

MOTOR WINDSCREEN DAMAGE CLAIM FORM

汽車擋風玻璃損毀索償申請表



東京海上火災保險(香港)有限公司
The Tokio Marine and Fire Insurance Co.(HK) Ltd.
27A, United Centre, 95 Queensway, Hong Kong
Tel. (852) 2529-4401 Fax. (852) 2529-2509
http://www.tokiomarine.com.hk

Note : This claim form is for the reporting of windscreen damage only. 注意 : 本索償申請表只限於汽車擋風玻璃損毀索償

1. Please complete the Claim Form and return immediately to the Company with the following documents: 請填妥此申請表並連同以下文件立即交回本公司:
1.1 Original repair/replacement quotation, invoice and payment receipt (copy is not acceptable) 正本維修報價單、發票及付款收據 (不接受副本);
1.2 Colour photos showing the damaged windscreen with insured's vehicle registration number; and 彩色照片顯示擋風玻璃損毀的部份連同受保車輛的登記號碼; 及
1.3 Copy of Vehicle Registration Document (both front and back sides showing the expiry date of the Motor Vehicle Licence). 受保車輛的有效登記文件正背面副本。
2 The issue of this claim form is not an admission of liability by The Tokio Marine and Fire Insurance Co. (HK) Ltd. 發出此索償申請表不代表東京海上火災(香港)有限公司承認任何責任。

Means of Claim Settlement (Please tick) 賠償支付方式 (請選擇)
We must emphasize that this request is not an admission of our liability. If the claim is eligible, the indemnity shall be payable to the relevant Insured only.
本公司特此聲明此項要求並不代表本公司承認賠償責任。如果索償成功, 所有賠償均可支付予此索償之相關受保人。

Hong Kong Bank Transfer 本地銀行過數 (HKD account only 只限港幣戶口)
 Hong Kong Dollar Cheque 港幣支票
Please provide copy of bank passbook or ATM card if you prefer payment by bank transfer.
閣下選擇銀行過數, 請提供銀行存摺或提款卡副本

Account Holder's Name (Must be the Insured or Insured's Parent/ Legal Guardian if the Insured is below the age of 18)
銀行戶口持有人姓名 (必須為受保人或受保人的父母/合法監護人如受保人未滿18歲):

Bank Name 銀行名稱 :	Bank Code 銀行號碼	Branch Code 分行號碼	Account Number 戶口號碼

1. Details of the Insured 保戶資料

Name 名稱 _____ Policy No. 保單號碼 _____
Address 地址 _____
Daytime Contact No. 日間聯絡電話 _____ Email 電郵 _____

2. Insured Vehicle Details 受保車輛資料

Registration No. 車輛登記號碼 _____ Year of Mfr 出廠年份 _____ Make 牌子 _____ Model 型號 _____

3. Particulars of Damage / Accident 損毀 / 意外詳情

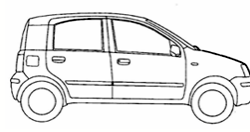
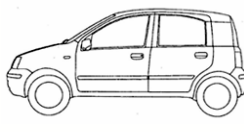
Date / Time of Accident 日期 / 時間 _____ dd 日 - mm 月 - yyyy 年 am 上午 pm 下午 Place 地點 _____

Cause of windscreen damage 擋風玻璃之損毀原因 _____

Name & Address of repairer 維修車房之名稱及地址 _____ Contact No. of repairer 維修車房電話 _____

Please tick and mark the damaged area(s) of the vehicle at the diagram below 請於下列車輛圖案上打勾及劃上擋風玻璃之損毀位置

- Windscreen 擋風玻璃 Rear window 車尾車窗 Left side window(s) 左邊側車窗 Right side window(s) 右邊側車窗



Declaration & Authorization 聲明及授權書

I/We hereby declare that to the best of my/our knowledge and belief, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind. I/ We authorize any individuals or entity holding any records or knowledge of me/us, to furnish to The Tokio Marine and Fire Insurance Company (Hong Kong) Limited ("the Company") or its authorized representative, any and all information relevant to the settling of this claims and/or the Insurer's right of recovery. The information provided by me/us to the Company is collected to enable the Company to carry on insurance business and may be used for the purpose of: (i) any insurance or financial related product or service or any alterations, variations, cancellations or renewal of the said products or services; (ii) any claim or investigation or analysis of such claim; and (iii) exercising any right of subrogation; and may be transferred to: (iv) any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes; (v) any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and (vi) any members of the Federation by the Federation for any of the above or related purposes.

本人/我們現聲明上述所填報的一切資料均屬正確無訛, 並無任何保留。本人/我們茲授權持有本人任何資料之人士或團體, 可以將部份或全部有關本索償事宜或與保險公司的追償權有關之記錄或資料給與東京海上火災保險(香港)有限公司(「貴公司」)或其代理人。本人/我們明白本人/我們提供的資料為 貴公司提供保險業務所需, 並可能使用於下列目的: (i) 任何與保險或財務有關的產品或服務, 或該等產品或服務的任何更改、變更、取消或續期; (ii) 任何索償、或該等索償的調查或分析; 及 (iii) 行使任何代位權; 可能轉移予: (iv) 任何有關的公司, 或任何其他從事與保險或再保險業務有關的公司, 或與保險業務有關的中介人或索償或調查或其他服務提供者, 以達到任何上述或有關目的; (v) 現存或不時成立之任何保險公司協會或類同組織(「聯會」), 以達到任何上述或有關目的, 或以便聯會執行其監管職能, 或其他基於保險業或任何聯會會員的利益而不時在合理要求下賦予聯會的職能; 及 (vi) 或透過聯會轉移予任何聯會的會員, 以達到任何上述或有關目的。

Moreover, the Company is hereby authorized to obtain access to and/or to verify any data provided by me/us with the information collected by the Federation from the insurance industry.
此外, 本人/我們授權 貴公司可向聯會從保險業內收集的資料中查閱及/或核對本人/我們任何資料。

I/We understand that I/we have the right to obtain access to and to request correction of any personal information concerning myself/ourselves held by the Company. Requests for such access can be made in writing to the Compliance Officer, 27A, United Centre, 95 Queensway, Hong Kong. A photostat copy of this authorization shall be considered as effective and valid as the original.
本人/我們明白本人/我們有權查閱及要求更正由 貴公司持有有關本人/我們的個人資料。如有需要查閱, 本人/我們可用書面寄香港金鐘道 95 號統一中心 27A 樓, 向 貴公司條例遵行主任提出。此授權書之影印本具同等效力。

Signature of Insured
(with company stamp if incorporated)
保戶簽署及公司蓋章

Date Signed
簽署日期