

傳真 Fax no.: +852 2968 1660

請以英文正楷大寫填報此表格。Please complete this form in BLOCK LETTERS.

請「√」適用空格及於*號刪去不適用者。Please tick the appropriate box and * delete wherever is inappropriate.

程序及備註:	Procedures and notes:
1. 請於事發 / 發現損失後之 30 天內將索償申請表呈交本公司。 2. 請將填妥之索償申請表連同有關證明文件之正本寄回： 蘇黎世保險有限公司 理賠部 香港港島東 華蘭路 18 號 港島東中心 25 - 26 樓 3. 如所遞交的索償申請表未填妥或有關資料或文件不足，閣下的索償申請有可能會受延誤或被拒絕。 4. 閣下有可能需要提供進一步資料或文件作索償申請。 5. 請回答所有問題。若空位不足，請另紙詳加說明。 6. 尊尚客戶保險熱線：2903 9346	1. Please submit the completed Claim Form to us within 30 days from the date of accident / discovery. 2. Please submit the completed Claim Form, together with respective true copies of all relevant documents to: Zurich Insurance Company Ltd Claims Department 25-26/F, One Island East 18 Westlands Road Island East Hong Kong 3. Submission of incomplete Claim Form or insufficient information or supporting documents may delay the processing of claim or may result in denial of claim. 4. Additional information or documents may be required. 5. Please answer every question given. If the space provided is insufficient, please use a separate sheet to give details. 6. Diamond Customer Insurance Hotline: 2903 9346

I. 保單資料 Policy information

保單號碼 Policy no.		受保人姓名 Name of Insured	
通訊地址 Correspondence address			
聯絡人 Contact person		日間聯絡電話 Daytime contact no.	
電郵地址 E-mail address		傳真號碼 Fax no.	

II. 有關事件發生經過及遺失或損毀詳情 Circumstances of incident and loss or damage

事發日期 Date of incident		事發時間 Time of incident	
事發地點 Place of incident			
事件發生經過 Description of incident			
遺失或損毀詳情 Details of loss or damage			
發現此事件者或證人的聯絡資料 (包括姓名、地址及聯絡電話) Contact details (include name, address & contact no.) of witness(es) or person(s) who discovered the incident			



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該財物是否受保於其他保險之內？ Are there any other insurances covering the property?		<input type="radio"/> 是 YES	<input type="radio"/> 否 NO
若「是」，請提供詳細資料（包括保險公司名稱、保險類別及保單號碼）。 If "YES", please give details (include name of insurance provider, the nature of insurance & policy no.).			
是否有第三者對該財物擁有權益？ Does any other party have interest in the property?		<input type="radio"/> 是 YES	<input type="radio"/> 否 NO
若「是」，請提供第三者之詳細資料。 If "YES", please give details of any other interested party.			
事件是否有通知警方？ Were the police advised of the incident?		<input type="radio"/> 是 YES	<input type="radio"/> 否 NO
若「是」，請填寫以下資料： If "YES", please complete the following:			
報案日期 Date of report		報案時間 Time of report	
警署名稱 Name of police station		警方報告號碼 Police report no.	
報案人姓名及聯絡電話 Name and contact no. of informant			
*請附上口供紙 / 報失紙副本。 Please attach a copy of the police statement / loss memo.			
III. 關於盜竊 / 爆竊事件 For theft / burglary loss			
受保物業如何被進入及離開？ How was the insured premises entered and exited?			
是否有任何強行進入或離開該物業之痕跡？ Is there any sign of forcible entry to or exit from the premises?		<input type="radio"/> 是 YES	<input type="radio"/> 否 NO
若「是」，請提供詳細資料及相片。 If "YES", please give details and photos.			
於事發時，該物業是否空置？ Were the premises unoccupied at the time of the incident?		<input type="radio"/> 是 YES	<input type="radio"/> 否 NO
若「是」，請提供最後有人居住的日期及時間。 If "YES", please give date and time of last occupied.			
閣下是否曾蒙受同類損失？ Have you sustained a similar loss before?		<input type="radio"/> 是 YES	<input type="radio"/> 否 NO
若「是」，請提供有關損失之詳細資料。 If "YES", please give details of the loss.			
閣下是否懷疑有關遺失或損毀由任何人士或人等造成？ Have you any reason to suspect that the loss or damage has been caused by the actions of any person(s)?		<input type="radio"/> 是 YES	<input type="radio"/> 否 NO
若「是」，請提供可疑人士之詳細資料。 If "YES", please give details of the suspect.			

IV. 損失清單 Schedule of loss

物品描述 Description of article	物主姓名及地址 Name and address of owner	購買日期、商號及地址 Date, vendor and address of purchase	購買金額 Purchase price	扣除折舊 Deduction of wear and tear	更換 / 維修費用 (如適用) Replacement / repair cost (if applicable)	索償金額 Claim amount
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

V. 聲明及授權 Declaration and authorization

本人/吾等在此聲明，本人/吾等已盡一切能力保證上述各節均屬實情。
I/We declare that, to the best of my/our knowledge the statements made above are true.

本人/吾等明白並同意以下有關 **Zurich Insurance Company Ltd** (「本公司」) 處理所收集及保存本人/吾等之個人資料的安排。
I/We understand and agree the following issues about the arrangement of my/our personal information collected or held by Zurich Insurance Company Ltd.

1. 由 **Zurich Insurance Company Ltd** (「本公司」) 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，均可供本公司使用作以下**強制性用途**，以便為客戶提供服務(否則本公司將無法為未能提供所需資料的客戶提供服務)：

The personal information of customers (include policy owners, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Insurance Company Ltd** ("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):

- (1) 辦理，調查(及協助他人調查)和決定保險申請、保險索償及提供持續的保險服務；
to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;
- (2) 辦理付款要求及直接付款授權；
to process requests for payment, and for direct debit authorization;
- (3) 處理任何對客戶的索償、訴訟及／或司法程序；以及行使本公司的權利 (詳情見適用保單條款所定)，包括但不限於代位權；
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;
- (4) 編撰統計數字，或作會計及精算用途；
to compile statistics or use for accounting and actuarial purposes;
- (5) 符合對本公司及／或其所屬集團 (「蘇黎世保險集團」) 具約束力的任何本地或外國法例、規則、守則或指引的披露規定及如需要時進行核對程序；

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- 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;
- (6) 遵循香港法院及監管機構作出的合法要求或指令，包括但不限於保險業監理處、香港保險業聯會、核數師、政府組織和政府相關機構；
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;
- (7) 債務追討；
to collect debts;
- (8) 便利本公司的認可服務供應商，就上述目的為本公司及／或客戶提供服務；及
to facilitate the Company’s authorized service providers to provide services to the Company and/or the customers for the above purposes; and
- (9) 使本公司的實際或建議承讓人能夠評核擬進行涉及有關轉讓的交易。
to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.

2. 本公司可就**強制性用途**，向以下於香港境內或境外的人士提供任何客戶個人資料：

The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the **obligatory purposes**:-

- (1) 蘇黎世保險集團成員公司，或任何進行保險或再保險相關業務的其他公司或中介人；
companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary;
- (2) 任何向蘇黎世保險集團提供行政、電訊、電腦、付款或其他與其業務運作有關的服務的代理人、承包商或第三方服務供應商；
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;
- (3) 第三方服務供應商，包括法律顧問、會計師、調查員、理賠師、再保公司、醫護及復康顧問、考察員、專家、維修人員、及資料處理者；
third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors;
- (4) 信貸諮詢機構、而在客戶欠賬時，任何債務追收代理或進行索償或調查服務的公司；
credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
- (5) 根據對蘇黎世保險集團或其任何關連機構具約束力的任何法例，及就任何由政府、監管或其他機關所頒佈且蘇黎世保險集團或其任何關連機構預期須遵守的任何規例、守則或指引而言，蘇黎世保險集團有責任向其作出披露的任何人士；
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;
- (6) 根據主管司法權區的法院的任何頒令的任何人士；及
any person pursuant to any order of a court of competent jurisdiction; and
- (7) 蘇黎世保險集團的任何實際或建議承讓人或蘇黎世保險集團對保單持有人的權利的受讓人。
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. 所有客戶均有權以書面向本公司之個人資料私隱主任（地址如下）要求查閱、修正及／或更改由本公司所持有有關其本身的任何個人資料。

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.

個人資料私隱主任
香港港島東華蘭路 18 號
港島東中心 26 樓

Personal Data Privacy Officer
26/F, One Island East
18 Westlands Road
Island East
Hong Kong

4. 根據私隱條例，本公司有權收取合理費用，藉以處理任何資料的查閱要求。

In accordance with the Ordinance, the Company has the right to charge a reasonable fee for processing any data access request.

5. 本通知的中英文版本如有任何歧異或不一致，概以英文版為準。

In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.

日期 Date	受保人簽署 / 公司蓋章 Insured’s signature / Company chop
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蘇黎世保險有限公司（於瑞士註冊成立之公司）
香港港島東華蘭路 18 號港島東中心 25-26 樓
熱線 Customer Services Hotline : +852 2968 2288

Zurich Insurance Company Ltd (a company incorporated in Switzerland)
25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong 客戶服務
傳真 Fax : +852 2968 0639 網址 Website : www.zurich.com.hk

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(閣下亦可選擇由本公司向警方索取口供副本，請填寫及寄回此授權書。索取口供程序將需四至六星期完成。)
(If you would like us to obtain a copy of the police statement, please complete and return this form. The process will take four to six weeks.)

索取口供紙授權書 Letter of authorization

Your ref.:

Our ref.:

敬啟者：
Dear Sirs,

事發日期 :
Date of incident

事發地點 :
Location of incident

事件性質 :
Nature of incident

本人 _____，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之口供副本。

I/We _____, holder of HKID card no. _____, hereby authorize Zurich Insurance Company Ltd to obtain a copy of my/our statement made to you in connection with the captioned incident.

報案人姓名 (正楷)
Name of informant (Block letter)

報案人簽署
Informant's signature

日期
Date