

# Motor Windscreen Damage Claim Form

## 汽車擋風玻璃索償表

Before sending in this form, please read below Important Information

請於交回此賠償申請表前細閱下面之索償注意事項：

- All questions must be answered. If not applicable, please write "N/A". You may attach additional sheet(s) if necessary.  
所有問題必須作答。如不適用者，請填上『不適用』。如有需要，可附上額外紙張。
- Prepare the relevant documents listed on Part IV.  
提供證明文件（請參閱第四部分）
- Additional documents may be required and to be forwarded upon request of Chubb Insurance Hong Kong Limited.  
如有需要，安達保險香港有限公司將要求提供額外文件。

### Part I - Insured and Driver Information 第一部份：保戶及駕駛者資料

Name of Insured 保戶名稱：

(Eng)

(中文)

HKID Card No. of Insured 保戶香港身分證號碼：

Policy No. 保單號碼：

Correspondence Address 通訊地址：

E-mail Address 電郵地址：

Mobile Phone No. 手提電話號碼：

### Part II - Details of Insured Vehicle 第二部份：受保車輛資料

Registration no.

車輛登記號碼：

Make & model of the vehicle

廠名及款式：

Engine number

引擎號碼：

Year of manufacture

製造年份：

### Part III - Particulars of Damage 第三部份：損毀 / 意外詳情

Date 日期：(DD 日 / MM 月 / YY 年)

Location

地點：

Cause

原因：

Damaged by stone / debris

被碎石瓦礫損毀

Damaged by fallen object

被墮落物損毀

Others

其他：

### Part IV - Required Documents Checklist 第四部份：所需文件指引

Please ensure the following required documents will be submitted as well to speed up the claim processing.

請確保以下所需文件一遞交以加快索償申請

- A completed claim form  
已填妥的索償表格：
- A copy of the valid Vehicle Registration Document (both sides);  
有效車輛登記文件副本（正、背面）：
- Color photos showing the extent of damages to the windscreen;  
有關玻璃損毀情況之彩色照片：
- Repair quotation from the repairer, if applicable;  
車房的修理報價單（如適用）：
- Original receipt for the Windscreen repair  
擋風玻璃維修收據正本

## Part V - Claim Payment method 第五部份：收取索償款項方式

(a) Chubb reserves the right to determine the claim payment method at its absolute discretion.

安達保留權利自行決定其償款項的付款方式。

(b) I/ We hereby request and authorize Chubb Insurance Hong Kong Limited to pay benefit due in respect of this claim by  
(Please tick the appropriate box to indicate your choice):

我 / 我們在此要求並授權安達保險有限公司用以下方式支付索償款項 (請以剔號選擇):

Local Bank Account Details 本地銀行賬戶資料

Account Holder's Name 賬戶持有人姓名:

Bank Name 銀行名稱:

Bank Code 銀行號碼:

Account Number 賬戶號碼:

Cheque in HKD 港幣支票

## Part VI - Declaration & Authorization 第六部份：聲明及授權

I/ We declare that to the best of my knowledge and belief the above statements and particulars contained are in all respects true and complete and are made without reservation of any kind.

I/ We further hereby declare and agree, that the personal information collected or held by Chubb Insurance Hong Kong Limited, whether contained in this claim form or otherwise obtained, may be used by Chubb Insurance Hong Kong Limited or disclosed to any individual or organization such as legal firms, accountants, actuaries, loss adjudicators and claims investigators, doctors and other medical service provider within or outside Hong Kong and as more particularly set out in the Chubb Privacy Information Collection Statement for the following purposes: (1) to assess and process this application, (2) to provide insurance and customers services, (3) to conduct insurance claims or analysis. I/ We understand that if I/We do not provide such consent, or revoke my / our consent, Chubb Insurance Hong Kong Limited may not be able to process or assess my/our claim. A copy of the Chubb Privacy Information Collection Statement can be found at [www.chubb.com/hk](http://www.chubb.com/hk).

Any persons from whom Chubb Insurance Hong Kong Limited has collected information as aforesaid shall have the right of access to and to request correction of any personal information concerning themselves held by Chubb Insurance Hong Kong Limited. A request for such access may be made to the Personal Data Privacy Officer of Chubb Insurance Hong Kong Limited at 39/F, One Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong.

本人 / 吾等謹此聲明本人確信以上所填報之資料及所列各項之事件乃屬完全真確並無作任何資料之保留。

本人 / 吾等亦在此聲明及同意由安達保險香港有限公司所收集或持有的個人資料，不論包含在這索債表格或以其他方式獲取，均可供安達保險香港有限公司使用或各在香港境內或境外之任何人士或機構例如律師事務所、會計人員、精算師、公證人、索償調查員、醫生及其他醫護服務提供者及其他已載於安達收集個人資料聲明之人士及機構披露作以下用途：(1) 評核此項申請，(2) 提供保險及客戶服務，(3) 處理保險的索償或有關之分析。本人 / 吾等明白如本人 / 吾等不同意或撤回此聲明，安達保險香港有限公司或未能處理及評核本人 / 吾等之索償。安達收集個人資料聲明之副本已載於 [www.chubb.com/hk](http://www.chubb.com/hk)。

就提供上述資料的任何人士有權查閱及要求更改安達保險香港有限公司所持有有關他們的任何個人資料。任何關於個人資料查閱或更改之要求，可向安達保險香港有限公司之個人資料私隱主任提出，地址為香港鰂魚涌英皇道 979 號太古坊一座 39 樓。

## Signature 簽署

Signature of Insured 保戶簽署:

Name of Insured 保戶姓名:

(In BLOCK CAPITALS 請以正楷書寫)

HKID Card No. of Insured 香港身份證號碼:

Date Signed 簽署日期:  
(DD 日 / MM 月 / YY 年)

Authorized Signature and Stamp of Insured  
保戶授權簽署及蓋章:(If Insured is a company 如保戶為公司)

Name of Authorized Signatory 簽署人姓名:  
(In BLOCK CAPITALS 請以正楷書寫)

Title of Authorized Signatory 簽署人職銜:

Date Signed 簽署日期:  
(DD 日 / MM 月 / YY 年)