

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 () No 否 ()
Expiry Date 保用終止日期

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? Yes 是 () No 否 ()
閣下是否購有其他家居財物保險?

If yes, Ins. Co. name _____
如是, 請填上保險公司名稱
Policy no. 保單號碼 _____

Do you prefer to receive SMS messages for claim acknowledgement and notification of payment status? If yes, in English or Chinese?

閣下是否選擇以短訊形式通知確定收到索賠申請, 以及賠款通知。 Yes, in Chinese Yes, in English No
 是, 請以中文通知 是, 請以英文通知 否

Payment Details (付款資料):

在保單條款許可的情況下, 閣下可選擇以支票或銀行轉帳方式收取賠償款項。

Subject to policy liability, you are given an option for settlement by claims cheque or by direct credit.

By cheque 支票 By direct credit/ wire transfer 銀行轉帳 (只適用於以下列出之銀行及少於港幣貳萬元之賠償 limited to listed banks below and for claim less than HKD20,000)

如閣下選擇銀行轉帳, 請提供相關銀行資料。此服務必須得到銀行安排下進行。本公司特此聲明, 上述要求並不代表閣下之索賠現正獲成功審批。有關決定, 本公司在收妥全部證明文件後, 將根據保單一切條款才作最後審批。敬請留意。

Please provide your banking details if you prefer payment by direct credit. However this is subject to the bank's arrangement. Furthermore, the supply of any information or documents under this section is not construed as an admission of liability under your policy. We hereby reserve all our rights for assessing your claim subject to terms and conditions of your policy.

戶口持有人姓名 (必須與保單持有人相同) Account Holder's Name (Must be the same as the Policyholder): _____

銀行名稱: 匯豐銀行 The Hongkong and Shanghai Banking Corporation Limited 渣打銀行 Standard Chartered Bank
Bank Name: 中國銀行(香港) Bank of China (Hong Kong) 恆生銀行 Hang Seng Bank

銀行帳戶號碼 : _____
Bank A/C No. : _____

戶口持有人簽署
Signature of Account Holder: _____

Please Attach
請附上

1. Copy of Purchase Receipt 購買收據副本
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)

Declaration and authorization

聲明及授權

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 understand and agree that the personal information collected or held by Zurich Insurance Company Ltd. ("the Company"), whether contained in this form or otherwise obtained by the Company and/or its associated companies ("the Zurich Group"), may be used by the Zurich Group for the following purposes:

本人/吾等明白並同意一切由蘇黎世保險有限公司（「貴公司」）從此表格或由 貴公司及其關連機構（「蘇黎世集團」）以其他任何方式所收集及保存之個人資料，均可能被「蘇黎世集團」使用於下列目的：

1. to assess, process, evaluate and determine my/our requests for applications, claims or services;
評核、辦理、評估及決定此項申請、索償或其他服務；
2. to process and give effect to my/our requests for direct debit authorization or credit card payment;
辦理及履行銀行賬戶或信用卡直接付款；
3. to collect any premium and/or deductible payable to the Zurich Group;
收取應繳付予「蘇黎世集團」之保費及/或自負額；
4. to analyze, investigate, approve and/or determine my/our claims;
分析、調查、批核及/或決定本人/吾等之索償；
5. to answer, handle and defend any claim, action and/or proceedings brought against me/us;
回覆、處理及辯護任何對本人/吾等之索償、訴訟及/或起訴；
6. to exercise the Zurich Group's rights as more particularly defined in applicable policy wordings, including but not limited to the subrogation right;
行使代位權及/或根據保單條例賦予「蘇黎世集團」之其他權利；
7. to disclose and transfer to the Zurich Group's authorized service providers for their carrying out of the above mentioned purposes, and such service providers include legal advisors, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, debt collectors and accountants;
交予及提供第三方服務供應商以執行上述目的，第三方服務供應商包括法律諮詢人、調查員、理賠師、再保公司、醫護及復康人員、考察員、專業人員、維修人員、追討公司及會計師等；
8. to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and governmental-related establishments;
履行任何香港法庭或其他監管機構所發出之合法要求或命令，包括保險業監管局、香港保險業聯會、核數師、香港政府或其相關機構；
9. to conduct market research, insurance surveys, and to compile statistics, for the Zurich Group's development of services and insurance products.
進行市場調查、保險研究及數據統計，供「蘇黎世集團」研發相關服務及保險產品。

I/We understand that I/we have the right to access to, correct and/or change any of my/our personal information held by the Zurich Group by contacting the Company's Personal Data Privacy Officer at 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong. I/we agree that the Company may charge a reasonable administrative fee.

本人/吾等明白本人/吾等可向 貴公司之個人資料私隱主任要求查閱、更正及/或更改由「蘇黎世集團」持有有關本人/吾等的任何個人資料，地址為香港港島東華蘭路 18 號港島東中心 24 - 27 樓。本人/吾等同意 貴公司有權收取合理之行政費用。

I/We understand I/we may also contact the Personal Data Privacy Officer if I/we do not wish to receive any marketing materials from the Zurich Group.

本人明白本人可以書面向 貴公司之個人資料私隱主任要求停止收取「蘇黎世集團」任何市場推廣資料。

如中文譯本與英文有異，概以英文文本為準。

Date 日期: _____

Signature of Claimant 索償人簽署: _____