

(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 Suite 2201, 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2201室。

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) Purpose for which the vehicle was being used 意外發生時該車作何用途 <small>Domestic use / Commercial / Hired / Rewards / Motor trade / Others, please state</small> <small>自用 商業用途 出租 報酬 試車 其它，請說明</small>			
	c) Details of passenger(s) 乘客詳情: Name & Telephone No. 姓名及電話號碼			
	Relationship with the driver: 與駕駛者關係 <small>colleagues friends relatives others, please state</small> <small>同事 朋友 親戚 其它，請說明</small>			
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 駕駛執照有效期間	
	Postal Address 郵遞地址		to 至	

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 車主	Driver 駕駛者	Passenger 乘客	Employee 僱員
	In Third Party Vehicle: 在第三者車內	Owner 車主	Driver 駕駛者	Passenger 乘客	Pedestrian 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 HKD	
	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。

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 _____

Personal Data Information Collection Statement (PICS)

Purpose of Collection

Allied World Assurance Company, Ltd (Hong Kong Branch) (collectively with the other subsidiaries of Allied World Assurance Company Holdings, Ltd, "Allied World") may collect and use your personal data for the purposes of conducting its insurance business, including:

so that we can provide you with and manage insurance products and services, including to consider and process your application; to vary, cancel or renew your insurance; to deal with and/or process any claims under your policy, including settlement, and to conduct necessary investigations; to complete due diligence and background checks that are either required by law or regulation or have been put in place by Allied World; to respond to your queries and administer your policy, including correspondence with you; to investigate fraud, misconduct or any unlawful act or omission in relation to your policy; so that we can comply with legal obligations; for research and statistical purposes; for marketing (including, where permitted by law, direct marketing) of other services provided by us; and/or any purpose directly related to the above.

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.

Potential Transferees

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:

other insurers; reinsurers; intermediaries; insurance associations, federations or similar organisations; related companies; our advisers, service providers and agents; external claims data collectors and verifiers; parties that have an insurance scheme in place under which you purchased your policy; parties involved in claims investigation and management; government and statutory agencies; and/or as otherwise required or allowed by law, 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 will not use your personal data for direct marketing if you have indicated objection to such use by ticking the opt-out box on 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 contact information set out below.

Access Requests and Corrections

You have the right, subject to applicable law, to request access to and correction of any personal data concerning yourself held by Allied World. Requests can be made to the Compliance Officer of Allied World Assurance Company, Ltd, by mail to Suite 2201, 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.

個人資料資訊收集聲明 (PICS)

收集目的

Allied World Assurance Company, Ltd 世聯保險有限公司 (香港分行) (與 Allied World Assurance Company Holdings, Ltd 的其他子公司統稱「Allied World 世聯」) 為營運其保險業務之目的可能會收集和使用閣下的個人資料，包括：

以便本公司為閣下提供保險產品及服務並予以管理，包括考慮及處理閣下的保險申請；更改、取消或更新閣下的保險；應對及/或處理閣下保單的索賠，包括賠償及作出必要的調查；完成法律或法規要求或 Allied World 世聯實施的盡職審查和背景調查；回應閣下的查詢以及管理閣下的保單，包括與閣下通訊；調查與閣下保單相關的詐欺、不當行為或任何非法行為或不作為；以便本公司能遵守法律上的要求；用於研究和統計目的；用於營銷 (包括在法律允許的情況下直接促銷) 本公司提供的其他服務；及/或與上述直接有關的任何目的。

一般而言，向 Allied World 世聯提供個人資料屬自願性質。雖然如此，如閣下未能提供足夠資料，Allied World 世聯可能無法為閣下提供所需的保險服務。

潛在資料轉移

Allied World 世聯會確保持有的個人資料保密，但本公司可能會基於上述目的將閣下的個人資料轉移予：

其他保險公司；再保公司；中介機構；保險業組織、聯會或類似組織；關連公司；本公司的顧問、服務提供者和代理人；本公司以外的索賠資料收集者及核查人員；閣下於已設有保險計劃購買保單時的各方；參與索賠調查以及管理的各方；政府和法定機構；及/或任何相關的法律或規則要求或允許的人士。以上各項適用於香港特別行政區境內及境外。

市場推廣

閣下貴為 Allied World 世聯的尊貴客戶，本公司及其集團公司可能會透過閣下為直接促銷所提供的個人資料 (包括姓名及聯絡資料)，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，以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。

若閣下已於投保書上選擇拒絕本公司利用閣下的個人資料進行直接促銷並表示不願接收任何市場推廣資料和最新消息，Allied World 世聯將不會使用閣下的個人資料作直接推廣用途。閣下亦可隨時透過下述聯絡方式通知本公司的合規主任並行使其選擇權拒絕本公司利用閣下的個人資料進行直接促銷。

查閱個人資料要求及更改個人資料

在符合適用法律的情況下，閣下有權要求查閱及更改 Allied World 世聯所持有任何有關閣下的個人資料。有關申請可循下列途徑向本公司的合規主任提出：郵寄至香港鰂魚涌太古坊華蘭路 18 號港島東中心 22 樓 2201 室，或傳真至 +852 2968 5111，或電郵至 hkcompliance@awac.com。