

(Please complete in block letters 請用正楷填寫)

MAKING A CLAIM 索償須知

1. Please **READ** your policy and relevant documents to check if your claim is covered under the policy terms and conditions.
2. Please complete this form in block letters and submit it together with all relevant documents to Claims Department at "Allied World Assurance Company, Ltd 22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong".

1. 請查閱保單細則及有關文件，確保該項索償已納入為承保範圍之內。
2. 請用正楷填寫表格，連同有關證明文件，送交 Allied World Assurance Company, Ltd 世聯保險有限公司理賠部，地址為香港鯉魚涌太古坊華蘭路 18 號港島東中心 22 樓。

Tel 電話: +852 2968 3221

Fax 傳真: +852 2917 6179

Email 電郵: hk_claims@awac.com

Policy No. 保單號碼		Period of Insurance 保險期	From 由	To 至
Insured 受保人	Name 姓名	Telephone No. 電話號碼		
	Postal Address 郵遞地址			
	Occupation 職業	Email 電郵		
Insured Vehicle 受保車輛	Registration No. 車牌號碼		Date of First Registration 首次登記日期	
	Year of Manufacture 製造年份	Cubic Capacity 汽缸容量	Make & Model 款式及型號	
	Color 顏色		Type of Body 車型	
	Engine No. 引擎號碼		Chassis No. 底盤號碼	

FOR TRAFFIC ACCIDENT / THEFT DAMAGE 申報交通意外 / 盜竊損失

Use of Insured Vehicle at the time of accident 發生意外時受保汽車作何用途	a) Was the vehicle being used with Insured's knowledge & consent? 該車是否獲得受保人認許下使用		Yes / No 是 否	
	b) Circle exact purpose for which the vehicle was being used 圈出意外發生時該車作何用途 Domestic use / Commercial / Hired / Rewards / Motor trade / Others, please state 自用 商業用途 出租 報酬 試車 其它, 請說明 _____			
	c) Details of passenger(s) 乘客詳情: Name & Telephone No. 姓名及電話號碼			
	Relationship with the driver: colleagues / friends / relatives / others, please state 與駕駛者關係 同事 朋友 親戚 其它, 請說明 _____			
Driver 駕駛者 Please submit a copy of the driver's driving licence & HKID card 請附上駕駛者之駕駛執照及香港身份證副本	Name 姓名		Telephone No. 電話號碼	
	HKID Card No. 香港身份證號碼		Date of Birth 出生日期	
	Occupation 職業		Current Period of License: from to 駕駛執照有效期間 由 至	
	Postal Address 郵遞地址			

Driver (Con't) 駕駛者(續)	Driving Experience State 駕駛經驗:		
	1) years of driving experience 有若干年駕駛經驗		Y 年 M 月
	2) any accident in the past & details 過去曾否發生意外事件，請列出詳情		
	3) any conviction or motoring offences & details 過去曾否觸犯交通條例，請列出詳情		
	4) any physical impairments & details 駕駛者身體有否任何缺陷，請列出詳情		
5) own any other car & who is the insurer 駕駛者有否車輛向其他公司投保			
Witness 見證人	Name 姓名		Telephone No. 電話號碼
	Postal Address 郵遞地址		
Accident 肇事詳情	Date 日期	Time 時間	Speed of Vehicle 車速
	Place 地點		
	Description of accident 肇事過程		

Sketch: 肇事草圖			

After the Accident 肇事後	1) Whether the vehicle has been remanded and / or examined by the police? 警方有否將承保之車輛扣押及 / 或檢查 If yes, what is the result? 如有, 結果如何? _____		Yes / No 有 否
	2) Whether the driver has been asked to perform any alcohol test? 警方有否要求駕駛者測試酒精含量 If yes – what is the result? Please provide a copy of that record. 如有 – 結果如何? 請提供測試結果副本。 _____		Yes / No 有 否
	3) Whether the owner and / or driver get prosecuted by the police? 警方有否向車主及 / 或駕駛者提出檢控?		Yes / No 有 否
Report to Police 報案詳情	Date of report 報告日期	Case No. 案件號碼	
	Which Police Station 警署地區		
Particulars of Bodily Injury / Deceased 受傷 / 死亡詳情	Name 姓名	Age 年齡	
	Postal Address 郵遞地址		
	Nature & Extent of Injury 受傷性質及程度		
	In Own Vehicle 在自己車內	Owner / Driver / Passenger / Employee 車主 駕駛者 乘客 僱員	
	In Third Party Vehicle: 在第三者車內	Owner / Driver / Passenger / Pedestrian 車主 駕駛者 乘客 途人	
Particulars of Third Party Vehicle 第三者汽車詳情	Name 姓名	Vehicle Registration No. 車牌號碼	
	Postal Address 郵遞地址		
	Details of Third Party Insurers 承保第三者汽車的保險公司		
Particulars of Third Party Properties 第三者財物詳情	Damaged Details 損壞情況		

FOR STOLEN CAR 申報失車		
Circumstances of the Theft 失竊情況	Date & Time 日期及時間 _____	Place 地點 _____
	Please state the name and address of the management office for the Car Park (if applicable). Whether you own the parking space or hire it on a monthly basis? 請陳述停車場管理處的名稱及地址 (如有)。你是否擁有該失車的車位或以月租形式使用?	
	Who handled your car keys within three months before the theft? 在失竊前三個月內, 誰人持有失車之鑰匙?	
	Did you have any duplicate keys? If so, who kept these? 你是否有失車的後備鑰匙? 如有, 誰人保管?	
	What security devices were activated at time of theft, i.e. alarm system, engine immobilizer, steering wheel brace or others? 在失竊時車內有甚麼防盜裝置, 如防盜系統、引擎停止器、駕駛軟盤鎖或其它?	
	Has your car been driven to Mainland China? If so, where? 你曾否駕駛該失車前往中國大陸? 如有, 曾前往何處?	
	Any other details or suspicions? 任何其它詳情及可疑之處?	

The Particulars of Police Report for the Theft 失竊報案詳情	Did Police attend the scene or take details? 警方有否到達失車現場或掌握任何資料？	
	The name & address of police station concerned 報案警署名稱及地點	
	The Police Report No. 警署報案號碼	Police Number 警員編號
The Particulars of Your Interests 有關你的車輛財務狀況	The name & address of Hire Purchase Finance Co. concerned 財務公司名稱及地址	
	How much of the loan is left under the Hire Purchase Installments? 在財務公司所餘下的分期借貸數額	
	When is the due date for the next installment? 下一次分期還款的日期	

In addition, please furnish us with the following documents 另外，請提供以下的文件：

1. The attached "Authorisation Letter" duly signed in order that we may obtain your statement made to the police concerned
簽署所附上的授權書以獲取你在警署所錄取的口供。
2. Certificate of Insurance of the stolen vehicle concerned 失車的第三者保險證明。
3. A copy of the Vehicle Registration Document (both sides) 失車的牌照副本 (正背兩面)。

Declaration 聲明

I declare to the best of my knowledge and belief that the information given is true in every respect. I agree that any concealment or incorrect statement in connection with this claim may result in prosecution and the policy shall become void. Further, I understand that I shall advise the Insurer(s) immediately if and when the vehicle is recovered.

本人謹此聲明，根據本人所知及所信，本索償表格上填報之資料均實屬無訛。本人並同意，任何蓄意欺騙或隱瞞將構成法律責任並導致保單失效。此外，若失車被尋獲時本人需立刻通知保險公司尋獲之詳情。

Driver's Signature:

駕駛者簽署

Insured's Signature:

受保人簽署

Date:

日期

Date:

日期

Note 注意: To avoid any delay in processing your claim, it is imperative that full details of the case are given.
詳細填報索償個案詳情可避免延誤處理你的索償申請。

All communications relating to the accident should not be answered & should be **immediately** forwarded to us.
 有關意外的任何函件，請勿回覆，並請盡快交給本公司以便採取適當行動。

Personal Information Collection Statement

Purpose of Collection

Allied World Assurance Company, Ltd (“Allied World”) may collect and use your personal data to enable it to carry on its insurance business and to serve the purposes of:

- Processing your insurance application;
- Arranging a contract of insurance with you and administering the policy issued;
- Claims handling, investigation and analysis;
- Designing products and/or services for customers;
- Promoting, improving and furthering the provision of products and/or services by Allied World and its group companies; and
- Complying with any legal or regulatory requirements applicable to Allied World.

In general it is voluntary for you to provide Allied World with your personal data. However, if you do not provide sufficient information, Allied World may not be able to provide insurance services to you.

Transferee

Data held by Allied World relating to you will be kept confidential but Allied World may, for the purposes set out above, transfer your personal data to:

- Allied World's group companies;
- Reinsurers;
- intermediaries including insurance brokers and insurance agents;
- claims investigators, loss adjusters and other professional advisors;
- Allied World's other appointed service providers, including for the following services: telecommunications, information technology, administration, data processing, payment processing, emergency assistance, legal, and medical;
- any insurance industry association or federation and their respective members; and
- any other person necessary to comply with applicable legal or regulatory requirements, or orders of competent authorities,

in each case both within and outside of the Hong Kong Special Administrative Region.

Marketing and Promotion

Treating you as a valued customer, Allied World and its group companies may use the personal data, including name and contact details, collected from you for the purposes of direct marketing of Allied World and its group companies' general insurance products, services or offers and for sending you the promotional materials or updates of such products, services or offers when they become available.

Allied World may not use your personal data for direct marketing if you have indicated objection to such use by ticking the box next to the statement above the proposer's signature block in the proposal form. You may also, at any time, request Allied World to cease the use of your personal data for direct marketing purposes, by informing Allied World's Compliance Officer at the contacts set out below.

Access Requests and Corrections

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Allied World. Requests can be made to the Compliance Officer of Allied World Assurance Company, Ltd by mail to 22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong or fax to +852 2968 5111, or email to hkcompliance@awac.com.

個人資料收集聲明

資料收集目的

Allied World Assurance Company, Ltd 世聯保險有限公司(「本公司」)可能收集並使用閣下的個人資料，作為營運其保險業務及下列目的之用：

- 處理閣下的保險申請；
- 安排保險合約及管理已發出的保單；
- 索償處理、調查及分析；
- 為客戶設計產品或服務；
- 推廣、改善及進一步提供本公司及其集團公司的產品、服務；及
- 遵守適用於本公司的法律或規則要求。

一般而言，閣下向本公司提供個人資料屬自願性質。如閣下未能給予足夠的資料，本公司可能無法提供所需保險服務。

資料轉移

本公司持有的客戶資料將予保密，但本公司可能會把閣下的個人資料提供給下列各方作上述用途：

- 本公司的集團公司；
- 再保險公司；
- 中介人包括保險代理人及保險經紀；
- 索償調查者、公證行及其他專業顧問；
- 本公司其他指定服務提供者，提供包括以下服務：電訊、資訊科技、行政、數據處理、付款處理、緊急援助、法律及醫療；
- 任何保險業組織或聯會及其成員；及
- 任何必要人士以符合任何相關的法律或規則要求，或監管機構之命令，

以上各項適用於香港特別行政區境內及境外。

市場推廣

貴為本公司的重要客戶，本公司及其集團公司可能會透過閣下所提供的個人資料如姓名及聯絡方法，向閣下推廣本公司及其集團公司的一般保險產品、服務或優惠，及為閣下提供該等產品、服務或優惠的市場推廣資料和最新消息。

如閣下已於投保書勾選位於投保人簽署上方的空格表示不願接收任何市場推廣資料和最新消息，本公司將不會使用閣下的個人資料作直接推廣用途。閣下亦可隨時要求本公司停止使用閣下的個人資料作直接推廣用途。屆時請按照下述聯絡方式通知本公司的條例事務主任。

資料查閱要求及更改

閣下有權要求查閱及更改本公司所持有的任何有關您之個人資料。有關申請可循下列途徑向本公司之條例事務主任提出：郵寄至香港鰂魚涌太古坊華蘭路18號港島東中心22樓，或傳真至+852 2968 5111，或電郵至hkcompliance@awac.com。

TO: THE OFFICER-IN-CHARGE
HONG KONG POLICE FORCE
致: 香港警察

Our Claim No. _____
檔案編號

Authorization Letter
授權書

Traffic Accident on _____
意外日期

Involving Vehicle No. _____
肇事車輛

I hereby authorize any Police Station to disclose to Allied World Assurance Company, Ltd and / or its authorized loss adjuster / surveyor, any and all information including a copy of my statement concerning the above occurrence for the purpose of assessment of an insurance claim. A photocopy of this authorization shall be as valid as the original.

I note that the information may be transferred to any related person / organization for the purpose of assessment of claim and / or data verification.

I also agree to provide a copy of my I.D. Card for verification.

本人茲授權任何警局披露任何一切有關上述事件的資料包括本人的口供副本予 **Allied World Assurance Company, Ltd** 世聯保險有限公司及 / 或其委托之公証行，以便評估本人的保險索償。本授權書的影印本與正本同樣有效。

本人明白該資料可能轉予任何有關人士 / 機構以達到評估索償及 / 或資料核實之目的。

本人同意提供身份証副本以作核對之用。

Driver's Signature _____
駕駛者簽名

Name of Driver _____
駕駛者姓名

Police Report No. _____
警方檔案編號

Date _____
日期