

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

Crime Claim Notification Form 犯罪综合保险索赔通知书

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, address: 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 被保险人					
Name:		Policy No:			
公司名称		・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・			
Business or Occupation:		Address:			
业务性质		地址			
Contact Person:	Tele No.:	Fax No.: Email:		Email:	
联系人	电话	传真		电邮地址	
The Claims Details 索赔详情	3 rd Party Liability 第三方责	任			
Claimant:	Claim First Made to Insured:	Claim Amount or Claim Involved (currency):		m Involved (currency):	
索赔人	首次向被保险人提出索赔日期	索赔金额或涉案金额			
Date of Alleged Wrongful Act:		Location of Alleged Wrongful Act:			
声称的不当行为发生日期	声称的不当行为发生日期		声称的不当行为发生地点		
Describe in detail how alleged wrongful a	ct occurred 陈述事件原因和经过:				
Breakdown list for the Claimed Amount 🕏	索赔明细:				
When was Insured first aware of circumst					
被保险人首次知悉可能引起此次索赔的时间					
Insured's views on this Claim, i.e. Fictition	us or without Merit 被保险人就此索赔的	的初步看法,如案情	虚构或无法律依据?		
	d				
Have you admitted responsibility to the C		□ No			
Is the case in Litigation?	□ No				
是否涉及诉讼? 是	否 If answer is YES, state:				
Complaint Received on:	Venue:	Claim Amount:		aintiff's Law Firm:	
诉状收到日	•	请求金额	原	告律师事务所	
Has the Insured retained defense counsel	被保险人是否已经委托抗辩律师?				
□ Yes(是) □ No(否) If answer is	s YES, state Counsel's name: 如选'是',	请告知抗辩律所/律》	币名称:		
The Claims Details 索赔详情	1 st Party Loss 被保险人损失				
Date of Alleged event/incident:		Date of Discovery:			
事件或事故发生的日期		发现的日期			
Describe in detail how event /incident occ	urred 阵状事件原因和经过:				

Seseribe in detail now eventy incident occurred page 471 m (2) 431

Breakdown list for the Loss Amount 损失	=明细:			
Has the case been reported to police?	□ Yes □	No		
是否已联系警方报案	是	否 I	If answer is YES, state: 如选'是',请告知:	
Reported on:	Name of the police station:			
报案日期	受理机构			
Other Insurance 其他保险				
Are there any other insurance in force w	hich would cover this loss in who	ole or in p	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:			
2 Too(AE) 2 Too(E) IT district	or respectively.			_
Name of Insurer			Policy Details:	_
投保公司名称				
			In the Walter 1 In the 1	
	of insurance contracts. Fra		ation 反保险欺诈提示及被保险人声明 nt insurance activities may result in the following liabilities	
Good faith is the basic principle 诚信是保险合同基本原则,涉嫌保险期 【Criminal】Fraudulent insuran property. Surveyors or appraise evidence, may constitute accomp	of insurance contracts. Fra 沈许将承担以下责任: ace activities may result in rs of insurance accidents, blices of insurance fraud. 可能会受到拘役、有期徒刑,	audulei n crimii who fa		•
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