



ZURICH®

蘇黎世

Motor Insurance claim form 汽車保險索償申請表

Email 電郵 : claims@hk.zurich.com

Please ✓ 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 有關索償查詢，請瀏覽 www.zurich.com.hk/claims

Claims submission 申請索償：

Visit <https://www.zurich.com.hk/en/motorclaims> to check if you are eligible for the cashless windscreen repairing service and Garage-Pro Services.

For other cases, you may submit a claim through:

請瀏覽<https://www.zurich.com.hk/zh-hk/motorclaims> 了解有關免找數汽車擋風玻璃服務及智選汽車網絡維修服務的資料。有關其他索償事項，您可以透過以下方式提交索償申請：

1. Scan QR code to download "Zurich HK" App, or
掃描二維碼下載手機應用程式「Zurich HK」，或
2. Submit this claim form together with supporting documents by email/post
填妥索償申請表，連同有關證明文件電郵 / 郵寄至本公司
Email 電郵 : claims@hk.zurich.com
Address 地址 : Claims Department, Zurich Insurance Company Ltd, 26/F, One Island East,
18 Westlands Road, Island East, Hong Kong
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賠償部



Important notes 注意事項：

- Please report your claim to us as soon as possible after the date of incident.
索償申請需於意外後盡快遞交。
- Please use Motor Windscreen Damage Insurance Claim Form to report windscreen damage claim.
若您只申請汽車擋風玻璃損毀之索償，請另填汽車擋風玻璃索償申請表。
- Please contact the garage for pick up details after the damaged vehicle is repaired.
請自行聯絡維修車廠以安排損毀車輛修理完畢後取回車輛。
- If have any questions about No Claim Discount (NCD)/Claim Free Discount (CFD), please call Zurich hotline at +852 2968 2288.
如您對無申請賠償折扣 (NCD/CFD) 有任何查詢，請致電蘇黎世熱線+852 2968 2288 查詢。

1. General information 一般資料

Policy/cover note no.
保單 / 臨時保單號碼

Terms of cover Comprehensive cover
投保類別 綜合全保

Third party cover
第三者責任保險

Policyholder name
保單持有人姓名 (英文)

Registration no.
車牌登記號碼

Use of the insured vehicle at the time of the accident 意外當時車輛之用途

- Personal use 個人用途 Commercial use 商業用途 Hired by passenger(s) 被僱用載客用途 Other, please specify 其它，請註明

Contact person name (if different from policyholder)
聯絡人姓名 (如與保單持有人不同)

Relationship with policyholder (if different from policyholder)
與保單持有人的關係 (如非保單持有人)

Mobile phone no.
流動電話號碼

Email address
電郵地址

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。

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

Driver name (if different from policyholder)
司機姓名 (如與保單持有人不同)

Relationship with policyholder (if different from policyholder)
與保單持有人的關係 (如非保單持有人)

Driver HKID card no./Passport no.*
司機香港身份證號碼 / 護照號碼 *

Driver mobile phone no. (if different from contact person)
司機流動電話號碼 (如與聯絡人不同)

Driver email address
司機電郵地址

Driving license no. Full Probationary Learner
駕駛執照號碼 正式 暫准 學習

Did the concerned driver have the car owner's consent to use the car prior to the accident?
是次意外前否得到車主之同意使用該車?

Yes No
有 否

Did the driver take any drugs/consume any intoxicating liquor in 12 hours prior to this accident?
是次意外前12小時內司機有否服用任何藥物 / 含有酒精成份之飲品?

Yes (please provide full details below) No
有 (請提供詳情) 否

Did the driver undergo screening breath test following this accident and what is the result?
是次意外後司機有否被進行酒精測試及其結果?

Yes (please provide full details below) No
有 (請提供詳情) 否

Had the driver's license ever been disqualified because of careless or dangerous driving and have points ever been deducted due to such offence(s) in the past three years?
過去三年內司機有否曾因不小心或危險駕駛被停牌或扣分?

Yes (please provide full details below) No
有 (請提供詳情) 否

Has the driver been involved in previous traffic accidents over the past three years?
過去三年內司機有否涉及交通意外?

Yes (please provide full details below) No
有 (請提供詳情) 否

2. Accident detail 事發詳情

2.1 Accident situation (mandatory) 事發情況 (必需填寫)

If the incident was caused by other driver/third party, please report the incident to police within ten days after the incident and request for police investigation. It can protect your recovery right against third party.

如意外是由其他駕駛者 / 人士所引致，請於意外後十天內向警方作出投訴，並要求警方調查。此舉可保障您日後之第三者追索權利。

Claim item(s) Damaged to insured vehicle (Comprehensive cover only. Please leave it blank if you do not want to make a claim on own damage)
索償項目 受保車輛損毀 (只適用於綜合全保。如不償索有關損毀，請留空此格)

Theft loss Third party vehicle/property damage Third party Bodily injured
受保車輛失竊 第三者車輛 / 財物損失 第三者人身傷亡

Date and time of accident
事發日期及時間

Day日 Month月 Year年

Hour時 Minute分

AM/PM*
上午/下午*

Number of involved vehicle(s)
涉事車輛數目

Accident location
事發地點

Weather
天氣

Speed of car
車速

Road condition
路面情況

Dry
乾

Wet
濕

Smooth
平整

Rough
不平整

Uphill
上斜

Downhill
落斜

Flat
平路

2. Accident detail (continued) 事發詳情 (續)

2.3 Third party bodily injured (if applicable – add additional information if necessary) 第三者人身傷亡 (如適用 – 有需要請另行填寫傷者資料)

Injured person 1 傷者一

Identity 身份 Pedestrian 行人 Passenger 車上乘客 Third party driver 第三者車上司機 Third party passenger 第三者車上乘客

Name 姓名 Gender 性別 Male 男 Female 女 Mobile phone no. 流動電話號碼

Injured position 受傷位置 Limbs 四肢 Body 身體 Head 頭

Extent of injuries 傷勢程度 Minor 輕微 Severe 普通 Coma 昏迷 Dead 死亡

How did the injured person get on the ambulance to hospital? 傷者如何上救護車送往醫院? N/A 不適用 Self 自行 By paramedic 救護人員抬上

Injured person 2 傷者二

Identity 身份 Pedestrian 行人 Passenger 車上乘客 Third party driver 第三者車上司機 Third party passenger 第三者車上乘客

Name 姓名 Gender 性別 Male 男 Female 女 Mobile phone no. 流動電話號碼

Injured position 受傷位置 Limbs 四肢 Body 身體 Head 頭

Extent of injuries 傷勢程度 Minor 輕微 Severe 普通 Coma 昏迷 Dead 死亡

How did the injured person get on the ambulance to hospital? 傷者如何上救護車送往醫院? N/A 不適用 Self 自行 By paramedic 救護人員抬上

3. Basic claims supporting documents 基本索償證明文件

(Please ✓ if attached the document, we may request for additional documents if necessary)

(請✓已提交的文件·本公司會就個別情況要求提供額外相關文件)

- Original Letter of Consent signed by the driver (last page of this form) **(please post to our company)**
肇事司機簽署的同意書正本 (本表格的最後一頁) **(必須郵寄至本公司)**
- Copy of concerned driver's driving license
肇事司機駕駛執照副本
- Copy of concerned driver's HKID card/passport
肇事司機香港身份証或護照副本
- Copy of vehicle registration document (both front and back pages)
受保車輛登記文件 (正面及背面) 副本
- Copy of color photos of damaged vehicle
損毀車輛之相片或彩色副本
- Copy of police report and police statement
警方報告及口供副本
- Copy of concerned driver's screening breath test report
肇事司機酒精呼氣測試報告副本
- Copy of any claim(s)/summon(s)/correspondences from third party (if any)
任何第三者之索償/傳票/信件副本 (如有)
- Copy of vehicle repair quotation (the quotation should be provided to and approved by our company/appointed surveyor before repair works are carried out) (applicable to damaged insured vehicle with comprehensive cover)
車輛維修報價副本 (修理前必需遞交報價並獲得本公司或本公司委派的公證行核准) (適用於全保之受保車輛損毀)

4. Declaration and authorization 聲明及授權

1. 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。
2. 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。
3. 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。
4. 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。
5. 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。

5. 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 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 and chop of policyholder
保單持有人簽署 / 蓋印

Signature/chop of driver concerned (if different from policyholder)
肇事司機簽署 / 蓋印 (如與保單持有人不同)

Date
日期

Day日 Month月 Year年

D	D	M	M	Y	Y	Y	Y
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Date
日期

Day日 Month月 Year年

D	D	M	M	Y	Y	Y	Y
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Letter of authorization 授權書

To whom it may concern 敬啟者：

Police report no. 警方報告號碼：

Date of Incident 事故日期：

Vehicle Registration no. 車輛登記編號：

I, _____, bearing HK ID card no./passport no. * _____ hereby consent and authorize the Commissioner of Hong Kong Police and/or other relevant authority(ies) to release the statement(s) (including all relevant parties involved in the captioned accident whether or not to be replied in respect of the subsequent prosecution), personal data, sketches, MVE report, brief facts, notes of proceedings, and all other relevant information and/or document(s) in relation to the captioned traffic accident to Zurich Insurance Company Ltd and/or its representative and/or its legal representative.

本人，_____ 香港身份證 / 護照號碼* _____ 現同意及授權香港警務處處長及 / 或有關機構就上述交通意外提供所有證人（不論控方是否檢控中依賴或否）之口供、個人資料、草圖、車輛檢驗報告、案情撮要、法庭訴訟紀錄，及所有其他有關資料或文件，給予蘇黎世保險有限公司及 / 或其代表及其律師代表。

Name of driver concerned/registered owner 肇事司機 / 登記車主姓名	Signature of driver concerned/registered owner 肇事司機 / 登記車主簽署
_____	_____
Date 日期	Day日 Month月 Year年 DDMMYYYY