



Unit 1207, Leighton Centre, 77 Leighton Road, Causeway Bay, Hong Kong.

Circle Assets Claim Form

This form must be completed truthfully and accurately. If space provided for your answers is insufficient, please continue on a separate sheet.

The issue of this claim form is not an admission of liability on the part of the Company.

General Information

Policy No.		
Name of Insured		
HKID / Passport No.		
Correspondence Address		
Contact No.	Mobile No.	Home/Office No.
E-mail Address		

Circumstances of Loss or Damage (Property & Collections)

Date of time of loss	Date	Time	
Location of the loss			
Full description of the incident			
Witness of the incident	Name	Contact #	Address

Loss Report Details

Have the police or other authorities been informed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', please give		
i) Name of the Policy Station or Authority		
ii) Time and Date		
iii) Policy or Authority Reference No.		

Additional Information

Is this your first time to insure the Jewellery	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there any other insurance covering the loss/damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', please state		
i) Name of the Insurance Company		
ii) Relevant Policy No.		
iii) Amount Insured (if applicable)		
iv) Whether claim will be submitted to them	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you the sole owner of the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'No', please give details		
Can you identify any parties who may be responsible for the incident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', please state the Name(s) and Address(is)		
Have you ever sustained other losses of similar nature?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', please give details		



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Schedule of Loss

Description of Articles	The owner's name and address	Date, Vendor and address of purchase	Purchase Price	Claim Amount
Total Amount Claimed				



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Circumstances of Incident (Third Party Liability)

Date of time of the incident	Date	Time	
Location of the incident			
Full description of the incident			
Are you the owner, lessee, tenant or contractor			
Was accident due to want of care upon part of injured person?			
If 'So', how?			
Whose negligence caused the accident?			
What right did the injured party have on the premises?			
When, and by whom was the incident reported to you			
Witness of the incident	Name	Contact #	Address

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Loss Report Details

Have the police or other authorities been informed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', please give		
v) Name of the Policy Station or Authority		
vi) Time and Date		
vii) Policy or Authority Reference No.		

Third Party Details (Person Injured, or the owner of the Damaged Property)

Name	
Contact No.	
Correspondence Address	
Nature and extent of injury, damage or loss	
Has any claim been made against you?	
Claim amount (Please indicate the currency)	
Is claimant insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of insurance company	

Remarks

Any lawsuit, demand, claim or proceeding of any types relating to the incident of which becomes aware of, and received from the third party claimant, should be immediately forwarded to us without acknowledgement.

No liability should be admitted and no settlement or promise of payment should be reached or made to the third party without our prior approval.

Declaration

- A. The undersigned Insured(s) / Claimant(s) HEREBY DECLARE that to the best of the Insured(s') / Claimant(s') knowledge and belief, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind.
- B. In relation to the personal data collected in this claim form, the Insured(s)/Claimant(s) agree and acknowledge that:
- (a) (unless specifically indicated otherwise in this form) the personal data requested in this form (or otherwise provided during the course of the claim process) is necessary for Circle Asia Ltd. ("Circle Asia ") to process the insurance claim and any such data not provided may mean the claim cannot be processed.
 - (b) the personal data collected in this form may be used by Circles Asia for purposes which include 1) assessing, investigation, adjusting and making a decision on this claim; 2) otherwise for the purpose of administering the insured(s') insurance policy (including pursuing recovery from reinsurers) and 3) for other purposes stated elsewhere in this form.
 - (c) unless indicated otherwise by ticking the "Promotion Material Opt-out" box below (of which the Insured(s)/Claimant(s) take note), Circle Asia may use the contact details provided in this form (name, address, phone number and e-mail address) to contact the Insured(s)/Claimant(s) about other insurance products provided by the Circles Group and that the contact details of the Insured(s)/Claimant(s) may not be so used without this agreement being provided.
 - (d) Circle Asia may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (b) and (c) above:
 - (i) third parties providing services related to the administration of the Insured's policy (including reinsurers);
 - (ii) financial institutions for the purpose of processing this application and obtaining policy payments;
 - (iii) loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
 - (iv) for the purpose of conducting direct marketing activities (per (c) above), marketing companies authorized by the Circles Group;
 - (v) another member of the Circles Group (for all of the purposes stated in (b) and (c)) in any country;
 - (e) The Insured(s)/Claimant(s) may gain access to, or request correction of their personal data (in both cases, subject to a reasonable fee), or opt out of their personal data being used for direct marketing at any time, by writing to Circle Asia Ltd.. Level 13, 68 Yee Wo Street, Causeway Bay, Hong Kong SAR or info@circlesgroup.asia

Promotion Material Opt-out (if you wish to opt-out, please tick)

- C. The Insured(s)/Claimant(s) hereby irrevocably authorized(s)/Claimant(s) agree and acknowledge that:
- (a) any organization, institution, or individual that has any information, record or knowledge of the Insured(s') health and medical history or any treatment or advice rendered thereto to disclose to Circle Asia such information, record and knowledge;



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- (b) Circle Asia or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate the Insured(s') health status in relation to the Claims therein and any matter arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites;
 - (c) the police that has any of the Insured(s') information to provide Circle Asia with the information including but not limited to the police reports, witness statements, investigation and/or prosecution results;
 - (d) airline(s) that has/have any of the Insured (s') information to provide Circle Asia with the information including but not limited to flight details, booking details, irregularities reports and all information related to the Insured (s') bookings; and
 - (e) Any organization institution or individual that has any information, record or knowledge of the Insured(s') travel record to disclose to Circle Asia such information, record and knowledge.
- This authorization shall bind the Insured(s') / Claimant(s') successors and assigns and remain valid notwithstanding the Insured(s') / Claimant(s') death or incapacity in so far as legally permissible. A photocopy of this authorization shall be as valid as the original.

Signature of Insured

Date (DD / MM / YYYY)