

**ZURICH**[®]

蘇黎世

Motor Insurance claim form

汽車保險索償申請表

Enquiry no. 查詢電話：+852 2903 9388 Fax 傳真：+852 2968 1660 Email 電郵：claims@hk.zurich.com

Please tick the appropriate box and * delete where inappropriate. 請✓適用方格及於*號刪去不適用者

Claims submission 申請索償：Visit <https://www.zurich.com.hk/en/motorclaims> to check if you are eligible for the cashless windscreen repairing service and Garage-Pro Services.

For other cases, you may submit a claim through:

請瀏覽<https://www.zurich.com.hk/zh-hk/motorclaims> 了解有關免找數汽車擋風玻璃服務及智選汽車網絡維修服務的資料。有關其他索償事項，您可以透過以下方式提交索償申請：

1. Scan QR code to download "Zurich HK" App, or
掃描二維碼下載手機應用程式「Zurich HK」，或
2. Submit this claim form together with supporting documents by email/post
填妥索償申請表，連同有關證明文件電郵 / 郵寄至本公司
Email 電郵：claims@hk.zurich.com
Address 地址：Claims Department, Zurich Insurance Company Ltd, 26/F, One Island East,
18 Westlands Road, Island East, Hong Kong
香港島東華蘭路18號港島東中心26樓蘇黎世保險有限公司賠償部

**Important notes 注意事項：**

- Please report your claim to us as soon as possible after the date of incident.
索償申請需於意外後盡快遞交。
- Please use Motor Windscreen Damage Insurance Claim Form to report windscreen damage claim.
若您只申請汽車擋風玻璃損毀之索償，請另填汽車擋風玻璃索償申請表。
- Please contact the garage for pick up details after the damaged vehicle is repaired.
請自行聯絡維修車廠以安排損毀車輛修理完畢後取回車輛。
- In relation to the No Claim Discount (NCD)/Claim Free Discount (CFD) operation, please refer to the policy for details.
有關無申請賠償折扣 (NCD/CFD) 之計算方法及運作，詳情可參考保單內之敘述。

1. Policy information 保單資料

Policy/cover note no.*

保單 / 臨時保單號碼

Policy expiry date Day日 Month月 Year年

保單到期日

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Terms of cover

投保類別

Comprehensive cover
綜合全保Third party cover
第三者責任保險

Insurance agent/broker name (if any)

保險代理 / 經紀姓名 (如適用)

2. Insured vehicle and personal details 受保車輛及個人資料**2.1 Insured vehicle and policyholder details 受保車輛及保單持有人資料**

Registration no.

車牌登記號碼

Year of manufacturing

出廠年份

Y	Y	Y	Y
---	---	---	---

Make and model

廠名及型號

Use of the insured vehicle at the time of the accident 意外當時車輛之用途

Personal use
個人用途Commercial use
商業用途Hired by passenger(s)
被僱用載客用途Other, please specify
其它，請註明

Policyholder name

保單持有人姓名 (英文)

2.2 Contact details 聯絡資料

Contact person name (if different from policyholder)

聯絡人姓名 (如與保單持有人不同)

Relationship with policyholder (if different from policyholder)

與保單持有人的關係 (如非保單持有人)

2.2 Contact details (continued) 聯絡資料 (續)

Mobile phone no.
流動電話號碼

Email address
電郵地址

Postal address
通訊地址

Flat/Room*
室 / 單位*

Floor
樓

Block
座

Building
大廈

Estate name/No. & name of street/Lot no.*
屋苑名稱 / 街名及門牌 / 地段*

District
地區

HK/KLN/NT*
香港 / 九龍 / 新界*

We will send you the claim acknowledgement and claim settlement notification by SMS and/or email according to the above information. 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 below. If you have an insurance agent/broker, our company will contact you via insurance agent/broker.

本公司根據以上填寫的資料，以電話短訊及 / 或電郵發送確認索償申請通知及賠款通知。

如有需要，本公司將以電子郵件方式聯絡您獲取更詳細資料，以處理您的索償申請；如您想改用以郵件方式聯絡，請✓以下方格：

如您有保險代理 / 經紀，本公司將透過保險中介人 / 經紀聯絡您。

By mail 以郵件方式聯絡

2.3 Concerned driver details 肇事司機資料

Driver name (if different from policyholder)
司機姓名 (如與保單持有人不同)

Relationship with policyholder (if different from policyholder)
與保單持有人的關係 (如非保單持有人)

Driver HKID card no./Passport no.*
司機香港身份證號碼 / 護照號碼*

Driver mobile phone no. (if different from contact person)
司機流動電話號碼 (如與聯絡人不同)

Driver email address
司機電郵地址

Driving license no. Full Probationary Learner
駕駛執照號碼 正式 暫准 學習

Driver postal address
of contact person
(If different from contact
person)
司機通訊地址
(如與聯絡人不同)

Flat/Room*
室 / 單位*

Floor
樓

Block
座

Building
大廈

Estate name/No. & name of street/Lot no.*
屋苑名稱 / 街名及門牌 / 地段*

District
地區

HK/KLN/NT*
香港 / 九龍 / 新界*

Did the concerned driver have the car owner's consent to use the car prior to the accident?
是次意外前有否得到車主之同意使用該車？

Yes No
有 否

First issued date of full license
首次獲發正式駕駛執照日期
Day日 Month月 Year年
D D M M Y Y Y Y

License expiry date
執照到期日
Day日 Month月 Year年
D D M M Y Y Y Y

Did the driver take any drugs/consume any intoxicating liquor in 12 hours prior to this accident?
是次意外前12小時內司機有否服用任何藥物 / 含有酒精成份之飲品？

Yes (please provide full details below) No
有 (請提供詳情) 否

Did the driver undergo screening breath test following this accident and what is the result?
是次意外後司機有否被進行酒精測試及其結果？

Yes (please provide full details below) No
有 (請提供詳情) 否

Had the driver's license ever been disqualified because of careless or dangerous driving and have points ever been deducted due to such offence(s) in the past three years?
過去三年內司機有否曾因不小心或危險駕駛被停牌或扣分？

Yes (please provide full details below) No
有 (請提供詳情) 否

Has the driver been involved in previous traffic accidents over the past three years?
過去三年內司機有否涉及交通意外？

Yes (please provide full details below) No
有 (請提供詳情) 否

3. Accident detail 事發詳情

3.1 Accident situation (mandatory) 事發情況 (必需填寫)

If the incident was caused by other driver/third party, please report the incident to police within ten days after the incident and request for police investigation. It can protect your recovery right against third party.

如意外是由其他駕駛者 / 人士所引起，請於意外後十天內向警方作出投訴，並要求警方調查。此舉可保障您日後之第三者追索權利。

Claim item(s) Damaged to insured vehicle (Comprehensive cover only. Please leave it blank if you do not want to make a claim on own damage)

索償項目 受保車輛損毀 (只適用於綜合全保。如不償索有關損毀，請留空此格)

Theft loss Third party vehicle/property damage Third party Bodily injured
受保車輛失竊 第三者車輛 / 財物損失 第三者人身傷亡

Date and time of accident 事發日期及時間
Day日 Month月 Year年 Hour時 Minute分 AM/PM* 上午/下午*
Number of involved vehicle(s) 涉事車輛數目

Accident location 事發地點 Weather 天氣 Speed of car 車速

Road condition 路面情況 Dry 乾 Wet 濕 Smooth 平整 Rough 不平整 Uphill 上斜 Downhill 落斜 Flat 平路

Give full details of occurrence and make a rough sketch where appropriate showing road widths, traffic lights, signs, warnings, etc. Indicate directions of vehicle with an arrow. (You can add supplementary paper(s) if the provided space is insufficient.)

請詳述遇事過程地點位置等並附草圖標明路面情況，如路闊、交通燈、交通標誌、讓線等等。(如空白位置不足可另附紙張)

Description of accident 遇事過程

This part must be completed even if police report and/or police statement is/are attached. 即使附上警方報告及 / 或警方口供，也必須完成此部分。

(You should already reported this accident to the police before answering the below questions)

(回答以下問題前，您應已向警方報告此次意外)

Reporting channel to police 報案途徑 999 report hotline 999 報案熱線 Police station 警署 Reported by other 由其他人報案

Police report no. (if any) 警方報告號碼 (如有)

Have you/the driver lodged a complaint or sought compensation against other driver(s) in respect of this accident? 您 / 司機是否就上述之交通意外向其他司機追討責任 / 作出投訴? Yes 是 No 否

Have you/the driver received any compensation from the other party? 您 / 司機曾否收受對方任何補償? Yes 有 No 否

HKD (港幣)

3. Accident detail (continued) 事發詳情 (續)

Have you/the driver made any compensation to the other party?

您 / 司機是否向對方作出賠償?

Yes

有

No

否

HKD (港幣)

Have you/the driver made any written agreement with the other party related to this accident?

(if yes, please provide a proof)

司機曾否與對方達成任何與此意外有關之書面協議? (請提供證明。如未能提供,請解釋原因)

Yes

有

No

否

Any witness/passenger details?

有沒有證人或乘客資料?

Yes (please provide the details)

有 (請提供資料)

No

否

Name

姓名

Contact no.

聯絡電話

Relationship with policyholder

與保單持有人關係

Extent of damage of your insured vehicle

受保車輛損壞狀況

Minor

輕微

Moderate

普通

Severe

嚴重

Please state the current location of your vehicle

請說明您的車輛目前的位置

Repairer's premises

維修廠

Other

其他

(If your vehicle is in repairer's premises please provide garage name, location, contact no. and vehicle repair quotation) (如已在維修廠,請提供維修廠名稱、地點、電話號碼及車輛維修報價)

3.2 Details of third party vehicle/property (if applicable) 第三者車輛 / 財物損失詳情 (如適用)

Name of owner

物主姓名

Contact no.

聯絡電話

Damaged item

損毀物件

Vehicle

車輛

Government property

政府財物

Personal property

個人財物

Registration no.

車牌號碼

Item

物件

Item

物件

Please specify the details of damage

請詳細說明損毀情況

3.3 Third party bodily injured (if applicable – add additional information if necessary) 第三者人身傷亡 (如適用 – 有需要請另行填寫傷者資料)

Injured person 1 傷者一

Identity

身份

Pedestrian

行人

Passenger

車上乘客

Third party driver

第三者車上司機

Third party passenger

第三者車上乘客

Name

姓名

Sex

傷者性別

Male

男

Female

女

Estimated age

傷者大概年齡

Contact info.

傷者聯絡電話

Injured position

受傷位置

Limbs

四肢

Body

身體

Head

頭

Extent of injuries

傷勢程度

Minor

輕微

Severe

普通

Coma

昏迷

Dead

死亡

How did the injured person get on the ambulance to hospital?

傷者如何上救護車送往醫院?

N/A

不適用

Self

自行

By paramedic

救護人員抬上

3. Accident situation (continued) 事發情況 (續)

Injured person 2 傷者二

Identity 身份 Pedestrian 行人 Passenger 車上乘客 Third party driver 第三者車上司機 Third party passenger 第三者車上乘客

Name 姓名 Sex 傷者性別 Male 男 Female 女 Estimated age 傷者大概年齡 Contact info. 傷者聯絡電話

Injured position 受傷位置 Limbs 四肢 Body 身體 Head 頭

Extent of injuries 傷勢程度 Minor 輕微 Severe 普通 Coma 昏迷 Dead 死亡

How did the injured person get on the ambulance to hospital? 傷者如何上救護車送往醫院? N/A 不適用 Self 自行 By paramedic 救護人員抬上

4. Basic claims supporting documents 基本索償證明文件

(Please ✓ if attached the document, we may request for additional documents if necessary)
(請 ✓ 已提交的文件，本公司會就個別情況要求提供額外相關文件)

- Original Letter of Consent signed by the driver (last page of this form) **(please post to our company)**
肇事司機簽署的同意書正本 (本表格的最後一頁) (必須郵寄至本公司)
- Copy of concerned driver's driving license
肇事司機駕駛執照副本
- Copy of concerned driver's HKID card/passport
肇事司機香港身份證或護照副本
- Copy of vehicle registration document (both front and back pages)
受保車輛登記文件 (正面及背面) 副本
- Copy of color photos of damaged vehicle
損毀車輛之相片或彩色副本
- Copy of police report and police statement
警方報告及口供副本
- Copy of concerned driver's screening breath test report
肇事司機酒精呼氣測試報告副本
- Copy of any claim(s)/summon(s)/correspondences from third party (if any)
任何第三者之索償/傳票/信件副本 (如有)
- Copy of vehicle repair quotation (the quotation should be provided to and approved by our company/appointed surveyor before repair works are carried out) (applicable to damaged insured vehicle with comprehensive cover)
車輛維修報價副本 (修理前必需遞交報價並獲得本公司或本公司委派的公證行核准) (適用於全保之受保車輛損毀)
- Original vehicle purchase contract/receipt/invoice (applicable to theft loss claim/total loss)
汽車購買合約/發票/收據正本 (只適用於受保車輛失竊/全損)

5. Declaration and authorization 聲明及授權書

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.
本人 / 我們謹此聲明 · 本人 / 我們確信 · 以上所填報之資料及所列各項之事件乃屬完全真實並無對保險公司作任何資料之保留。
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").
本人 / 我們明白並同意以下有關 Zurich Insurance Company Ltd (「本公司」) 處理所收集及保存本人 / 我們之個人資料的安排。
 - (1) The personal information of customers (include policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by the Company from time to time may be used by the Company for the following 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):
由本公司不時收集或持有的客戶 (包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人) 個人資料 · 均可供本公司使用作以下為向客戶提供服務而必須的用途 (否則本公司將無法為未能提供所需資料的客戶提供服務) :
 - i. to process, investigate (and assist others to investigate) and determine insurance applications, benefits and claims, perform reinsurance arrangements and provide ongoing insurance services;
辦理 · 調查 (及協助他人調查) 和決定保險申請 · 保險及索償 · 進行再保險安排和提供持續的保險服務;
 - ii. to manage any claim, action and/or proceedings brought by or against or otherwise involving 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;
處理任何客戶提出的、針對客戶所提出的或其他涉及客戶的索償、訴訟及 / 或司法程序; 以及行使本公司的權利 (詳情見適用保單條款所定) · 包括但不限於代位權;
 - iii. to process requests for payment, and for direct debit authorization;
辦理付款要求及直接付款授權;
 - iv. to provide subsequent services and administer the policies issued, such as to arrange medical examination, process additions, alterations, variations, assignments, cancellation, renewal or reinstatement of the relevant policies;
提供後續服務及執行 / 管理已發出的保單 · 例如安排身體檢查和處理相關保單的增加、更改、變更、轉讓、撤銷、續期或恢復;
 - v. to compile statistics or database or conduct market or actuarial research or insurance surveys undertaken by the Company and/or its group ("Zurich Insurance Group"), the financial services industry, respective regulators or industry recognized bodies, or use for accounting and actuarial purposes;
由本公司及 / 或其所屬集團 (「蘇黎世保險集團」) · 金融服務業界、相關監管機構或公認行業組織編撰統計數字或資料庫 · 或進行市場、精算研究或保險調查 · 或作會計及精算用途;
 - vi. to perform customer analysis, profiling and segmentation, or to design new or enhance existing products and services of the Zurich Insurance Group;
進行客戶研究分析及分層 · 或為蘇黎世保險集團設計新的產品 / 服務 · 或改進現有的產品 / 服務;
 - vii. to meet the disclosure requirements of any local or foreign law, rules, regulations, codes or guidelines binding on the Zurich Insurance Group and conduct matching procedures where necessary;
符合對蘇黎世保險集團具約束力的任何本地或外國法例、規則、規例、守則或指引的披露規定及如需要時進行核對程序;
 - viii. to comply with the requirements, orders or legitimate requests of, or contractual or other commitment or arrangement with the courts of Hong Kong, local and foreign regulators, tax or law enforcement authority, self-regulatory or industry recognized bodies such as federations or associations of insurers or financial services providers, including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, credit reference agencies, governmental bodies and government-related establishments;
遵循香港法院、本地與外地的監管機構、稅務或執法機構、獨立監管或公認行業組織 (例如保險公司或金融服務供應商的聯會或協會) · 包括但不限於保險業監管局、香港保險業聯會、核數師、信貸諮詢機構、政府組織和政府相關機構所作出的規定、指令或合法要求 · 或遵循與上述機構或團體間之合約承諾、其他承諾或安排;
 - ix. to collect debts;
債務追討;
 - x. to prevent and detect fraud;
偵測和防止欺詐行為;
 - xi. to facilitate the Company's authorized service providers to provide services to the Company and/or the customers for the above purposes; and便利本公司的認可服務供應商 · 就上述目的為本公司及 / 或客戶提供服務; 及
 - xii. to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.
使本公司的實際或建議承讓人能夠評核擬進行涉及有關轉讓的交易。
 - (2) The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the purposes **necessary** in providing services, as set out in paragraph 2(1) above:
本公司可就上述第2(1)段所述為向客戶提供服務而必須的用途 · 向以下於香港境內或境外的人士提供任何客戶個人資料:
 - i. companies within the Zurich Insurance Group, any other company carrying on insurance or reinsurance related business, an intermediary, or an industry recognized body;
蘇黎世保險集團成員公司、任何進行保險或再保險相關業務的其他公司、中介人或受業界認可的團體;
 - ii. any agent, contractor or third party service provider who provides administrative, telecommunications, technology, computer, payment, policy administration, support, storage, cloud, record management, call center, mailing and printing, data processing, customer satisfaction analysis, outsourcing or other services to the Zurich Insurance Group in connection with the operation of its business;
任何向蘇黎世保險集團提供行政、電訊、技術、電腦、付款、保單管理、支援、儲存、雲端、記錄管理、熱線中心、郵寄、印刷、資料處理、客戶滿意度分析、外判或其他與其業務運作有關的服務的代理人、承包商或第三方服務供應商;
 - iii. third party service providers including insurers, bankers, legal advisors, accountants, fund management companies, financial institutions, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, hospitals, surveyors, specialists, repairers, research and analysis companies and data processors;
第三方服務供應商 · 包括保險公司、銀行、法律顧問、會計師、基金管理公司、金融機構、調查員、理賠師、再保公司、醫護及復康顧問、醫院、考察員、專家、維修人員、研究與分析公司及資料處理者;
 - iv. credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
信貸諮詢機構 · 而在客戶欠賬時 · 任何債務追收代理或進行索償或調查服務的公司;
 - v. any person to whom the Zurich Insurance Group is under an obligation or otherwise required 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 local or foreign governmental, regulatory, tax or law enforcement authority, industry recognized bodies or other authorities with which the Zurich Insurance Group or any of its associated companies are expected to comply;
根據對蘇黎世保險集團或其任何關連機構具約束力的任何法例 · 及就任何由本地或外地政府、監管、稅務或執法機構、公認行業組織 · 或其他機關所頒佈且蘇黎世保險集團或其任何關連機構預期須遵守的任何規例、守則或指引而言 · 蘇黎世保險集團有責任或必須向其作出披露的任何人士;

5. Declaration and authorization (continued)

- vi. any person to whom the Zurich Insurance Group is under an obligation or otherwise required to make disclosure pursuant to any contractual or other commitment or arrangement with local or foreign governmental, regulatory, tax or law enforcement authority, industry recognized bodies or other authorities that is assumed by or imposed on the Zurich Insurance Group or any of its associated companies;
根據蘇黎世保險集團或其任何關連機構承擔或被施加的與本地或外地政府、監管、稅務或執法機構、公認行業組織、或其他機關的合約承諾、其他承諾或安排而言，蘇黎世保險集團有責任或必須向其作出披露的任何人士；
- vii. any person pursuant to any order of a court of competent jurisdiction;
根據主管司法權區的法院的任何頒令的任何人士；
- viii. organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations, employers, the police and databases or registers (and their operators); and
整合保險業申索和承保資料的組織、防欺詐組織、僱主、警察、數據庫或登記冊（及其運營者）；及
- ix. any actual or proposed assignee of the Zurich Insurance Group or transferee of the Zurich Insurance Group's rights in respect of the policyholders.
蘇黎世保險集團的任何實際或建議承讓人或蘇黎世保險集團對保單持有人的權利的受讓人。
- (3) Customers' personal information may from time to time be provided to any of the parties set out in paragraph 2 (2) above (including cloud providers) which may be located in Hong Kong or elsewhere and in this regard customers consent to the transfer of their personal information outside Hong Kong and understand that their personal data may not be protected to the same or similar level compared to Hong Kong.
客戶的個人資料可能不時提供於任何上述第2（2）段中提及的一方（包括雲端服務供應商），有關一方可能處於香港境內或其他地方。客戶同意他們的個人資料可能被轉移至境外，及明白該資料未必可以獲得與香港同等或類似程度的保障。
- (4) All customers have the right to access, 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.
所有客戶均有權以書面向本公司之個人資料私隱主任（地址如下）要求查閱、修正及 / 或更改由本公司所持有有關其本身的任何個人資料。
- | | |
|-------------------------------|----------|
| Personal Data Privacy Officer | 個人資料私隱主任 |
| 26/F, One Island East | 香港港島東 |
| 18 Westlands Road | 華蘭路18號 |
| Island East | 港島東中心26樓 |
| Hong Kong | |
- (5) In accordance with the Ordinance, the Company has the right to charge a reasonable fee for processing any data access request.
根據私隱條例，本公司有權收取合理費用，藉以處理任何資料的查閱要求。
- (6) In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.
本通知的中英文版本如何任何歧異或不一致，概以英文版為準。
- (7) The Company reserves the right to change or update this Notice at any time without prior notice. The changes or updates will be notified to customers on our website or in writing and any such change or update will be effective immediately upon posting.
本公司保留隨時更改或更新本通知的權利而毋須事先通知。所有更改或更新將透過我們的網站或以書面形式通知客戶，並將於刊登後即時生效。
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.
本人 / 我們授權於任何曾替本人 / 我們作診療之醫生、醫務人員、醫院或診所提供有關本人 / 我們病歷之資料予貴公司或其代理人。
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.
本人 / 我們授權持有本人 / 我們投保資料、索償紀錄或任何有關資料之一方，包括但不限於警方及政府機構、航空公司、旅遊公司、保險公司等任何有關人士或組織，可以將部份或全部有關本人 / 我們是次或相關事件等資料提供貴公司或其代理人。
5. A photocopy of this authorization shall be considered as effective and valid as the original.
此授權書之影印本亦屬有效。

Signature and chop of policyholder
保單持有人簽署 / 蓋印

Signature/chop of driver concerned (if different from policyholder)
肇事司機簽署 / 蓋印 (如與保單持有人不同)

Date
日期

Day日	Month月	Year年
D	D	M
M	M	Y
Y	Y	Y
Y	Y	Y

Date
日期

Day日	Month月	Year年
D	D	M
M	M	Y
Y	Y	Y
Y	Y	Y

Letter of Consent 同意書

To whom it may concern 敬啟者：

Police report no. 警方報告號碼：

Date of Incident 事故日期：

Vehicle Registration no. 車輛登記編號：

I, _____, bearing HK ID card no./passport no. * _____ hereby consent and authorize the Commissioner of Hong Kong Police and/or other relevant authority(ies) to release the statement(s) (including all relevant parties involved in the captioned accident whether or not to be replied in respect of the subsequent prosecution), personal data, sketches, MVE report, brief facts, notes of proceedings, and all other relevant information and/or document(s) in relation to the captioned traffic accident to Zurich Insurance Company Ltd and/or its representative and/or its legal representative.

本人 · _____ 香港身份證 / 護照號碼* _____ 現同意及授權香港警務處處長及 / 或有關機構就上述交通意外提供所有證人 (不論控方是否檢控中依賴或否) 之口供、個人資料、草圖、車輛檢驗報告、案情撮要、法庭訴訟紀錄、及所有其他有關資料或文件、給予蘇黎世保險有限公司及 / 或其代表及其律師代表。

Name of the driver concerned 肇事司機姓名	Signature of the driver concerned 肇事司機簽署								
_____	_____								
Date 日期	Day日 Month月 Year年 <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		