

財產保險索償申請表

Property insurance claim form

Policy no. 保單號碼 : _____

Name of Insured 保戶姓名 : _____

Address 地址 : _____

Occupation 職業/Business 經營業務 : _____

Tel. no. 電話號碼 : _____ (Office 公司) _____ (Residence 住宅)

Fax no. 傳真號碼 (Optional) : _____

E-mail address 電郵地址 (Optional) : _____

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。 是, 請以中文通知 是, 請以英文通知 否

Do you prefer to receive SMS messages for claim acknowledgement and notification of payment status? If yes, in English or Chinese? Yes, in Chinese Yes, in English No

遇事及損失/損壞情況 Circumstances of incident and loss / damage

Date 日期 _____ Time 時間 _____

Place 地點 _____ Witness 證人 _____

Description of incident 過程描述 _____

Details of Damage / Loss 損壞/損失詳情 _____

Was the property insured elsewhere at the time of loss/damage? 該物品有否投保於其他公司?
e.g. under an All Risks, Baggage, Motor, Golfers Policy etc.? 例如: 綜合保險, 旅遊保險, 汽車保險或高爾夫保險
NO 否 YES 是 Please give details 請詳述 _____

Does any other party have interest in the property such as Owner, Mortgagee, Trustee or otherwise? 有否第三者對該物品有權益例如合夥、抵押、信托等?
NO 否 YES 是 Please give details 請詳述 _____

Has anyone reported this accident to the Police? 曾否有人向警方報告此次意外事件? NO 否 YES 是

Date 日期 _____ Time 時間 _____

Which Police station? 那間警署? _____ Police Report No. 警方報告號碼 _____

Name of informant 報案人姓名 _____

***Please attach a copy of the police statement/ loss memo. 請附上口供紙/報失紙副本**

For theft or burglary only 只適用於行竊或爆竊

Who discovered the case? 由誰發現? _____ Time 時間 _____

How did the culprit(s) entry to the premises? 匪徒如何進入該樓宇? _____

Is there any sign of forcible entry or exit at the premises? 是否有任何強行進入或退出該樓宇之痕跡
NO 否 YES 是 Please give details 請詳述 _____

Were the premises unoccupied at the time of the theft / burglary? 行竊發生時該樓宇是否空置?
NO 否 YES 是 Since when? 從那時間開始? _____

Have you sustained a similar loss before? 閣下曾否蒙受同類損失?
NO 否 YES 是 Please give details 請詳述 _____

Do you suspect any person(s)? If so, whom? 閣下有否懷疑任何人士或人等? 如是者, 懷疑誰人? _____

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, 本公司在收受全部證明文件後, 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 _____ 戶口持有人簽署 _____
Bank A/C No. _____ Signature of Account Holder: _____

Declaration 聲明

1. I/We declare that, to the best of my/our knowledge the statements made above are true.
本人 / 余等在此聲明，本人 / 余等已盡一切能力保證上述各節均屬實情

2. 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：
 - i. 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；
 - ii. 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；
 - iii. 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；
 - iv. 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；
 - v. 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；
 - vi. 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；
 - vii. 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；
 - viii. 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；
 - ix. 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。

3. 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。

日期
Date

保戶簽名/公司蓋章
Insured's signature/Company chop

蘇黎世保險有限公司(於瑞士註冊成立之公司)

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 Limited (a company incorporated in Switzerland)

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

Tel : 29039388 Fax : 29681660

Private & Confidential 私人及保密文件

(If you like us to obtain the police statement, please complete and return this form. The process will take four to six weeks)
(閣下亦可選擇由本公司向警方索取口供副本，請填寫及寄回此授權書。索取口供程序將需四至六星期完成)

Letter of authorization
索取口供紙授權書

Your ref.:
Our ref.:

Dear sirs,
敬啟者:

Date of incident :
遇事日期
Location of incident :
遇事地點
Nature of incident :
事件:

I/We _____, holder of HKID card no. _____, hereby authorize Zurich Insurance Company Limited to obtain a copy of the statement/report I/We made to you following the captioned incident.

本人 _____，香港身份証號碼為 _____，現授權蘇黎世保險有限公司向貴警署索取有關之口供/報一份。

Informant's signature
報案人簽署

Date
日期

Name (Block letter)
姓名 (正楷)

註: 如遇爭執 以英文為準

Private & Confidential 私人及保密文件

索償申報表
Statement of claim

Description of article 物品描述	Name and address of owner 物主姓名及地址	Date of purchase or installation 購買或裝置的日期	Name and address where purchased 購入之商號名稱及地址	Original purchased price 購買時價錢	Deduction for age, use or wear and tear 折舊	Repair / replacement (if applicable) 修理 / 更換費用(如適用)	Claim amount 索償金額

N.B. – In all cases the Statement must be furnished in details.