

THEFT LOSS OR DAMAGE CLAIM FORM

(Please complete in block letters)

Insured's Information

Name of Insured

Email

MAKING A CLAIM

- 1. Please **READ** your policy and relevant documents to check if your claim is covered under the policy terms and conditions.
- 2. Please complete this form in block letters and submit it together with all relevant documents to Claims Department at "Allied World Assurance Company, Ltd 22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong".

Policy No.

Corr	espondence Address						
Daytime Contact No.		Home		Office			
Circumstance of theft/ loss/ damage							
Address of premises or place where theft, loss or damage occurred							
2a)	2a) Date and time when loss or damage discovered		2a)				
2b) By whom discovered?			2b)				
2c)	2c) Full particulars of how the loss or damage occurred		2c)				
		ms lost or stolen - Please attached an	-	sued by the police			
3a)) When and at which station were police notified?		3a)				
3b)	3b) Police case Number		3b)				
3c)	If theft, how was entry	gained to the premises?	3c)				
3d)		e of theft or of any forcible entry to ses, has a thorough search been articles?	3d)				

Circumstance of theft/ loss/ damage (Con't)					
4. In the case of theft from premises					
4a)	State whether private house, sale-shop, flat, hotel etc	4a)			
4b)	Were the premises occupied at the time of the theft?	4b)			
4c)	If not, on what date and at what hour were they last occupied?	4c)			
4d)	For how long have the premises been unoccupied since the policy was effected or last renewed?	4d)			
5a)	Are you the owner of the premises?	5a)			
5b)	If you are NOT the owner, are you responsible for repairs and if so state why?	5b)			
6)	Have you ever sustained a loss of this nature in the past? If so, please give particulars				
7a)	Is the property for which you are claiming insured with other insurers.	7a)			
7b)	If so, please give particulars	7b)			
7c)	Are there any other interested parties in the properties, such as owner, mortgagee, trustee or otherwise? Please provide details, if any	7c)			

Details of Loss and / or Damage									
Description of property and nature of loss or damage	Estimated cost of repairs (if applicable) Please attach an	Age of items and cost when acquired	AMOUNT CLAIMED	Value of any Salvage					
(State name of owner, if not self)	estimate or account	Yr. HK\$							
Declarations									
I declare to the best of my knowledge and belief that the information given is true in every respect. I agree that any concealment or incorrect statement in connection with this claim may result in legal liability and the policy shall become void.									
Signature of the Insured			Date						

Personal Information Collection Statement

Purpose of Collection

Allied World Assurance Company, Ltd ("Allied World") may collect and use your personal data to enable it to carry on its insurance business and to serve the purposes of:

- Processing your insurance application;
- Arranging a contract of insurance with you and administering the policy issued;
- Claims handling, investigation and analysis;
- Designing products and/or services for customers;
- Promoting, improving and furthering the provision of products and/or services by Allied World and its group companies; and
- Complying with any legal or regulatory requirements applicable to Allied World.

In general it is voluntary for you to provide Allied World with your personal data. However, if you do not provide sufficient information, Allied World may not be able to provide insurance services to you.

Transferee

Data held by Allied World relating to you will be kept confidential but Allied World may, for the purposes set out above, transfer your personal data to:

- · Allied World's companies;
- Reinsurers:
- intermediaries including insurance brokers and insurance agents;
- claims investigators, loss adjusters and other professional advisors;
- Allied World's other appointed service providers, including for the following services: telecommunications, information technology, administration, data processing, payment processing, emergency assistance, legal, and medical;
- any insurance industry association or federation and their respective members; and
- any other person necessary to comply with applicable legal or regulatory requirements, or orders of competent authorities.

in each case both within and outside of the Hong Kong Special Administrative Region.

Marketing and Promotion

Treating you as a valued customer, Allied World and its group companies may use the personal data, including name and contact details, collected from you for the purposes of direct marketing of Allied World and its group companies' general insurance products, services or offers and for sending you the promotional materials or updates of such products, services or offers when they become available.

Allied World may not use your personal data for direct marketing if you have indicated objection to such use by ticking the box next to the statement above the proposer's signature block in the proposal form. You may also, at any time, request Allied World to cease the use of your personal data for direct marketing purposes, by informing Allied World's Compliance Officer at the contacts set out below.

Access Requests and Corrections

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Allied World. Requests can be made to the Compliance Officer of Allied World Assurance Company, Ltd by mail to 22/F, One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong or fax to +852 2968 5111, or email to hkcompliance@awac.com.