

**i-GUARD Phone & Tablet Repair Plan
Reimbursement Application Form
嘉保手機及平板電腦維修計劃補貼申請表**

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To ensure a smooth and fast processing of your application, kindly provide the following documents/particulars:
請提供下列的文件或資料，以確保順利和快速地處理您的申請：

Ref. No: UAD _____ (For office use)

Information Required: 補貼申請資料	
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
1O1O/csl Mobile No. 1O1O/csl 電話號碼	Date of Damage 損毀日期
Phone/Tablet Brand & Model 手機/平板電腦品牌及型號	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 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 _____	
If "NO" please describe damage. 若不是，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/tablet? 損毀手機/平板電腦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
Written confirmation from the handset manufacturer's authorized repairer: Repair Quotation/Repair Report and Repair Receipt/Repair Invoice 由指定維修商所發出的維修報價單/維修報告 及 維修發票/單據
Hong Kong ID copy 香港身份證副本
Sales Memo or Delivery Note from 1O1O / csl or the designated retailers with IMEI Number clearly shown or 1O1O / csl Mobile Service Plan Contract 1O1O / csl 或指定零售商發出的銷售單或送貨單(必須清楚列明 機身編碼) 或 1O1O / csl 買機上台月費計劃合約
The latest statement from 1O1O / csl 1O1O / csl 發出的最近一期賬單

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。

Signed by Customer 客戶簽署	Date 日期 <input type="text"/> / <input type="text"/> / <input type="text"/> DD/MM/YYYY
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For Office Use Only :	
Received Date :	Prepared by :
Approval Amount :	Reviewed by :