

**ZURICH**<sup>®</sup>

蘇黎世

# Property insurance claim form

## 財物保險索償申請表

Email 電郵 : [claims@hk.zurich.com](mailto:claims@hk.zurich.com)

Please tick the appropriate box and \* delete where inappropriate. 請 ✓ 適用方格及於\*號刪去不適用者

Please use blue or black ink and write clearly in **BLOCK LETTERS**. 請用藍色或黑色原子筆，用英文大楷清晰填寫資料。For claims enquiry, please visit [www.zurich.com.hk/claims](http://www.zurich.com.hk/claims) 有關索償查詢，請瀏覽 [www.zurich.com.hk/claims](http://www.zurich.com.hk/claims)

### 1. Claim submission 申請索償

Login mobile app "Zurich HK" or Submit this claim form by email or post  
登入手機應用程式「Zurich HK」或填妥此索償申請表電郵 / 郵寄至本公司

- Email 電郵 : [claims@hk.zurich.com](mailto:claims@hk.zurich.com)
- Address 地址 : Zurich Insurance Company Ltd, Claims Department, 26/F, One Island East, 18 Westlands Road, Island East, HK. 香港港島東華蘭路18號港島東中心26樓蘇黎世保險有限公司理賠部

### 2. Claim acknowledgement 申請確認通知

Receive acknowledgment SMS and/or email in two working days  
在兩個工作天內收到確認短訊及 / 或電郵



For simple claims submission, please download "Zurich HK" mobile app to enjoy a straight-through claim service for the following claim types: 簡單的索償申請，可立即下載「Zurich HK」手機應用程式遞交申請，以享更快捷索償以下項目：

- Electrician 電器技工
- Plumber 水管技工
- Locksmith 開鎖工匠

#### Remarks 備註：

1. The above claim procedure is only applicable to personal insurance customers.  
上述索償程序只適用於個人保險客戶。
2. Please report your loss(es) by submitting this claim form or through "Zurich HK" mobile app (if appropriate) to us within 30 days from the date of incident.  
索償申請表必需於事故發生後30日內經「Zurich HK」手機應用程式或其他方式遞交蘇黎世。
3. If the incident involved third party property damage or third party bodily injury, please submit the Third Party Liability Claim Form.  
如是次索償涉及第三者財物損失或第三者人身傷亡，請另外遞交第三者責任索償申請表。
4. Please do not discard, remove or commence any repair works of the destroyed or damaged items without receiving our prior approval.  
在未經本公司同意前，切勿棄置、清除或修理任何已損毀財物。

### 3. Claim result 索償結果

Received claim result after claim assessment  
索償評估後收到索償結果

## 1. General information 一般資料

Insured name  
受保人姓名 (英文)

Policy no.  
保單號碼

Insured person HKID no.  
受保人香港身份證

Contact person (If the same as insured person, please ignore this field)  
聯絡人姓名 (如與受保人相同，不用填寫此欄)

Contact person mobile phone no.  
聯絡人流動電話號碼

Contact person email address  
聯絡人電郵地址

Contact person  
correspondence address  
聯絡人通訊地址

Flat/Room\*  
室 / 單位\*

Floor  
樓

Block  
座

Building  
大廈

Estate name/No. & name of street/Lot no.\*  
屋苑名稱 / 街名及門牌 / 地段\*

District  
地區

HK/KLN/NT\*  
香港 / 九龍 / 新界\*

## 1. General information (continued) 一般資料 (續)

We will send you the claim acknowledgment and claim settlement notification by SMS and/or email according to the above information. Also, we will contact you by email to obtain additional information to process your claim if necessary. If you have an insurance agent/broker, we will contact you via insurance agent/broker.

本公司根據以上填寫的資料，以電話短訊及 / 或電郵發送確認索償申請通知及賠款通知。如有需要，本公司將以電郵方式聯絡您獲取更詳細資料，如您有保險代理 / 經紀，本公司將透過保險中介人 / 經紀與您聯絡。

Are you making any other insurance claim as a result of this incident (including employee compensation, group or company medical scheme)?

您是否正就此次損失向其他保險公司索償 (包括勞工、團體或公司醫療保險) ?

Yes, please provide the following details  
是，請提供以下資料

No  
否

Name of insurance company policy no.  
保險公司名稱

Policy no.  
保單號碼

## 2. Payment method 賠償支付方式

**By direct credit (Please provide below bank details and copy of ATM card or bank book for the payment arrangement)**

**銀行轉賬 (請提供銀行卡副本或存摺作收取索償款項之用)**

Bank account holder name

銀行戶口持有人姓名 (英文)

Bank code

銀行編號

Branch code

分行編號

Account no.

賬戶號碼

Bank account no.

銀行賬戶號碼

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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- The compensation will only be paid to the policyholder or insured person.  
賠款項僅支付給保單持有人或保單受保人。
- If the Insured is below the age of 18, please provide his/her guardian's bank information and relationship proof.  
如受保人未滿18歲，請提供其監護人之銀行資料及提交關係證明。
- Please ensure the filled bank information of the policyholder is correct.  
請確保填寫的銀行資料為保單持有人賬戶並確定所填寫的資料無誤。

## 3. Claim items 索償項目

Please ✓ the claim item(s) and submit together with the required documents to our company. Our company may request for additional documents.  
請在申請索償項目的空格內 ✓，並連同所需之文件及此表格一併交回本公司。本公司可能要求提供額外相關索償文件。

Claim item(s) 申請索償項目	Basic supporting documents required 索償所需的基本文件
<input type="checkbox"/> Property damage 財物損失	<input type="checkbox"/> Original/Copy of purchase receipts of or documents showing the value of the claim item(s) 證明損失或損毀財物價值的相關文件或收據正本或副本
<input type="checkbox"/> Business interruption 業務中斷	<input type="checkbox"/> Copy of photographs showing the extent of damage(s) to the claim item(s) 證明意外導致物件破壞或損毀程度之相片副本
	<input type="checkbox"/> Copy of incident report or letter indicating the incident issued by the property management company or relevant authorities (if applicable) 大廈管理或有關機構所發出的事件報告或確認有關事件發生過的證明信副本 (如適用)
	<input type="checkbox"/> Statement of claim for damaged/lost property or business interruption (Section 2 of this form) (if applicable) 損失 / 損毀財物或業務中斷申報表 (此表格第二部份) (如適用)
	<input type="checkbox"/> Copy of repair quotation if the claim item(s) can be repaired (if applicable) 若損毀財物能被修理，請提供修理報價單的副本 (如適用)
	<input type="checkbox"/> Copy of replacement quotation, supporting document indicating the claim item(s) is/are irreparable or the repair cost(s) is/are higher than the replacement price if the claim item(s) is/are required to be replaced (if applicable) 若損毀財物需要被更換，請提供證明損毀財物不能被修理 / 修理價格高於取代品價格之證明文件副本、取代品報價單的副本 (如適用)
	<input type="checkbox"/> Copy of police report (including police reference and station name) if the loss is caused by theft/burglary/robbery (if applicable) 如遇盜竊、爆竊、搶劫，請提供警方報告的副本 (包括報告參考編號和警局名稱) (如適用)

### 3. Claim items (continued) 索償項目 (續)

	<input type="checkbox"/> Copy of photos showing the sign(s) of forcible entry or exit at the unit if the loss is caused by theft/ burglary/robbery (if applicable) 如遇盜竊、爆竊、搶劫，請提供顯示事發時單位被強行進入 / 離開的痕跡照片副本 (如適用)
	<input type="checkbox"/> Letter of authorization (Section 4 of this form) 索取口供紙授權書 (此表格第四部份) (如適用)
	<input type="checkbox"/> Copy of all accounting records related to the business interruption caused by the incident of property damage (only applicable to business interruption claim) 所有因財物損失而導致有關業務中斷的營收帳目記錄 (只適用業務中斷索償)
<input type="checkbox"/> Loss of personal money 遺失個人現金	<input type="checkbox"/> Copy of police report (including police reference and station name) (if applicable) 警方報告的副本 (包括報告參考編號和警局名稱) (如適用)
<input type="checkbox"/> Unauthorized use of lost credit card 遺失之信用卡被盜用	<input type="checkbox"/> Copy of statement(s) and investigation report issued by the credit card company showing the details of unauthorized use of credit card (if applicable) 由信用卡發卡機構發出之有關信用卡被盜用之月結單及有關調查結果副本 (如適用)
	<input type="checkbox"/> Copy of notification to the credit card company in relation to the incident of unauthorized use of credit card (if applicable) 致信用卡發卡機構有關信用卡被盜用的通知書副本 (如適用)
	<input type="checkbox"/> Letter of authorization (Section 4 of this form) 索取口供紙授權書 (此表格第四部份) (如適用)

### 4. Details of claim item(s) 索償項目詳情

#### Section 1: Details of damaged/lost property or business interruption

##### 第一部份：財物損失 / 損毀或業務中斷詳情

Place of incident  
事故發生地點

Description of incident  
事故描述

Incident date and time  
事故日期及時間

Day日 Month月 Year年 Hour時 Minute分  

 AM/PM\*  
 上午/下午\*

Any witness(es) of this incident?  
是次損失有否證人?

Yes 有  No 否

Name  
姓名

Mobile phone no.  
流動電話號碼

Correspondence address  
通訊地址

Flat/Room\*  
室 / 單位\*

Floor  
樓

Block  
座

Building  
大廈

Estate name/No. & name of street/Lot no.\*  
屋苑名稱 / 街名及門牌 / 地段\*

District  
地區

HK/KLN/NT\*  
香港 / 九龍 / 新界\*

Was the incident reported to the police?  
事故發生後有否報警?

Yes, please give below details  
是，請提供以下詳情

Police report reference number  
警察報案編號

No  
否

Police station name  
警署名稱

#### Loss caused by theft/burglary

##### 盜竊 / 爆竊的財物損失事故

Who discovered the theft/burglary?  
誰發現盜竊 / 爆竊?

Insured person  
受保人

Not the Insured person, please provide the name  
非受保人，請提供其姓名

#### 4. Details of claim item(s) (continued) 索償項目詳情 (續)

Was the unit unoccupied at the time of theft/burglary?  
事發時單位是否空置？

Yes  
是

Please provide no. of days  
請提供日數

No  
否

Is there any sign of forcible entry or exit at the unit?  
事發時單位有否被強行進入 / 離開的痕跡？

Yes  
是

Please give details  
請提供詳情

No  
否

Have you sustained a similar loss before?  
您是否曾在相同單位蒙受同類損失？

Yes  
是

Please give details  
請提供詳情

No  
否

#### Section 2: Statement of claim for damaged / lost property or business interruption

##### 第二部份：損失 / 損毀財物 或 業務中斷申報表

You can add supplementary paper if the provided space is insufficient. 如提供的位置不足，可另行加紙填寫。

Loss or damaged item name, brand and model 遺失或損毀物件之名稱、牌子及型號	Date of purchase (month, year) 購買日期 (月 · 年)	Purchasing price (please specify the currency) 購買價值 (請註明貨幣)	Repairing cost (please specify the currency) 維修費 (請註明貨幣)
	Month月 Year年 MMYYYY		
	Month月 Year年 MMYYYY		
	Month月 Year年 MMYYYY		
	Month月 Year年 MMYYYY		
	Month月 Year年 MMYYYY		

Business interruption details (e.g. affected area(s), item(s), etc.) 業務中斷資料 (如受影響範圍、項目等)	Interrupted period (DD/MM/YY, HH:MM) 業務中斷期 (日 / 月 / 年, 時 : 分)	Estimated loss amount (please state the currency) 估計損失金額 (請註明貨幣)
	From 由 Day日 Month月 Year年 Hour時 Minute分 DDMMYYYY HHMM To 至 Day日 Month月 Year年 Hour時 Minute分 DDMMYYYY HHMM	
	From 由 Day日 Month月 Year年 Hour時 Minute分 DDMMYYYY HHMM To 至 Day日 Month月 Year年 Hour時 Minute分 DDMMYYYY HHMM	
	From 由 Day日 Month月 Year年 Hour時 Minute分 DDMMYYYY HHMM To 至 Day日 Month月 Year年 Hour時 Minute分 DDMMYYYY HHMM	

## 5. Declaration and authorization 聲明及授權

- I/We declare that all information provided by me/us above is true and complete to the best of my/our knowledge and belief and such information is provided without reservation or withholding of any kind.  
本人 / 我們謹此聲明，以上由本人 / 我們所提供之全部資料乃據本人 / 我們所知所信屬真確及完整無誤，而本人 / 我們在提供資料方面並沒有任何保留或隱瞞。
- I/We confirm that I/we have read, understood and agreed to **Zurich Insurance Company Ltd's ("the Company") privacy policy** as described below.  
本人 / 我們確認本人 / 我們已閱讀、明白並同意以下所述**蘇黎世保險有限公司 (「貴公司」) 之私隱政策**。
- I/We hereby authorize any physician, medical practitioners, hospitals or clinics by whom or where I/we have been observed or treated to give full particulars about my/our health or provide the relevant report or document to the Company or its agents.  
本人 / 我們授權於任何曾替本人 / 我們作診療之醫生、醫務人員、醫院或診所提供有關本人 / 我們病歷之資料或提供有關的報告或文件予 貴公司或其代理人。
- I/We hereby further authorize any parties, including but not limited to police and government authorities, airlines, travel agents, insurance companies etc. who are in possession of my/our insurance proposal information, claim information or any related information to release part or all of the information about me/us or related incidents of injury, loss or damage to the Company or its agents.  
本人 / 我們授權持有本人 / 我們投保資料、索償紀錄或任何有關資料之一方，包括但不限於警方及政府機構、航空公司、旅遊公司、保險公司等任何有關人士或組織，可以將部份或全部有關本人 / 我們是次受傷、損失或損毀相關事件等資料提供予 貴公司或其代理人。
- A photocopy of this authorization shall be considered as effective and valid as the original.  
此授權書之影印本與正本同屬有效。

## 6. Notice to customers relating to the Personal Data (Privacy) Ordinance ("Ordinance") 有關個人資料 (私隱) 條例 (「私隱條例」) 的客戶通知

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Insurance Company Ltd ("Company")** from time to time, which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer (such as claim information and medical history received from third parties), may be used by the Company and/or a company within its group ("**Zurich Insurance Group**") for the purposes **necessary** in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information).

由**蘇黎世保險有限公司 (「本公司」)**不時收集或持有的客戶 (包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人) 個人資料，其中亦包括在公司日常業務過程中以及就持續與客戶的關係而收集或產生的資料 (例如從第三方收到的索償資料和病歷)，均可供本公司及 / 或其所屬集團 (「**蘇黎世保險集團**」) 內的公司使用作為向客戶提供服務而**必須**的用途 (否則本公司將無法為未能提供所需資料的客戶提供服務)。

**Please read carefully the details of the Company's privacy policy which is made available on our website at [www.zurich.com.hk/pics](http://www.zurich.com.hk/pics) or by scanning the QR code. You may also contact our Customer Care Center at 2968 2288 or insurance intermediaries for enquires.**

本公司之私隱政策詳載於[www.zurich.com.hk/pics](http://www.zurich.com.hk/pics)或可透過掃描QR碼細閱。您亦可致電2968 2288與我們的客戶服務中心聯絡又或向保險中介人查詢。



Signature of insured  
受保人簽署

Company chop (if applicable)  
公司蓋印 (如適用)

Signature of contact person (if the same as insured, please ignore this field)  
聯絡人簽署 (如與受保人相同，不用填寫此欄)

Date  
日期

Day日 Month月 Year年

D	D	M	M	Y	Y	Y	Y
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ZURICH®

蘇黎世

## Section 4: Letter of authorization

## 第四部份：授權書

If you would like our company to obtain the police statement/report, please complete and return this form. The process will take 4 to 6 weeks.

如您選擇由本公司向警方索取口供 / 報告副本，請填寫及寄回此授權書。有關程序需時約4至6星期。

# Letter of authorization

## 授權書

Your reference no.

您的參考編號

Our reference no.

我的參考編號

Dear Sirs, 敬啟者：

Place of incident

事故發生地點

Description of incident

事故描述

Incident date and time

事故日期及時間

Day日 Month月 Year年

       

Hour時 Minute分

    AM/PM\*  
上午/下午\*

I/We \_\_\_\_\_, holder of HKID no. \_\_\_\_\_, hereby authorize

Zurich Insurance Company Ltd to obtain a copy of the statement/report I/we made to you following the captioned incident.

本人 / 我們 \_\_\_\_\_，香港身份證號碼為 \_\_\_\_\_，現授權蘇黎世保險

有限公司向 貴警署索取有關上述事故之口供及 / 或報告一份。

Name of informant (Full name)

報案人姓名 (全名)

Signature of informant

報案人簽署

Day日 Month月 Year年

Date  
日期