

**ZURICH**<sup>®</sup>

蘇黎世

# 家居電器故障索償表格

## Home appliance breakdown claim form

Policy No. 保單號碼: \_\_\_\_\_

Insured's Name 保戶姓名: \_\_\_\_\_

Hong Kong I.D. No. 香港身份證號碼: \_\_\_\_\_

Address 地址: \_\_\_\_\_

Telephone No. (Daytime) 日間聯絡電話: \_\_\_\_\_

Date of Breakdown 損壞日期: \_\_\_\_\_

Appliance Details:  
家居電器資料

Type of Appliance:

家居電器類別: \_\_\_\_\_

Brand Name:

牌子名稱: \_\_\_\_\_

Model Number:

型號: \_\_\_\_\_

Year of Manu.:

出廠年份: \_\_\_\_\_

Date of Purchase:

購買日期: \_\_\_\_\_

With Warranty 附有保用証書: Yes 是 ( ) Expiry Date 保用終止日期 \_\_\_\_\_ No 否 ( )

Details of Occurrence:

發生事故之經過

\_\_\_\_\_

\_\_\_\_\_

Any breakdown history?

任何故障或維修紀錄?

\_\_\_\_\_

\_\_\_\_\_

Any accidental damage history?

任何意外損毀紀錄?

\_\_\_\_\_

\_\_\_\_\_

Do you have any Home Contents Insurance Policy?

閣下是否購有其他家居財物保險?

Yes 是 ( ) No 否 ( )

If yes, Ins. Co. name \_\_\_\_\_

如是, 請填上保險公司名稱

Policy no. \_\_\_\_\_

保單號碼

Please Attach

請附上

1. Original Purchase Receipt 購買收據正本 2. Expired Warranty Certificate 已終止的保用証書正本

3. Repair Estimate 維修估價單 4. Repair Receipt (If already repaired) 維修收據(如已完成維修工程)

I declare that to the best of my knowledge and belief the above statement and particulars contained are in all respects true and completed and are made without reservation of any kind.

本人謹此聲明本人確信以上所填報之資料及所列各項之事件乃屬完全真確並無對保險公司作任何資料之保留。

I/We further hereby declare and agree that the personal information collected or held by Zurich Insurance Company (the "Company"), whether contained in this accident report form or otherwise obtained, may be used by the Company or disclosed to any individual or organization within or outside Hong Kong for the following purposes: (1) to assess and process this application, (2) to provide insurance and customers services, (3) to conduct insurance claims or analysis.

本人/吾等再在此聲明及同意由蘇黎世保險(本公司)所收集或持有的個人資料,不論包含在這意外報告表或以其他方式獲取,均可供本公司使用或向在香港境內或境外之任何人或機構披露作以下用途:(1)評核此項申請,(2)提供保險及客戶服務,(3)處理保險的索償或有關之分析。

Date 日期: \_\_\_\_\_

Signature of Claimant 索償人簽署: \_\_\_\_\_

Any persons from whom the Company have collected information as aforesaid shall have the right of access to and to request correction of any personal information concerning themselves held by the Company. A request for such access may be made to the Personal Data Privacy Officer of the Company of 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong

就提供上述資料的任何人有權查閱及要求更改由本公司所持有有關他們的任何個人資料。任何關於個人資料查閱或更改,可向本公司之個人資料私隱主任提出,地址為香港港島東華蘭路18號港島東中心24-27樓。

**蘇黎世保險**

理賠部: 香港港島東華蘭路18號港島東中心24-27樓

電話: 29039388 圖文傳真: 29681660

**Zurich Insurance Company** (a company incorporated in Switzerland with limited liability)

Claims dept.: 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong

