



ZURICH®

Motor windscreen damage insurance claim form

(applicable to Comprehensive Cover only)

Claims submission:

Visit <https://www.zurich.com.hk/en/motorclaims> to review the details of Cashless Windscreen Repairing service

1. Scan the QR code to download "Zurich HK" App, or
2. Submit this claim form by email/post
Email: claims@hk.zurich.com or
Address: Claims Department, 26/F, One Island East, 18 Westlands Road, Island East, Hong Kong



Important notes:

- After the damaged vehicle is repaired, please report your claim to us as soon as possible
- In relation to the No Claim Discount (NCD) / Claim Free Discount (CFD) operation, please refer to the policy for detail
- For inquiry, please call our Claims Hotline at +852 2903 9388 or email at claims@hk.zurich.com

Please ✓ the appropriate box and * delete where inappropriate.

1. Policy information

Policy / cover note no.

Policy expiry date

Day Month Year

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Insurance agent / broker name (if any)

2. Personal and contact information (All fields and mandatory)

Policyholder name

Insured driver name

Insured driver HKID card no./Passport no.*

Name of contact person (Please fill in if different from the insured driver)

Relationship with Policyholder

Mobile no. of contact person

Email address of contact person

Postal address of contact person

Flat/Room*

Floor

Block

Building

Estate name/No. & name of street/Lot no.*

District

HK/KLN/NT*

We will send you the claim acknowledgement and claim settlement notification by SMS and/or email according to the above information.

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 ✓ : By mail (if you have an insurance agent/broker, our company will contact you via insurance agent/broker.)

3. Insured vehicles's details

Use of the insured vehicle at the time of the accident

Personal use

Commercial use

Hired by passenger(s)

Other, please specify _____

Registration no.

Year of manufacturing

Make and model

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
|---|---|---|---|

4. Accident situation and damage condition of the motor windscreen

Date and time of accident

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Day | Month | Year | Hour | Minute | AM/PM* |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Accident location _____ Garage name and contact no. _____

Description of accident and reason for windscreen damage _____

Basic claims supporting documents (Please ✓ if attached the document, we may request for additional documents if necessary)

- Color photo of damaged vehicle (with registration no.) and damaged windscreen before and after replacement
- Original (by post)/ copy (by email) of color replaced/repared windscreen receipt

5. Payment Method

By direct debit (Please provide below bank details and copy of ATM card/bank book for the payment arrangement.)

Policyholder name (same as bank account) _____

Bank name HSBC Standard Chartered Bank Hang Seng Bank Bank of China (HK) Other bank, please specific

(your bank may charge you additional transfer fee) _____

Bank account no.

| | | |
|----------------------|----------------------|----------------------|
| Bank code | Branch code | Account no. |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

By cheque

The cheque will be issued according to the name of the policyholder. If you have an insurance agent/broker, we will mail the cheque to your insurance agent/broker.

6. 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 policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by the Company from time to time may be used by the Company for the following 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, benefits and claims, perform reinsurance arrangements and provide ongoing insurance services;
 - ii. to manage any claim, action and/or proceedings brought by or against or otherwise involving 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;
 - iii. to process requests for payment, and for direct debit authorization;
 - iv. to provide subsequent services and administer the policies issued, such as to arrange medical examination, process additions, alterations, variations, assignments, cancellation, renewal or reinstatement of the relevant policies;
 - v. to compile statistics or database or conduct market or actuarial research or insurance surveys undertaken by the Company and/or its group ("**Zurich Insurance Group**"), the financial services industry, respective regulators or industry recognized bodies, or use for accounting and actuarial purposes;
 - vi. to perform customer analysis, profiling and segmentation, or to design new or enhance existing products and services of the Zurich Insurance Group;
 - vii. to meet the disclosure requirements of any local or foreign law, rules, regulations, codes or guidelines binding on the Zurich Insurance Group and conduct matching procedures where necessary;
 - viii. to comply with the requirements, orders or legitimate requests of, or contractual or other commitment or arrangement with the courts of Hong Kong, local and foreign regulators, tax or law enforcement authority, self-regulatory or industry recognized bodies such as federations or associations of insurers or financial services providers, including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, credit reference agencies, governmental bodies and government-related establishments;
 - ix. to collect debts;
 - x. to prevent and detect fraud;
 - xi. to facilitate the Company's authorized service providers to provide services to the Company and/or the customers for the above purposes; and
 - xii. 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 purposes **necessary** in providing services, as set out in paragraph 2(1) above:
- i. companies within the Zurich Insurance Group, any other company carrying on insurance or reinsurance related business, an intermediary, or an industry recognized body;
 - ii. any agent, contractor or third party service provider who provides administrative, telecommunications, technology, computer, payment, policy administration, support, storage, cloud, record management, call center, mailing and printing, data processing, customer satisfaction analysis, outsourcing or other services to the Zurich Insurance Group in connection with the operation of its business;
 - iii. third party service providers including insurers, bankers, legal advisors, accountants, fund management companies, financial institutions, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, hospitals, surveyors, specialists, repairers, research and analysis companies 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 or otherwise required 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 local or foreign governmental, regulatory, tax or law enforcement authority, industry recognized bodies or other authorities with which the Zurich Insurance Group or any of its associated companies are expected to comply;
 - vi. any person to whom the Zurich Insurance Group is under an obligation or otherwise required to make disclosure pursuant to any contractual or other commitment or arrangement with local or foreign governmental, regulatory, tax or law enforcement authority, industry recognized bodies or other authorities that is assumed by or imposed on the Zurich Insurance Group or any of its associated companies;
 - vii. any person pursuant to any order of a court of competent jurisdiction;
 - viii. organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations, employers, the police and databases or registers (and their operators); and
 - ix. any actual or proposed assignee of the Zurich Insurance Group or transferee of the Zurich Insurance Group's rights in respect of the policyholders.
- (3) Customers' personal information may from time to time be provided to any of the parties set out in paragraph 2 (2) above (including cloud providers) which may be located in Hong Kong or elsewhere and in this regard customers consent to the transfer of their personal information outside Hong Kong and understand that their personal data may not be protected to the same or similar level compared to Hong Kong.
- (4) All customers have the right to access, 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
- (5) In accordance with the Ordinance, the Company has the right to charge a reasonable fee for processing any data access request.
- (6) In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.
- (7) The Company reserves the right to change or update this Notice at any time without prior notice. The changes or updates will be notified to customers on our website or in writing and any such change or update will be effective immediately upon posting.
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.

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| Signature and chop of policyholder <hr style="width: 80%; margin-left: 0;"/> | <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">Day</td> <td style="width: 15%; text-align: center;">Month</td> <td style="width: 15%; text-align: center;">Year</td> <td style="width: 15%;"></td> </tr> <tr> <td style="text-align: right; vertical-align: middle;">Date</td> <td style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </td> <td style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </td> <td style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </td> <td></td> </tr> </table> | | Day | Month | Year | | Date | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | |
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