

# Motor windscreen damage insurance claim form

(applicable to Comprehensive Cover only)

## 汽車擋風玻璃損毀保險索償申請表 (只適用於全保)

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](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)

### Claims submission 申請索償：

Visit <https://www.zurich.com.hk/en/motorclaims> to review the details of Cashless Windscreen Repairing service:  
請瀏覽 <https://www.zurich.com.hk/zh-hk/motorclaims> 有關「免找數修理汽車擋風玻璃服務」的資料：

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：

- After the damaged vehicle is repaired, please report your claim to us as soon as possible.  
損毀車輛修理完畢後，請盡快遞交索償申請。
- 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. Policy information

### 保單資料

Policy/cover note no.

保單 / 臨時保單號碼

Policy expiry date

保單到期日

Day日 Month月 Year年

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Insurance agent/broker name (if any)

保險代理 / 經紀姓名 (如適用)

## 2. Insured vehicle and personal details

### 受保車輛及個人資料

Policyholder name

保單持有人姓名 (英文)

Insured driver name

受保司機姓名 (英文)

Insured driver HKID/Passport no.

受保司機香港身份證號碼 / 護照號碼

Mobile no. of contact person

聯絡人流動電話號碼

Email address of contact person

聯絡人電郵地址

### 3. Insured vehicles's details 受保車輛資料

Registration no.  
車牌登記號碼

Year of manufacturing  
出廠年份

Make and model  
廠名及型號

### 4. Accident situation and damage condition of the motor windscreen 事發情況及汽車擋風玻璃損壞情形

Accident location  
事發地點

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\*

Description of accident and reason for windscreen damage  
事發過程及擋風玻璃損壞原因

**Basic claims supporting documents** (Please ✓ if attached the document, we may request for additional documents if necessary)  
**基本索償證明文件** (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)

- Color photo of damaged vehicle (with registration no.) and damaged windscreen before and after replacement  
損毀的汽車擋風玻璃 (連同車牌號碼) 更換前及後之彩色相片
- Copy of color replaced/repared windscreen receipt  
維修 / 更換擋風玻璃之彩色收據副本

### 5. 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                      Branch code                      Account no.  
銀行編號                      分行編號                      賬戶號碼

Bank account no.  
銀行賬戶號碼     -  -

### 6. 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。

## 7. 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 and chop of policyholder

保單持有人簽署 / 蓋印

Day日 Month月 Year年

Date  
日期

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