

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

香港銅鑼灣新寧道8號中國太平大廈19字樓
19/F, China Taiping Tower, 8 Sunning Road, Causeway Bay, Hong Kong

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由本公司填寫
For Office Use Only
立案號碼
Claim No.

汽車擋風玻璃索償表格 MOTOR WINDSCREEN CLAIM FORM

保戶 Policyholder	名稱 Name	保單號碼 Policy No.	
	地址 Address	電郵 Email address	電話號碼 Telephone No.
受保車輛 Insured Vehicle	車牌號碼 Registration No.	廠名及型號 Make & Model	
	引擎號碼 Engine No.	底盤號碼 Chassis No.	

損毀 / 意外詳情 Particulars of damage / accident	
日期： Date	地點： Place
原因： Cause	

受保車輛 維修資料 Particulars of Repair to Insured Vehicle	修理廠名稱 Name of Repairer	地址及電話號碼 Address and telephone No.
	維修金額 Amount of Repair	已完成維修 Repair completed <input type="checkbox"/> 是 Yes / <input type="checkbox"/> 否 No
	重要事項 Important Notice (1) 在該汽車未修理之前，保戶應將此索償表格連同修理估價單乙份一併送交本公司並得本公司同意方可進行修理。Prior to the commencement of repair, this Claim Form together with copies of estimate (if available) must be forwarded to the Company for approval. (2) 本索償表格只適用於索償擋風玻璃修理費用，如受保車輛涉及其他部份損毀需修理，請填寫“汽車意外出事報告書”。This Claim form only apply to claim for repair cost of windscreen. If repair cost involves other part of insured vehicle, please complete the "Motor Vehicle Accident Report".	

請附下列文件 Please provide the following document :

- (1) 所保汽車的車輛登記文件(正反面) 副本 Copies of Vehicle registration document of insured vehicle (both sides);
- (2) 修理費用的報價單、發票 / 收據之正本 Original of Quotation, invoice/receipt of repair cost
- (3) 損壞擋風玻璃的相片正本 original photo of the damaged windscreen

本公司可能需要保戶或司機提供更多有關意外的資料。 The Company may request the insured or driver to provide further information about the accident.

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收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

閣下提供的資料，為本公司提供保險業務所需，並可能使用於下列目的：

- 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；
- 任何索償，或該等索償的調查或分析；及本公司行使任何代位權。

上述資料可能移轉予：

- 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；
- 現存或不時成立之任何保險公司協會或運輸署或聯會或類同組織（統稱為「聯會」），以達到任何上述或有關目的，或以使「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
- 或透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的。

此外，在此授權本公司可向「聯會」從保險業內收集的資料中查閱及／或核對閣下任何資料。閣下有權查閱及要求更正由本公司持有有關閣下的個人資料。如有需要，請以書面形式向本公司總經理辦公室經理提出，地址為香港銅鑼灣新寧道8號中國太平大廈19字樓。

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of -

- any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service;
- any claim or investigation or analysis of such claim; and exercising any right of subrogation.

The said information may be transferred to -

- any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
- any association, transport department, federation or similar organization of insurance companies (collectively called "the 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
- any members of the Federation by the Federation for any of the above or related purposes.

Moreover, the Company is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right to obtain, to access to and to request correction of any personal information concerning yourself held by the Company. Requests for such access can be made in writing to our Manager of the Office of the General Manager at 19/F., China Taiping Tower, 8 Sunning Road, Causeway Bay, Hong Kong.

聲明 DECLARATION

以上所列乃屬真實並願協助中國太平保險(香港)有限公司辦理一切有關事宜。I/We hereby declare the foregoing particulars to be true in every respect and I/we undertake to give China Taiping Insurance (HK) Company Limited all assistance in my/our power in dealing with the matter.

保戶簽署 (如屬公司請加蓋章) Signature of Insured (with company chop if applicable)

日期 Date

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