

**MOTOR ADDITIONAL BENEFIT DAMAGE REPORT FORM 汽車額外保障損毀報告書**

The issue of this Form is not an admission of liability 發出本表格，並非承認責任

**REQUESTED DOCUMENTS 所須文件**

1. Please complete this form and answer all questions truthfully and accurately. 敬請盡快填妥此表格及如實並準確地回答所有問題。
2. Photographs of the damaged parts 損壞部份照片。

**1. CLAIMS TYPE 索償種類**

Please indicate your claims type below 請表明申請索償種類

- Damage/loss to car key 車匙損壞/遺失
- Damage to rim 輪框損壞
- Scratch and dent 車身刮痕和凹痕

**2. POLICYHOLDER 保單持有人**

Name 姓名	<input type="text"/>	Policy No. 保單號碼	<input type="text"/>
H.K.I.D. Card No / B.R. No. 身份證號碼 / 商業登記號碼	<input type="text"/>	Daytime Contact No 日間聯絡電話	<input type="text"/>
E-mail 電郵	<input type="text"/>		
Address 地址	<input type="text"/>		

**3. DESCRIPTION OF VEHICLE 汽車摘要**

Registration No. 車牌	<input type="text"/>	Make & Model 廠名及型號	<input type="text"/>	Mileage 行車里數	<input type="text"/>
Please state the precise purpose of the vehicle being used at the time of the accident? 當時將該車作為何種用途					
<input type="checkbox"/> Personal Use 私人用途	<input type="checkbox"/> Hire or Reward 出租或收取報酬 (including but not limited to 包括但不僅限於 UBER, GOGOVAN, LALAMOVE)				
<input type="checkbox"/> Commercial Use 商業用途	<input type="checkbox"/> Others, please specify 其他，請註明： <input type="text"/>				

**4. THE OCCURRENCE AND PARTICULARS OF DAMAGE 意外發生情況及汽車損壞詳情**

Date 日期	<input type="text" value="DD/MM/YYYY"/>	Time 時間	<input type="text" value="am/pm 上午/下午"/>
Place 地點	<input type="text"/>	Degree of Damage 損毀程度	<input type="text"/>
Cause 意外原因	<input type="text"/>		

**5. POLICYHOLDER'S DUTY OF DISCLOSURE 保單持有人之披露責任**

Under the insurance principle of "Utmost Good Faith", a policyholder is under a duty to disclose truthfully to Allianz Global Corporate & Specialty SE, Hong Kong Branch (the "Company") all material facts relevant to the Company's fair assessment of the risk of insurance that you know, or could reasonably be expected to know. The duty of the policyholder to provide updated information remains a continuing duty throughout the policy period. Any changes in circumstances should be notified immediately by the policyholder to the Company.

根據「最高誠信」的保險原則，保單持有人有責任向安聯環球企業及專項保險香港分公司（以下簡稱「本公司」）真實披露閣下知悉或可以合理地預期知悉，並與本公司風險評估相關的所有重大事實。在保單期間，保單持有人有責任持續提供最新信息。如有任何情況變更，保單持有人應立即通知本公司。

**6. NON-DISCLOSURE AND MISREPRESENTATION 不披露和虛假陳述**

If the foregoing particulars or declaration or any part thereof is untrue, inaccurate or omitted in any material way thereby affecting the risk of this Policy or if any renewal thereof is obtained through any misstatement, misrepresentation or suppression or if any claim made shall be fraudulent or exaggerated or if any false declaration or statement shall be made in support thereof then in any of these cases **this Policy shall be void. This means that the policy will be deemed not valid, and no claims will be entertained.**

如果上述細節或聲明或其任何部分為不真實的、不準確的或有所遺漏，從而影響本保單的風險，或通過任何錯誤陳述、虛假陳述或抑制獲得任何續保，或任何索賠為欺詐或誇大的，或以任何虛假聲明或陳述以資證明，則在任何上述情況下，本保單均屬無效。這意味著本保單將被視為無效，並且不會受理任何索賠。

**7. PERSONAL INFORMATION COLLECTION STATEMENT 個人資料收集聲明**

## Personal Information Collection Statement

The information I(we) provide to the Company is collected by the Company to enable it to carry on insurance business and may be used for the purpose of

- (1) underwriting any insurance product or service any additions, alteration, variations, cancellations, renewal or reinstatement of them;
- (2) claim processing;
- (3) direct marketing and data matching; or
- (4) communication with me(us)/the Insured/the Payor/Claimant/our employees (if applicable);

AND may be transferred to any related company or any other company carrying on insurance or reinsurance or related business or an intermediary or claims investigation or other service provider providing services relevant to insurance business or professional advisors or any association, federation or similar organization of insurance companies ("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 for any of the above or related purposes or any individuals/organizations associated with the Company or any selected party as the Company may consider necessary whether local or overseas.

Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our(including our employees') data with the information collected by the Federation from the insurance industry.

The information I(we) give is on a voluntary basis. However, failure to supply information result in the Company being unable to process my(our) application/claim. In accordance with the terms of the Personal Data (Privacy) Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request. I(We) have the right to obtain access to and to request correction of any personal information concerning myself/ourselves (including our employees where applicable) held by the Company. Requests for such access can be made in writing and addressed to: Allianz Global Corporate & Specialty SE Hong Kong Branch.

所有由本人 (吾等) 提供給貴公司的資料，將被用作以下與貴公司的保險業務有關的用途：

- (1) 任何承保保險有關的產品或服務，該等產品的任何增訂、更改、變更、取消、續期或復效；
- (2) 索償；
- (3) 直接推廣及資料核對；
- (4) 與本人 (吾等) / 受保人 / 付款人 / 索償人 / 吾等的僱員 (如適用) 之溝通；

同時可能被轉交至現存或不時成立的有關公司，或任何其他從事與保險或再保險業務或有關的公司或與保險業務有關的中介人或索償調查公司或其他與保險業務有關的服務供應者及專業顧問、現存或不時成立的任何保險公司協會或聯會或類同組織 (「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，以達到任何上述或有關目的，或任何與貴公司有關聯繫之個人 / 組織，又或任何被選定之本地或海外的第三方。

此外，貴公司亦有權透過「聯會」獲取本人 / 吾等 (包括吾等僱員) 的個人資料作核對之用。

本人 (吾等) 所提供的資料全屬自願性質。但是，貴公司可能由於本人 (吾等) 未能提供足夠資料的情況下，無法處理本人 (吾等) 的申請。根據個人資料 (私隱) 條例的規定，貴公司有權向本人 (吾等) 收取查閱本人 (吾等) 個人資料的合理費用。本人 (吾等) 有權查閱或修改本人 / 吾等 (包括吾等僱員，如適用) 提供予貴公司所持有的資料。本人 (吾等) 明白本人 (吾等) 若需查閱本人 (吾等) 的個人資料，將需以書面形式提出及致函到：安聯環球企業及專項保險-香港分公司。

**8. CONSENT 同意書**

In accordance with the provisions of the Personal Data (Privacy) Ordinance of Hong Kong, I/we consent, by signing below, that the personal information provided by me/us whether relating to me/us or to other persons named herein (including our employees where applicable) and held by the Company (whether contained herein or otherwise obtained) may be held, used, disclosed, released and transferred by the Company to the parties and for the purposes mentioned in the "Personal Information Collection Statement" herein.

根據香港個人資料 (私隱) 條例的規定，本人 / 吾等在以下簽署，並同意貴公司所持有本人 / 吾等 (包括吾等僱員如適用) 之個人資料 (不論載於本申請書或從其他地方獲得)，一律可供貴公司持有、使用、披露、透露及轉移予其他人土作「個人資料收集聲明」中之用途。

**9. DECLARATION 聲明**

I/We hereby claim the benefit of the Policy, and DECLARE the foregoing particulars to be true, accurate and complete in all respect to the best of my/our knowledge and belief, and that I/We have not withheld any information which may affect the acceptance of the claim under the Policy.

I/We undertake to render the Company every assistance in my/our power in dealing with the matter. I/We agree that the Company shall have authority to settle or otherwise deal with any claim made against me/us in respect to the said Loss/Damage.

本人 (吾等) 在此提出索償，並謹此聲明上述細節均根據本人 (吾等) 所知及所信的情況下提供，並且為真確無訛及並無遺漏，亦無隱瞞任何足以影響索償之事實。於貴公司處理此索償時，本人 (吾等) 同意在本人 (吾等) 的權限內作出任何協助，並同意貴公司有全權解決或處理因此意外而向本人 (吾等) 提出之任何索償。

Date:

日期

Signature:

簽名

Insured (Please apply stamp if Incorporated)  
保戶(如屬註冊公司請蓋公司印章)

(中文乃譯文，如遇字意混淆，以英文為準)