

Reimbursement Application Form

嘉保手機及平板電腦維修計劃補貼申請表



Please fill in the information below and submit with application documents by EMAIL / FAX / POST within one month from date of damage:
 請填妥以下資料並連同有關申請文件於手機損毀一個月內以電郵、傳真或郵寄提交

| Information Required: 補貼申請資料 | |
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| Name 姓名 | HKID Card No. 香港身份證號碼 |
| Email 電郵地址 | Contact Tel No. 聯絡電話號碼 |
| Mobile No. 電話號碼 | Date of Damage 損毀日期 |
| Phone Brand & Model 手機品牌及型號 | IMEI No. 機身編碼 (15 digit number / 15 位數字) |
| Is this damage caused by an accident? 是次損毀是否因意外引致? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 不是 If "YES", Please describe how the accident happened. 如"是", 請列明意外如何發生。 If "YES", Please choose type of Damage 如"是"請選擇損毀類型 <input type="checkbox"/> Broken Screen 顯示屏爆裂 <input type="checkbox"/> Water/Liquid Damage 入水或液體損毀 <input type="checkbox"/> Drop/Crush Damage 摔跌損毀 Please describe damage 請說明損毀情況 <input type="checkbox"/> Others 其他損毀 Please describe damage 請說明損毀情況 | |
| Is there any insurance (e.g. travel or household) or any other source of recovery (warranty or protection plan) for the damaged phone? 損毀手機是否有其他保險或補償的途徑 (例如: 家居或旅遊保險、其他保修計劃等)? <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 If "YES", please state company, amount and types of recovery. 若有, 請提供公司名稱、金額及保障內容。 | |
| Documents Required : 補貼申請所需的文件 | |
| 1. Written Repair Quotation / Repair Report confirmation from the handset manufacturer's authorized repairer 由指定維修商所發出的維修報價單/維修報告 | |
| 2. Written Repair Receipt / Repair Invoice confirmation from the handset manufacturer's authorized repairer 由指定維修商所發出的維修發票/單據 | |
| 3. Sales Memo from 1O1O / csl / netvigator / Now TV / Fixed line with IMEI Number clearly shown 1O1O / csl / 網上行 / Now TV / 固網電話發出的銷售單 (必須清楚列明機身編碼) | |
| 4. The latest statement from 1O1O / csl / netvigator / Now TV / Fixed line with Customer Name clearly shown 1O1O / csl / 網上行 / Now TV / 固網電話發出的最近一期賬單, 需顯示客戶姓名 | |
| 5. Copy of Hong Kong Identity Card 香港身份證副本 | |

The undersigned hereby declares that to the best of my knowledge and belief, the statements in this application are true and complete. The undersigned also authorizes HKT Financial Services (IA) Ltd to pass the relevant and necessary information on to any third party for the purpose of processing this reimbursement request. 本補貼申請表簽署人謹此聲明, 就我等所知所信, 以上陳述絕無虛假和隱瞞。本人亦授權 HKT Financial Services (IA) Ltd 將有關及必須的資料轉交任何第三方以作處理本補貼申請之用途。

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|-------------------------|---|
| Signed by Customer 客戶簽署 | Date 日期 <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> DD/MM/YYYY |
|-------------------------|---|

| For Office Use Only : | | | |
|-----------------------|--------------|-------------------|---------------|
| Received Date : | Ref. No. UAD | Approval Amount : | Prepared by : |
| | | | Reviewed by : |