



ZURICH®

Motor Insurance Claim Form



① Claim submission

- Login mobile app "Zurich HK" **OR** submit this claim form by email/post
- Email: claims@hk.zurich.com
- Post: Zurich Insurance Company Ltd, Claims Department, 26/F, One Island East, 18 Westlands Road, Island East, Hong Kong

Please download "Zurich HK" mobile app to enjoy a straight-through claim service for the following:

- Windscreen damage
- Own car damage



② Claim acknowledgement

- Receive acknowledgment SMS and / or email in 2 working days

③ Claim result

- After submitting all the required documents, our company will contact garage to proceed with repair for the damaged vehicle
- The garage will contact you for pick up details after the damaged vehicle is repaired
- Our company will also contact you via email / mail if your claim is declined

Remarks:

1. Please report your loss(es) by submitting this Claim Form to us as soon as possible after the date of incident.
2. For inquiry, please call our Claims Hotline at 2903 9388 or email at claims@hk.zurich.com or fax at 2968 1660.
3. In relation to the No Claim Discount (NCD) / Claim Free Discount (CFD) operation, please refer to Section (16) of the policy for details.

Personal Details (*Mandatory fields)

Agent / Broker (if applicable) _____

*Policy / cover note no. _____

Terms of cover Comprehensive cover Third party cover

Policy expiry date (DD/MM/YY) _____

*Insured person _____

Contact / Insured person _____
(If the same as Insured person, please ignore this field)

*Contact / Insured person mobile no. _____

*Contact / Insured person email address _____

Our company will send you the **claim acknowledgement** and **direct credit claim settlement** by SMS and/or email.

*Contact person / Insured person postal address _____

Our company may contact you by **email** to obtain additional information to process your claim, if necessary. If you would like to change the communication channel to **mail**, please the box: By mail (If you have an insurance intermediary/agent, our company will contact you via insurance intermediary/agent.)

The insured vehicle details

Registration no. _____ Year of manufacturing _____ Make and model _____

What purpose was the vehicle being used at the time of the accident?

Personal use Commercial use Hired by passenger(s) Other, please specify

Claim items and documentation

Please the relevant section(s), submit the required documents together with this form to our company. Our company may request for additional documents.

Claim items	Claim documents checklist
<input type="checkbox"/> Damage to insured vehicle (applicable to comprehensive cover only)	1. Copy of vehicle repair quotation (the quotation should be provided to and approved by our company before repair works are carried out) 2. Copy of photos of damaged vehicle 3. Original repair invoice(s) and receipt(s) (Applicable to windscreen damage claim) 4. Copy of vehicle registration document (both front and back pages) 5. Copy of police report and police statement (if any) 6. Copy of screening breath test report (if any) 7. Copy of driver's driving license 8. Copy of driver's HKID or passport 9. Letter of consent signed by the driver (Section 8 of this Form) 10. Original vehicle purchase contract / receipt / invoice (Applicable to theft loss claim)
<input type="checkbox"/> <ul style="list-style-type: none"> • Third party property damage • Third party bodily injury 	1. Copy of any claim(s) / summon(s) / correspondences from third party (if any) 2. Letter of consent signed by the driver (Section 8 of this Form)

Section 1 Particulars of driver (*Mandatory fields)

Is driver the car owner? No (Please fill in Parts A and B) Yes (Please fill in Part B only)

Part A

*Name _____ Date of birth (DD/M/YY) _____

*HKID no. / passport _____ *Contact no. _____

*Email address _____ Relationship with the Insured person _____

*Address _____

Driving license no. _____ (Full Probationary)

License expiry date (DD/MM/YY) _____ License issued date (DD/MM/YY) _____

Did you have the car owner's consent to use the car prior to the accident? Yes No

Part B

*Did the driver take any drugs in 12 hours prior to this accident? No Yes, please give full details _____

*Did the driver consume any intoxicating liquor in 12 hours prior to this accident? No Yes, please give full details _____

*Did the driver undergo screening breath test following this accident and what is the result? No Yes, please give full details _____

*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 3 years? No Yes, please give full details _____

*Has the driver been involved in previous traffic accidents over the past 3 years? No Yes, please give full details _____

Section 2 Witness / passenger details

Please list the witness/passenger (if any)

Name	Contact address	Employee ?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3 Condition of damaged insured vehicle (This section is only applicable to comprehensive cover)

Will you file a damage to own insured vehicle claim? No (please skip this section) Yes (Please fill in below details and submit a repair quotation)

Extent of damage Minor Moderate Severe

Is the vehicle at the repairer's premises? Yes, please provide the garage's name, location and contact number _____
 No, please state its current location _____

Has the vehicle been retained by the government vehicle centre for inspection? No Yes, please state which centre _____

Section 4 Circumstances of accident, loss or damage

Date (DD/MM/YY) _____ Time (a.m/p.m) _____

Place _____

Weather _____ Speed of car _____ Road condition Dry Wet Smooth Rough Uphill Downhill Flat

Give full details of occurrence and make a rough sketch where appropriate showing road widths, traffic lights, signs, warnings, etc. Indicate directions of vehicle with an arrow. (You can add supplementary paper(s) if the provided space is insufficient.)

Description of accident

Sketch

(Before completing the questions below, you should report the accident to the police immediately)

Way of report to police 999 report hotline Police station Reported by other Police report no. (if any) _____
(Please attach the police statement, if any)

Have you / the driver lodged a complaint or sought compensation against other driver(s) in respect of this accident? Yes No

Have you / the driver made or received any compensation to or from the other party? No Yes, please state the amount (HKD) _____

Have you / the driver made any written agreement with the other party related to this accident? No Yes, please provide the original document. If not, please state the reason(s) _____

Section 5 Particulars of third party vehicle involved or of other property damaged

Was any third party vehicle damaged or property damaged?

Involved third party vehicle damage (Please fill in Parts A and B) Involved third party property damage (Please fill in Part B only) No (please skip this section)

Part A

Name of insurance company of third party vehicle owner / driver _____ Registration no. of third party vehicle owner / driver _____

Type and make model of the vehicle _____ Extent of damage Minor Moderate Severe

Name of third party vehicle owner / driver _____ Contact no. of Name of third party vehicle owner / driver _____

Address of third party vehicle owner / driver _____

Part B

Name of other damaged property _____

Name of insurance company of damaged property's owner (Ignore this field if it is the same as above) _____

Name of damaged property's owner _____ Extent of damage Minor Moderate Severe

Contact no. of damaged property's owner (Ignore this field if it is the same as above) _____

Address of damaged property's owner (Ignore this field if it is the same as above) _____

Section 6 Particulars of person(s) injured

Is / are there any person(s) injured? Yes (please continue to fill this section) No (please skip this section)

Injured person 1:

Identity of injured person Pedestrian Passenger Third party passenger Name _____ Sex Male Female

Estimated age _____ Please indicate the injured position Right leg Left leg Right upper limb Left upper limb Upper body Head

Did the injured person remain conscious after the accident? Yes No

Extent of injuries sustained by the injured person Minor Moderate Severe Dead

How did the injured person get on the ambulance to hospital? N/A Self Was carried by the ambulancemen

Injured person 2: (if any)

Identity of injured person Pedestrian Passenger Third party passenger Name _____ Sex Male Female

Estimated age _____ Please indicate the injured position Right leg Left leg Right upper limb Left upper limb Upper body Head

Did the injured person remain conscious after the accident? Yes No

Extent of injuries sustained by the injured person Minor Moderate Severe Dead

How did the injured person get on the ambulance to hospital? N/A Self Was carried by the ambulancemen

Injured person 3: (if any)

Identity of injured person Pedestrian Passenger Third party passenger Name _____ Sex Male Female

Estimated age _____ Please indicate the injured position Right leg Left leg Right upper limb Left upper limb Upper body Head

Did the injured person remain conscious after the accident? Yes No

Extent of injuries sustained by the injured person Minor Moderate Severe Dead

How did the injured person get on the ambulance to hospital? N/A Self Was carried by the ambulancemen

(Feel free to provide other information of injured person(s) if necessary)

Section 7 Declaration and authorization

1. I / We declare that all information and particulars contained above are true and complete to the best of my/our knowledge and belief and they are made without reservation of any kind.
2. I / We understand and agree the following issues about the arrangement of my/our personal information collected or held by Zurich Insurance Company Ltd ("the Company").
 - 1) The personal information of customers (include policy owners, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by the Company may be used by the Company for the following obligatory 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):
 - I. to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;
 - II. to process requests for payment, and for direct debit authorization;
 - III. to manage any claim, action and /or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right;
 - IV. to compile statistics or use for accounting and actuarial purposes;
 - V. to meet the disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company and /or its group ("Zurich Insurance Group") and conduct matching procedures where necessary;
 - VI. 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 government-related establishments;
 - VII. to collect debts;
 - VIII. to facilitate the Company's authorized service providers to provide services to the Company and /or the customers for the above purposes; and
 - IX. to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.
 - 2) The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the obligatory purposes:-
 - I. companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary;
 - II. any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the Zurich Insurance Group in connection with the operation of its business;
 - III. third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors;
 - IV. credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
 - V. any person to whom the Zurich Insurance Group is under an obligation to make disclosure under the requirements of any law binding on the Zurich Insurance Group or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Zurich Insurance Group or any of its associated companies are expected to comply;
 - VI. any person pursuant to any order of a court of competent jurisdiction; and
 - VII. any actual or proposed assignee of the Zurich Insurance Group or transferee of the Zurich Insurance Group's rights in respect of the policy owners.
 - 3) All customers have the right to access to, correct, or change any of their own personal information held by the Company by request in writing to the Company's Personal Data Privacy Officer at the address below.

Personal Data Privacy Officer
26/ F, One Island East
18 Westlands Road
Island East
Hong Kong
 - 4) In accordance with the Personal Data (Privacy) Ordinance (Cap 486), the Company has the right to charge a reasonable fee for processing any data access request.
 - 5) In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.
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 to the Company or its agents.
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 the subject or related incidents of injury, loss or damage to the Company or its agents.
5. A photocopy of this authorization shall be considered as effective and valid as the original.

Signature and chop of Insured person

Signature of driver

(If the same as Insured person, please ignore this field)

Date (DD/MM/YY) _____

Date (DD/MM/YY) _____

Letter of Consent 同意書

To whom it may concern 敬啟者:

Reference no. 檔案編號: _____

Date of Incident 事故日期: _____

Vehicle Registration no. 車輛登記編號: (please fill 請填寫) _____

I, _____, bearing HKID/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.

The copy of this letter of Consent is as valid as the original copy.

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。

此同意書之副本與其正本同樣有效。

Signature of the driver concerned

肇事司機簽署

Date (DD/MM/YY)

日期(日/月/年)

Name of the driver concerned

肇事司機姓名