

汽車擋風玻璃損毀索償表格
MOTOR WINDSCREEN DAMAGE CLAIM FORM

保單資料 INSURANCE POLICY DETAILS

保戶名稱 _____ 保單號碼 _____
Name of Insured _____ Policy No. _____
地址 _____
Address _____
聯絡電話 _____ 電郵 _____
Contact Tel No. _____ E-mail _____

您是否將會使用本公司的“擋風玻璃維修增值服務”？ * Will you use the “Windscreen Repairing Add-on Services” provided by our company? *

- 是 Yes (請聯絡本公司服務供應商預約服務，並可通過該公司協助填寫以下資料及處理索償。 Please contact our company's service provider to make an appointment, and they can assist you to fill in the below information and handle the claim.)
- 否 No (需經本公司同意才可進行修理。 Consent from our company is required before repair work is carried out)

* “擋風玻璃維修增值服務” 包括免找數服務、上門更換擋風玻璃及一年保養 (詳情及服務供應商聯絡方法請看附頁)

* “Windscreen repairing Add-on Service” include Cashless Repairing Service, On-site Replacement and One Year Warranty (Details and service provider's contact method please refer the attachment)

駕駛人資料 Particulars of Driver

姓名 _____ 職業 _____ 聯絡電話 _____ 出生日期 _____ 日 _____ 月 _____ 年 _____ 駕駛執照號碼 _____
Name _____ Occupation _____ Tel No. _____ Date of Birth _____ DD _____ MM _____ YY Driving Licence No. _____

地址 _____
Address _____

如駕駛人並非車主，車主是否知道及同意車輛被使用？ 是 否
If the driver was not the owner, was the vehicle being used with the owner's knowledge and consent? Yes No

受保車輛資料及遇事情況

Particulars of Insured Vehicle and Circumstance of Accident

車輛登記號碼 Vehicle Registration No.	廠名及型號 Make & Model	車身底盤號碼 Chassis No.	引擎號碼 Engine No.	汽缸容量 Cubic Capacity	出廠年份 Year of Manufacture

遇事日期 _____ 時間 _____ 地點 _____
Date of Accident _____ Time _____ Place _____

遇事經過 _____
Description of accident _____

車輛之損毀位置

Area of the damaged part of vehicle

- 左邊前車窗 左邊後車窗 右邊前車窗 右邊後車窗 前擋風玻璃 後擋風玻璃 天窗
LHS Front Window LHS Rear Window RHS Front Window RHS Rear Window Front Windscreen Rear Windscreen Sun Roof

請於下列圖案上劃出車輛損毀位置

Please mark the damaged area of vehicle at the diagram below



所需索償文件 Required Claims Documents

- 駕駛人身份証及駕駛執照副本 Copy of the driver's Identity Card and Driving Licence
- 清晰彩色相片顯示擋風玻璃損毀情況(其中一張須包含車輛登記號碼) Clear colour photographs showing the extent of damage (one of which should show the vehicle registration no.)
- 維修/更換之報價單副本 Copy of the repair/replacement quotation

聲明及授權
Declaration and Authorization

本人聲明上述資料完整及正確無訛，並無隱瞞任何重要資料。

本人明白本人提供的資料，為中銀集團保險有限公司(“貴公司”)提供保險業務所需，並可能使用於下列目的：

- (i) 處理及審批本人的保險申請或本人將來提交的保險申請；
- (ii) 執行本人保單的行政工作及提供與本人保單相關的服務；
- (iii) 分析或調查、處理及支付本人保單有關的索償；
- (iv) 發出繳交保費通知及向本人收取保費及欠款；
- (v) 任何與保險有關的產品或服務的任何更改、變更、取消或續期；
- (vi) 就以上用途聯絡本人；
- (vii) 貴公司行使任何代位權；
- (viii) 其它與上述用途有直接關係的附帶用途；及
- (ix) 遵循適用法律、條例及業內守則及指引。

貴公司亦可因應上述用途將本人的個人資料移轉予下列各方：

- (a) 就上述用途，向貴公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問(包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商)；
- (b) 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- (c) 追討欠款的收數公司或索償代理；
- (d) 保險資料服務公司及信貸資料服務公司；
- (e) 再保公司及再保經紀；
- (f) 本人的保險經紀(若有)；
- (g) 貴公司的法律及專業業務顧問；
- (h) 貴公司的關連公司(以《公司條例》內的定義為準)；
- (i) 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」)及其會員，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；
- (j) 透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的；
- (k) 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；
- (l) 保險索償投訴局及同類的保險業機構；及
- (m) 法例要求或許可的政府機關。

本人在此授權 貴公司可向「聯會」從保險業內收集的資料中查閱及/或核對本人任何資料。

此外，經本人同意，貴公司可能會以其它方式使用及披露本人的個人資料。

本人有權查閱及要求更正由 貴公司持有有關本人的個人資料。如有需要，可向 貴公司法律與合規部提出(電話：2867 0888，傳真：3906 9939)。

I declare that the above information is complete and true to the best of my knowledge and belief and I have not withheld any material information connected with this claim.

I understand that the information I provide to Bank of China Group Insurance Company Limited ("the Company") is collected to enable the Company to carry on insurance business and may be used for the purpose of:

- (i) processing and evaluating my insurance application and any future insurance application I may make;
- (ii) administering my insurance policy and providing services in relation to my insurance policy;
- (iii) analysis or investigating, processing and paying claims made under my insurance policy;
- (iv) invoicing and collecting premiums and outstanding amounts from me;
- (v) any alterations, variations, cancellation or renewal of any insurance related product or service;
- (vi) contacting me for any of the above purposes;
- (vii) exercising any right of subrogation;
- (viii) other ancillary purposes which are directly related to the above purposes; and
- (ix) complying with applicable laws, regulations or any industry codes or guidelines.

The Company may disclose my personal data for the above purposes to the following classes of transferees:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist the Company to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- (b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- (c) in the event of default, debt collectors and recovery agents;
- (d) insurance reference bureaus or credit reference bureaus;
- (e) reinsurers and reinsurance brokers;
- (f) my insurance broker (if I have one);
- (g) the Company's legal and professional advisors;
- (h) the Company's related companies (as that term is defined in the Companies Ordinance);
- (i) any association, federation or similar organization of insurance companies ("Federation") and its members 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;
- (j) any member(s) of the "Federation" by the "Federation" for any of the above or related purposes;
- (k) 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;
- (l) the Insurance Claims Complaints Bureau and similar industry bodies; and
- (m) government agencies and authorities as required or permitted by law.

The Company is hereby authorized to obtain access to and/or to verify any of my data with the information collected by the Federation from the insurance industry.

Moreover, the Company may also use and disclose my personal data otherwise with my consent.

I have the right to obtain access to and to request correction of any personal information concerning myself held by the Company. Requests for such access can be made to the Company's Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).

駕駛人簽署

Signature of Driver

日期

Date:

保戶簽署 (如屬公司請蓋章)

Signature of Insured (with company chop if applicable)

日期

Date: