



ZURICH®

# Property Damage Insurance Claim



## ① Claim submission

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

For simple claims submission, please download "Zurich HK" mobile app to enjoy a straight-through claim service for the following claim types:

- Electrician
- Plumber
- Locksmith



## ② Claim acknowledgement

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

## ③ Claim result

- After submitting all the required documents, claim assessment will be informed by email/ SMS/ mail

### Remarks:

1. The above claim procedure is **only applicable** to personal insurance customers.
2. Please report your loss(es) by submitting this Claim Form to us or through "Zurich HK" mobile app (if appropriate) within **30 days** from the date of incident.
3. If the incident involved third party property damage or third party bodily injury, please submit the Third Party Liability Claim Form.
4. Please do not discard, remove or commence any repair works of the destroyed or damaged items without receiving our prior approval.
5. For inquiry, please call our Claims Hotline at 2903 9388 or email at [claims@hk.zurich.com](mailto:claims@hk.zurich.com) or fax at 2968 1660

## Insured Details (\*Mandatory fields)

\*Policy no. \_\_\_\_\_

\*Insured person \_\_\_\_\_

Insured person HKID / Passport no. \_\_\_\_\_

Insured occupation / business \_\_\_\_\_

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

\*Contact person postal address \_\_\_\_\_

\* Contact person mobile no. \_\_\_\_\_ \* Contact person email address \_\_\_\_\_

Our company will send the **claim acknowledgement** and **direct credit claim settlement** by SMS and/or email to the personal insurance customers.

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.)

## General Information

Are you making any other insurance or compensation claim as a result of this incident (e.g. Travel insurance, Motor insurance, Golf insurance)?

No  Yes, please specify: Name of insurance company \_\_\_\_\_ Policy no. \_\_\_\_\_

Do you need your submitted receipt(s) to be returned?  Yes, please return a certified true copy.

## Payment Method

**By direct credit / wire transfer** (Only applicable to personal insurance clients and for claim amount less than HKD100,000), please provide your bank details below:

- Account holder's name \_\_\_\_\_
- Bank (please   HSBC  Standard Chartered Bank  Hang Seng Bank  Bank of China (Hong Kong)  Other bank, please specify \_\_\_\_\_  
(Remark: If you choose to make a direct credit via "Other bank", the bank may charge you an additional transfer fee and deduct from the amount transferred.)
- Bank account no. \_\_\_\_\_

**By cheque** (Post to insurance intermediary. If you do not have an insurance intermediary, we will post to Insured person's policy address.)

## 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"/> <ul style="list-style-type: none"> <li>• Property damage</li> <li>• Business interruption</li> </ul>	<ol style="list-style-type: none"> <li>1. Original / copy of purchase receipts of or documents showing the value of the claim item(s)</li> <li>2. Copy of photographs showing the extent of damage(s) to the claim item(s)</li> <li>3. Copy of incident report or letter indicating the incident issued by the property management company or relevant authorities (if applicable)</li> <li>4. Statement of claim for damaged / lost property or business interruption (Section 2 of this form) (if applicable)</li> <li>5. Copy of repair quotation if the claim item(s) can be repaired (if applicable)</li> <li>6. Copy of replacement quotation, supporting document indicating the claim item(s) is/are irreparable or the repair cost(s) is/are higher than the replacement price if the claim item(s) is/are required to be replaced (if applicable)</li> <li>7. Copy of police report (including police reference and station name) if the loss is caused by theft / burglary / robbery (if applicable)</li> <li>8. Copy of photos showing the sign(s) of forcible entry or exit at the unit if the loss is caused by theft / burglary / robbery (if applicable)</li> <li>9. Letter of authorization (Section 4 of this form)</li> <li>10. Copy of all accounting records related to the business interruption caused by the incident of property damage (only applicable to business interruption claim)</li> </ol>
<input type="checkbox"/> <ul style="list-style-type: none"> <li>• Loss of personal money</li> <li>• Unauthorized use of lost credit card</li> </ul>	<ol style="list-style-type: none"> <li>1. Copy of police report (including police reference and station name) (if applicable)</li> <li>2. Copy of statement(s) and investigation report issued by the credit card company showing the details of unauthorized use of credit card (if applicable)</li> <li>3. Copy of notification to the credit card company in relation to the incident of unauthorized use of credit card (if applicable)</li> <li>4. Letter of authorization (Section 4 of this form)</li> </ol>

## Section 1 Details of damaged / lost property or business interruption

Date and time (DD/MM/YY, HH:MM) \_\_\_\_\_ Location \_\_\_\_\_

Description of incident \_\_\_\_\_

Any witness(es) of this incident?  No  Yes, please provide: Witness name(s) \_\_\_\_\_ Witness(es) contact no. \_\_\_\_\_

Witness(es) address(es) \_\_\_\_\_

Anyone reported this accident to the police?  No  Yes, please provide the date and time (DD/MM/YY, HH:MM) \_\_\_\_\_

Police report reference \_\_\_\_\_ Police station name \_\_\_\_\_

(Below section only applicable to the loss caused by **theft / burglary**)

Who discovered the theft / burglary:  Insured person  Not the Insured person, please provide the name \_\_\_\_\_

Was the unit unoccupied at the time of theft / burglary?  No  Yes, how many day(s) \_\_\_\_\_

Is there any sign of forcible entry or exit at the unit?  No  Yes, please provide details \_\_\_\_\_

Have you sustained a similar loss before?  No  Yes, please provide details \_\_\_\_\_

## Section 2 Statement of claim for damaged / lost property or business interruption

You can add supplementary paper(s) if the provided space is insufficient.

Damaged / lost property details (e.g. Name, type, brand, model, etc)	Date of purchase (DD/MM/YY)	Original purchase price (please state the currency)	Repair / replacement price (please state the currency) (if applicable)

Business interruption details (e.g. Affected area(s), item(s), etc)	Interrupted period (DD/MM/YY, HH:MM)	Estimated loss amount (please state the currency)
	From: To:	

### Section 3 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 of Insured person

Company's chop (if applicable)

\_\_\_\_\_

\_\_\_\_\_

Date (DD/MM/YY) \_\_\_\_\_

Date (DD/MM/YY) \_\_\_\_\_

Signature of contact person (if applicable)

\_\_\_\_\_

Date (DD/MM/YY) \_\_\_\_\_

Section 4 Letter of authorization

第四部份 授權書

If you would like our company to obtain the police statement/report, please complete and return this form. The process will take 4 to 6 weeks.

如閣下選擇由本公司向警方索取口供/報告副本，請填寫及寄回此授權書。有關程序需時約 4 至 6 星期。

Letter of authorization 授權書

Your reference no. 你的參考編號:

Our reference no. 我的參考編號:

Dear Sirs, 敬啟者:

Date of incident 事發日期:

Location of loss 事發地點:

Description of incident 事故描述:

I/We \_\_\_\_\_, holder of HKID no. \_\_\_\_\_, hereby authorize Zurich Insurance Company Ltd to obtain a copy of the statement/report I/We made to you following the captioned incident.

本人/我們 \_\_\_\_\_，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上述事故之口供及/或報告一份。

Name of Informant (Full name) 報案人姓名 (全名)

Signature of Informant 報案人簽署

Signature date (DD/MM/YY) 簽署日期 (日/月/年) \_\_\_\_\_