：

DD  
日

MM  
月

YYYY  
年