

MSIG Insurance (Hong Kong) Limited

9/F., Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong G.P.O. Box 783, Hong Kong Tel +852 2894 0555, Fax +852 2890 5741

www.msig.com.hk

Motor Windscreen Damage Claim Form

汽車擋風玻璃損毀索償表格

(Please complete in BLOCK letters)

Procedures and Notes:

- Please submit the Claim Form to us immediately after the accident/ discovery.
- 2. Please submit a completed Claim Form, together with original copies of all relevant documents to:

MSIG Insurance (Hong Kong) Limited Claims Division 9/ F Cityplaza One 1111 King's Road Taikoo Shing Hong Kong

- Incomplete Claim Form cannot be accepted for processing of payment.
- 4. Further information may be needed.
- 5. It is important that a complete answer be given to every question. If insufficient space is provided for your answers, please continue on a separate sheet.
- 6. For inquiry, please call our Claims Services Hotline at 2894 0660 or email at claimin@hk.msig-asia.com or fax at 2902

(請以正楷填寫)

程序及備註:

- 1. 請將索償表格於事發/發現後立即呈交本公司。
- 2. 請將填妥之索償表格連同有關證明文件之正本寄回:

三井住友海上火災保險(香港)有限公司 理賠部 香港太古城 英皇道 1111 號 太古城中心一期 9 樓

- 3. 未經填妥之索償表格,將不獲接受索償處理。
- 4. 稍後可能需要提供進一步資料。
- 5. 請回答所有問題,若需要,請另附紙張繼續填寫。
- 6. 如有任何查詢,請致電我們的賠償服務熱線 2894 0660 或電郵 claimin@hk.msig-asia.com 或傳真至 2902 9109。

PLEASE SUBMIT THE FOLLOWING DOCUMENTS WHEN RETURNING THIS CLAIM FORM:

於遞交本索償表格時,請同時提交下列文件:

- 1. COPY OF THE VEHICLE REGISTRATION DOCUMENT (BOTH SIDES) 車輛登記文件副本 (正面及背面)
- 2. PHOTOGRAPHS SHOWING THE DAMAGED VEHICLE AND WINDSCREEN 損壞車輛及擋風玻璃的相片
- 3. ORIGINAL WINDSCREEN REPAIR/REPLACEMENT RECEIPT 維修/更換擋風玻璃之 正本 單據

| Policyholder's Details and Description of Vehicle 保單持有人資料及汽車摘要 | | | | | | | |
|---|--------------------------|------------------------------------|---|--|--|--|--|
| ([*] Please delete as appropriate 請刪除不適用項目) | | | | | | | |
| Name 姓名 /公司名稱 | | Policy No. 保單號碼 | | | | | |
| | | | | | | | |
| Correspondence Address 通訊地址 | | Contact Number 聯絡電話 | | | | | |
| | | Email Address 電郵 | | | | | |
| | | Name of Contact Per 聯絡人姓名 (如與保耳 | rson (if not the same as Policyholder) 單持有人不同) Mr/ Ms* 先生/ 女士* | | | | |
| Vehicle Registration Number 車輛登記號碼 | Make and Model 廠의 | 名及型號 | Chassis Number 底盤號碼 | | | | |
| Accident Details and Driver's Details 意外詳情及肇事司機資料 | | | | | | | |
| Date of Accident 意外發生日期 | Time of Accident 意外發生時間 | | Place of Accident 意外發生地點 | | | | |
| Name of Driver 肇事司機姓名 | HKID Card Number 香港身份証號嗎 | | Contact Number 聯絡電話 | | | | |
| Please describe how the accident happened and the extent of damage 請描述意外發生經過及損毀情況 | | | | | | | |
| | | | | | | | |

| Claim Settlement Method 賠償方法 | | | | | |
|---|--|---|---|--|--|
| request should not be treated as an admis your claim subject to terms, conditions an | sion of our liability whats d exclusions of the relate 過戶。如閣下選擇此項服 | soever means by law. Fi ed policy. 務,敬請提供銀行名稱和 | i prefer direct credit. We must stress that this nally, we hereby reserve all rights for assessing i存款戶口號碼。本公司特此聲明,此項要求並不才作最後審批,敬請留意。 | | |
| For claim payment (if any) direct credit to 本公司將賠償款項(如有)直接存入受保人 | | | all of the following: | | |
| Account Holder's Name 戶口持有人名稱 (M | lust be the same as the Ve | ehicle Registered Owner | · 必須與車輛登記車主相同) | | |
| Bank Name 銀行名稱 | Bank Code 銀行編號 | Branch No. 分行號碼 | Bank A/C No. 銀行帳戶號碼 | | |
| Declaration & Authorisation 聲明 | | | | | |
| me/ us in respect of this accident and I/ dealing with the matter. | We undertake to give M | SIG Insurance (Hong Ko | have no other policy of insurance indemnifying ng) Limited all assistance in my/ our power in (等)並將全力協助三井住友海上火災保險(香 | | |
| information supplied by me/ us/ the polic prosecuting or defending and claims or prorequired by the Insurers, will be asked and 本人(等)確認此索償申請書內之事實均為 | yholder/ the insured persoceedings in future, and dare bound to sign any cob真實及正確。本人(等) 真實和正確的),作為將 | son, which I/ We verily the signatory/ the polic ourt documents on the b 確認貴保險公司會依靠 來進行或辯護任何索賠及 | nowledge that the Insurers will rely upon the and honestly believe to be true and correct, in yholder/ insured person under this policy, if so asis of information provided herein. 本人(等)/保單持有人/受保人所提供的資料、訴訟程序之用。如貴保險公司要求,本簽署人/ | | |
| Signature of Policyholder/Insured Person (with company chop if applicable 如屬公司 | | | Date Signed (DD/ MM/ YY) 簽署日期 (日/月/年) | | |

Signature of Driver 駕駛者簽署

Date Signed (DD/MM/ YY) 簽署日期 (日/月/年)



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PRIVACY POLICY

MSIG Insurance (Hong Kong) Limited ("MSIG", "we" or "us") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall

prevail.

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone for any purposes. MSIG imposes very strict

sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as

permitted by the laws. We will require our agent, contractor or third party who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use

such information for any other purposes. If you have any questions or inquiries regarding our privacy policy, please feel free

to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the 'Privacy Policy' link on our website homepage at www.msig.com.hk. You should check the Privacy Policy regularly for

changes.

Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product

or any claim made under the Product.

Your personal data may be used for **obligatory purpose** or **voluntary purpose**. If personal data are to be used for an obligatory purpose, you MUST provide your personal data to MSIG if you want MSIG to provide the Product. Failure to supply

such data for obligatory purpose may result in MSIG being unable to provide the Product.

The obligatory purposes for which your personal data may be used are as follows:-

processing and evaluating your insurance application and any future insurance application you may make;

• our daily operation and administration of the services and facilities in relation to the Product provided to you;

• variation, cancellation or renewal of the Product;

• invoicing and collecting premiums and outstanding amounts from you;

assessing and processing claims in relation to the Product and any subsequent legal proceedings;

exercising any right of subrogation by us;

• contacting you for any of the above purposes;

• other ancillary purposes which are directly related to the above purposes; and

• complying with applicable laws, regulations or any industry codes or guidelines.

The voluntary purposes for which your personal data may be used are any sales, marketing, promotion of other general insurance services and products provided by MSIG. The personal data we intend to use for voluntary purposes are your name, your address, your phone number and email address. We cannot use your personal data for voluntary purposes without your consent

| If you do not wish MSIG to use your personal data for the | voluntary nurnoses listed above, you should tir |
|---|--|
| if you do not wish wish to use your personal data for the | . voluntally purposes listed above, you should the |
| the box on the right and provide us with the following in an email to 'dpo@hk.msig-asia.com'. In your notification as listed below. | |
| To enable us to process your opt-out request, please pro | wide us below information |
| To enable us to process your opt-out request, please pro | wide as below information. |
| Full Name: | |
| Contact Number: | |
| HKID Number: | (for identification purpose) |
| Policy / Certificate / Acknowledgement Number (if you h | nave one): |
| NOTE: This instruction will override all previous instruct | |

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance broker;

MSIG.

- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- the Insurance Claims Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted by law.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at (852) 3122 6922.



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私隱政策

三井住友海上火災保險(香港)有限公司(下稱「**三井住友保險**」、「**我們**」或「**本公司**」)請您仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異,將以英文版本為準。

三井住友保險極為重視您的私隱。為了保障您的個人資料,我們以有關法例及規例為準則,向公司內部傳達並執行我們定立之私 隱及保障指引。三井住友保險採取預防措施以保障您的個人資料免遭受遺失、盜竊、誤用,以及在未經許可之情況下被取用、洩 露、更改及破壞。此外,我們均不會出售您的個人資料給任何人。三井住友保險嚴格執行認可管制,只容許獲授權之職員在必需 要的情況下,取用或處理您的個人資料。我們會向職員定期提供培訓,確保他們知悉任何有關私隱法律及規例的新發展。

我們只會在法律容許並必需用於業務及稅務用途之情況下,保留您的個人資料作為我們的業務記錄。我們會向以本公司之名義提供行政或其他服務之代理、承辦商或第三者,要求他們遵循本政策保護有可能收到的個人資料。本公司不會容許他們使用有關資料於任何其他目的。如您對我們的私隱政策有任何疑問,歡迎聯絡我們查詢。

我們可能不時修改此範本。修改後的範本可於本公司網頁 www.msig.com.hk 下載。您應定期查閱此範本所修改的內容。

個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶,您須向我們不時供給與我們提供之一般保險服務及保單產品(下稱「保單」)相關的個人資料,讓我們可向您提供客戶服務及改善服務質素。當中包括但不限於您在申請表填寫或任何與保單有關之文件上或任何透過保單索償上所載之個人資料。

您的個人資料可被用於**強制性**或**自願性**用途。如個人資料是用於強制性用途,而您希望三井住友保險提供有關保單,則您必須向三井住友保險提供有關個人資料,否則三井住友保險將不能向您提供有關保單。

您的個人資料可被用於以下強制性之用途:

- 處理及審批您的保險申請或您將來提交的保險申請;
- 向您提供與保單及核保相關之日常運作及行政用途;
- 保單之更改、取消或續保用途;
- 發出繳交保費通知及向您收取保費及欠款;
- 評估及處理透過保單索償及任何繼後法律訴訟之用途;

附註:此拒絕服務要求將會取代您先前給予三井住友保險一切關於直接促銷的指示。

- 由本公司行使代位權利之用途;
- 就以上用途聯絡您;
- 其他與上述用途有直接關係的附帶用途;及
- 遵循適用法律,條例及業內守則及指引。

而**自願性用途**則指任何三井住友保險提供的其他一般保險服務及保單產品之銷售、市場營銷及推廣。用作自願性用途之個人資料 則為您的姓名、地址、電話號碼及電郵地址。未獲您同意之前我們並不能使用您的個人資料用作自願性用途。

| 如您不欲 三井住友保險將您的個人資料用作上述自願性用途,您應於右列方格加上剔號並如下的資料。您亦可選擇以電郵方式將您的要求連同所需的個人資料(詳情如下)電郵至 "dpo@hk.msig-asia.com"。 | 必須提供 | |
|---|---------|--|
| 為讓我們能夠處理您以上提出的拒絕服務之請求,請提供以下資料。 | | |
| 姓名: | | |
| 聯絡電話: | | |
| 香港身份證號碼: | (作識別之用) | |
| 保單號碼/證書編號/確認編號(如適用): | | |
| | | |

就任何上述的用途,我們所收集的個人資料可能會被轉移至:

- 向我們提供行政、通訊、電腦、付款、保安及其他服務的第三方代理、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);
- 處理索賠個案的理賠師、理賠調查員及醫療顧問;
- 再保公司及再保經紀;
- 您的保險經紀;
- 我們的法律及專業業務顧問;
- 我們的關連公司(以《公司條例》內的定義為準);
- 香港保險業聯會(或同類的保險公司聯會)及其會員;
- 保險索償投訴局及同類的保險業機構;
- 法例要求或許可的政府機關。

為了確保您的個人資料之準確性,您同意授權本公司查閱並核實任何由保險業界內保險公司聯會所收集有關您的個人資料。

根據有關法例及規例,您有權查閱及更正本公司所持的任何載有您的個人資料之記錄。如您欲行使以上權利,可以書面形式投寄至香港太古城英皇道 1111 號太古城中心第一期 9 樓三井住友海上火災保險(香港)有限公司,通知本公司的資料保護主任。

如您對此個人資料收集聲明有任何疑問或須協助,請致電(852)3122 6922 與我們聯絡。