

# Third Party Liability Insurance Claim Form



 <b>① Claim submission</b> <ul style="list-style-type: none"> <li>Submit this claim form by email/post</li> <li>Email: <a href="mailto:claims@hk.zurich.com">claims@hk.zurich.com</a></li> <li>Post: Zurich Insurance Company Ltd, Claims Department, 26/F, One Island East, 18 Westlands Road, Island East, Hong Kong</li> </ul>	 <b>② Additional claim documents</b> <ul style="list-style-type: none"> <li>Provide further claims documents / information subject to requirement</li> </ul>	 <b>③ Claim result</b> <ul style="list-style-type: none"> <li>Received claim result after claim assessment</li> </ul>
<b>Remarks:</b> <ul style="list-style-type: none"> <li>For inquiry, please call our Claims Hotline at 2903 9388 or email at <a href="mailto:claims@hk.zurich.com">claims@hk.zurich.com</a> or fax at 2968 1660</li> </ul>		

### Insured information

Policy no. \_\_\_\_\_ Insured name \_\_\_\_\_

Insured business \_\_\_\_\_ Contact person \_\_\_\_\_  
(If the same as Insured person, please ignore this field)

Insured / Contact person postal address \_\_\_\_\_

Insured / Contact person mobile no. \_\_\_\_\_ Insured / Contact person email address \_\_\_\_\_

Our company may contact you by **email** to obtain additional information to process your claim, if necessary. If you would like to change the communication channel to **mail**, please  the box:  By mail (If you have an insurance intermediary, our company will contact you via insurance intermediary.)

### Claim items and documentation

Please  the relevant section(s), submit the required documents together with this form to our company. Our company may request for additional documents.

Claim items	Claim documents checklist
<input type="checkbox"/> Third party bodily injury (Please fill in <b>Section 1 and Section 2 Part I</b> )	1. Copy of incident report (if any) 2. Copy of police report / statement (including police reference and station name) (if any) 3. Copy of any correspondences (including any unanswered correspondence) or complaint letter related to the incident (if any) 4. Copy of any claims or writs of summons or legal documents (if any) 5. Copy of color photos showing the scene of accident and the extent of injury (if any) 6. Copy of treatment record / medical report with the name of third party, date of treatment, diagnosis (if any) 7. Copy of invoice(s) of medical expenses with the name of third party, date of treatment, diagnosis (if any)
<input type="checkbox"/> Third party property damage (Please fill in <b>Section 1 and Section 2 Part II</b> )	1. Copy of incident report (if any) 2. Copy of police report / statement (including police reference and station name) (if any) [how about police statements?] 3. Copy of any correspondences (including any unanswered correspondence) or complaint letter related to the incident (if any) 4. Copy of any claims or writs of summons or legal documents (if any) 5. Copy of color photos showing the scene of accident and the extent of damage (if any) 6. Copy of repair quotation of the damaged third party's item(s) if the item(s) is/are repairable (if any) 7. Copy of replacement quotation of the damaged third party's item(s) if the item(s) need to be replaced (if any) 8. Copy of invoices for the purchase of the damaged third party property (if any)

## Section 1 Details of incident

Date of incident (DD/MM/YY) \_\_\_\_\_ Time of incident (a.m/p.m) \_\_\_\_\_

Place of incident \_\_\_\_\_

Description of incident \_\_\_\_\_

Whose negligence caused the incident?  Insured  other, please provide the name \_\_\_\_\_ Contact no. \_\_\_\_\_

Postal address \_\_\_\_\_

Has any precautionary measure been taken before the time of incident?  No  Yes, please give details \_\_\_\_\_

Following the incident, has any promise / compensation been made?  No  Yes, please give details  
\_\_\_\_\_

Following the incident, has any remedy work been taken?  No  Yes, please give details \_\_\_\_\_

Name(s), address(es), and telephone no(s). of witness(es) of incident (if any) \_\_\_\_\_

Was the incident reported to the police?  No  Yes, please give below details:

## Section 2 Details of third party bodily injury or third party property damage

(Please  the relevant section(s))  This incident is related to third party bodily injury (please fill in Part I)

This incident is related to third party property damage (please fill in Part II)

### Part I Details of third party bodily injury

Has any claim been made against you?  No  Yes, please give details \_\_\_\_\_

Name of injured person(s) / deceased \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Contact no. \_\_\_\_\_ Email address \_\_\_\_\_

Postal address \_\_\_\_\_

Nature of injury  Right leg  Left leg  Right upper limb  Left upper limb  Upper body  Head

Relationship between you and the injured person(s) \_\_\_\_\_ Extent of injury  Minor  Moderate  Severe  Dead

Claim amount (please state the currency) \_\_\_\_\_

### Part II Details of third party property damage

Has any claim been made against you?  No  Yes, please give the details \_\_\_\_\_

Owner of damaged item(s) \_\_\_\_\_ Relationship between you and the owner of third party property \_\_\_\_\_

Contact no. \_\_\_\_\_ Email address \_\_\_\_\_

Postal address \_\_\_\_\_

Details of damaged item(s) (e.g. Name, type, brand, model, etc) \_\_\_\_\_

Extent of damage of damaged item(s)  Minor  Moderate  Severe Estimated repair costs (please state the currency) \_\_\_\_\_

## Section 3 Declaration and authorization

1. I / We declare that all information and particulars contained above are true and complete to the best of my/our knowledge and belief and they are made without reservation of any kind.
  2. I / We understand and agree the following issues about the arrangement of my/our personal information collected or held by Zurich Insurance Company Ltd ("the Company").
    - 1) The personal information of customers (include policy owners, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by the Company may be used by the Company for the following obligatory purposes necessary in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information):
      - I. to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;
      - II. to process requests for payment, and for direct debit authorization;
      - III. to manage any claim, action and /or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right;
      - IV. to compile statistics or use for accounting and actuarial purposes;
      - V. to meet the disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company and /or its group ("Zurich Insurance Group") and conduct matching procedures where necessary;
      - VI. to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and government-related establishments;
      - VII. to collect debts;
      - VIII. to facilitate the Company's authorized service providers to provide services to the Company and /or the customers for the above purposes; and
      - IX. to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.
    - 2) The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the obligatory purposes:-
      - I. companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary;
      - II. any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the Zurich Insurance Group in connection with the operation of its business;
      - III. third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors;
      - IV. credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or Investigation services;
      - V. any person to whom the Zurich Insurance Group is under an obligation to make disclosure under the requirements of any law binding on the Zurich Insurance Group or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Zurich Insurance Group or any of its associated companies are expected to comply;
      - VI. any person pursuant to any order of a court of competent jurisdiction; and
      - VII. any actual or proposed assignee of the Zurich Insurance Group or transferee of the Zurich Insurance Group's rights in respect of the policy owners.
    - 3) All customers have the right to access to, correct, or change any of their own personal information held by the Company by request in writing to the Company's Personal Data Privacy Officer at the address below.

Personal Data Privacy Officer  
26/ F, One Island East  
18 Westlands Road  
Island East  
Hong Kong
  - 4) In accordance with the Personal Data (Privacy) Ordinance (Cap 486), the Company has the right to charge a reasonable fee for processing any data access request.
  - 5) In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.
3. I / We hereby authorize any physician, medical practitioners, hospitals or clinics by whom or where I / We have been observed or treated to give full particulars about my/our health to the Company or its agents.
  4. I / We hereby further authorize any parties, including but not limited to police and government authorities, airlines, travel agents, insurance companies etc. who are in possession of my/our insurance proposal information, claim information or any related information to release part or all of the information about the subject or related incidents of injury, loss or damage to the Company or its agents.
  5. A photocopy of this authorization shall be considered as effective and valid as the original.

Signature of Insured or company chop

Signature of contact person  
(if the same as Insured, please ignore this field)

Date (DD/MM/YY) \_\_\_\_\_

Date (DD/MM/YY) \_\_\_\_\_