

Third party liability insurance claim form

第三者責任保險索償申請表

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

1. Claim submission 申請索償 Complete this claim form and email to our company 填妥此索償申請表並電郵至本公司 • Email 電郵：claims@hk.zurich.com	2. Additional claim documents 額外索償文件 Provide further claims documents or information subject to requirement 因應要求提交額外索償文件或資料	3. Claim result 索償結果 Received claim result after claim assessment 索償評估後收到索償結果
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1. Personal information 個人資料

Name of insured person/company

受保人 / 公司姓名 (英文)

Policy no.

保單號碼

Insured company business

受保公司經營業務

Name of contact person

(If the same as insured person/company please ignore this field)

聯絡人姓名 (如與受保人 / 公司相同，不用填寫此欄)

Mobile phone 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

Correspondence address of contact person

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*

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。

2. 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"/> Third party bodily injury 第三者人身傷亡 <input type="checkbox"/> Please fill in Section 1 and Section 2 Part A 請填寫第一部份及第二部份甲部	<input type="checkbox"/> Copy of incident report (If any) 事件報告副本 (如有) <input type="checkbox"/> Copy of police report/statement (including police reference and station name) (if any) 警察報告 / 口供 (包括警察檔案編號及警署名稱) 副本 (如有) <input type="checkbox"/> Copy of any correspondences (including any unanswered correspondence) or complaint letter related to the incident (if any) 任何有關是次事件之信件 (包括任何未答覆之函件) 或投訴信副本 (如有) <input type="checkbox"/> Copy of any claims or writs of summons or legal documents (if any) 任何與索償有關的傳票或法律文件副本 (如有) <input type="checkbox"/> Copy of color photos showing the scene of accident and the extent of injury (if any) 有關意外的現場環境及第三者受傷情況之彩色相片副本 (如有) <input type="checkbox"/> Copy of treatment record/medical report with the name of third party, date of treatment, diagnosis (if any) 所有詳列第三者姓名、求診日期、診斷證明的治療紀錄 / 醫療報告副本 (如有) <input type="checkbox"/> Copy of invoice(s) of medical expenses with the name of third party, date of treatment, diagnosis (if any) 所有詳列第三者姓名、求診日期、診斷證明及各項醫療費用的收據副本 (如有)
<input type="checkbox"/> Third party property damage 第三者財物損失 <input type="checkbox"/> Please fill in Section 1 and Section 2 Part B 請填寫第一部份及第二部份乙部	<input type="checkbox"/> Copy of incident report (if any) 事件報告副本 (如有) <input type="checkbox"/> Copy of police report/statement (including police reference and station name) (if any) 警察報告 / 口供 (包括警察檔案編號及警署名稱) 副本 (如有) <input type="checkbox"/> Copy of any correspondences (including any unanswered correspondence) or complaint letter related to the incident (if any) 任何有關是次事件之信件 (包括任何未答覆之函件) 或投訴信副本 (如有) <input type="checkbox"/> Copy of any claims or writs of summons or legal documents (if any) 任何與索償有關的傳票或法律文件副本 (如有) <input type="checkbox"/> Copy of color photos showing the scene of accident and the extent of damage (if any) 有關意外的現場環境及損失情況之彩色相片副本 (如有) <input type="checkbox"/> Copy of repair quotation of the damaged third party's item(s) if the item(s) is/are repairable (if any) 第三者損毀財物若能被維修，請提供維修報價單的副本 (如有) <input type="checkbox"/> Copy of replacement quotation of the damaged third party's item(s) if the item(s) need to be replaced (if any) 第三者損毀財物若需要被更換，請提供更換物報價單的副本 (如有) <input type="checkbox"/> Copy of invoices for the purchase of the damaged third party property (if any) 第三者損毀財物的購買單據副本 (如有)

3. Details of claim item(s) 索償項目詳情

Section 1: Details of incident

第一部份：事故詳情

Accident location

意外地點

Details of accident

意外發生經過詳情

Accident date and time

意外日期及時間

Day日 Month月 Year年

□	□	□	□	□	□	□	□
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Hour時 Minute分

□	□	□	□
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AM/PM*

上午/下午*

Whose negligence caused the incident?
事故是由何人之疏忽而引致？

Insured person/company
受保人 / 公司

Other, please provide
其他人，請提供

Name

姓名

Mobile phone no.

手提電話號碼

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*

Has any precautionary measure been taken before the time of incident?

在事故發生前，您是否已作出任何防範措施？

Yes
是

Please give details

請提供詳情

No
否

Following the incident, has any promise/compensation been made?

在事故發生後，您是否作出任何承諾及賠償？

Yes
是

Please give details

請提供詳情

No
否

Following the incident, has any remedy work been taken?

在事故發生後，您是否曾作出任何補救措施？

Yes
是

Please give details

請提供詳情

No
否

Name(s), address(es), and telephone no(s). of witness(es) of incident (if any)

證人之姓名、地址及電話號碼（如有）

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 no.

警察報案編號

No
否

Police station name

警署名稱

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

Section 2: Details of third party bodily injury or third party property damage

第二部份：第三者人身傷亡或財物損失資料

This incident is related to third party bodily injury (please fill in Part A)
是次索償涉及第三者人身傷亡 (請填寫甲部)

This incident is related to third party property damage (please fill in Part B)
是次索償涉及第三者財物損失 (請填寫乙部)

Part A - Details of third-party bodily injury

甲部 - 第三者人身傷亡詳情

Has any claim been made against you? Yes, please give details
您是否有收到第三者索償? 是, 請提供詳情

No
否

Name of injured person(s)/deceased
傷者 / 死者姓名

Gender Male Female Age
性別 男 女 年齡

Mobile phone no.
手提電話號碼

Email address
電郵地址

Correspondence address of contact person
聯絡人通訊地址

Flat/Room
室 / 單位

Floor
樓

Block
座

Building
大廈

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Nature of injury
受傷部位

Right leg
右腳

Left leg
左腳

Right upper limb
右手

Left upper limb
左手

Upper body
上身

Head
頭

Extent of injury
受傷程度

Minor
輕微

Moderate
普通

Severe
嚴重

Dead
死亡

Relationship between you and the injured person(s)
受保人 / 公司與死者或傷者關係

Claim amount (please state the currency)
索償金額 (請註明貨幣)

Part B - Details of third-party property damage

乙部 - 第三者財物損失詳情

Has any claim been made against you? Yes, please give details
您是否有收到第三者索償? 是, 請提供詳情

No
否

Owner of damaged item(s)
損失或損毀財物物主姓名

Relationship between you and the owner of third-party property
受保人 / 公司與財物損失或損毀物主關係

Mobile phone no.
手提電話號碼

Email address
電郵地址

Correspondence address of contact person
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

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Details of damaged item(s) (e.g. name, type, brand, model, etc.)
損失或損毀財物資料 (如名稱、種類、牌子、型號等)

Extent of damage of damaged item(s)
財物損失或損毀程度

Minor
輕微

Moderate
普通

Severe
嚴重

Estimated repair costs (please state the currency)
預計維修費用 (請註明貨幣)

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 of Insured or company chop
受保人簽署或公司蓋章

Day日 Month月 Year年
Date 日期

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)
