

MOTOR WINDSCREEN DAMAGE CLAIM FORM

車輛擋風玻璃損毀索償表

(EXCEPT AND ATTEMPTED THEFT) 盜竊及企圖盜竊報告除外

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Personal Information Collection Statement

Purposes of Collection

The information you provide us is used for the purposes of:

- carrying out your instructions, arranging and providing the requested insurance covers;
- providing services relating to insurance covers contracted, including settlement of claims;
- providing you with information concerning the business or products of our company or of our subsidiary or associated companies;

and for any other purposes related to the above. Failure to supply such information may result in our being unable to provide the requested insurance covers or related services.

Transfer of Personal Data

Personal information held by us is kept confidential but we may provide such information to:

- reinsurers, intermediaries, contractors, third-party service providers, and other persons who provide services to us in connection with our business;
- statutory governmental or regulatory bodies or insurance industry organisations and institutions;
- our subsidiary or associated companies.

Access to Personal Data

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Falcon Insurance Company (Hong Kong) Limited. Request for such access can be made to:

Data Protection Officer
Falcon Insurance Company (Hong Kong) Limited
Suites 7-11 3/F
No.12 Taikoo Wan Road
Taikoo Shing
Hong Kong

個人資料收集聲明

收集目的

閣下所提供的資料將用作於：

- 執行閣下的指示及安排閣下要求的保險保障，
- 提供保險合約內的有關服務，包括理賠服務，
- 為閣下提供本公司或附屬公司、聯營公司的業務和產品資訊，

及與以上有關的其他業務運作。倘若閣下提供的資料錯誤或不完整，會導致本公司無法按閣下之要求提供保險保障和有關服務。

個人資料轉交

本公司對個人資料是絕對保密，惟可能提供此資料予：

- 任何向本公司提供有關業務運作服務之人仕、再承保公司、中介人及其他承約商，
- 官方監管機構及保險界組織及團體，
- 本公司的附屬公司及聯營公司。

索閱個人資料

閣下有權查閱及要求更正由富勤保險(香港)有限公司持有有關閣下的個人資料，如有此項要求，可向富勤保險(香港)有限公司索閱：

資料保護主任
富勤保險(香港)有限公司
香港太古城
太古灣道十二號
太古城中心三樓七至十一室



A member of
the Insurance Claims Complaints Bureau

For us to handle your claims immediately, please complete this form and return it to us as soon as possible together with a copy of the following documents:	為方便立即處理閣下之索償，敬請盡快填妥及簽署此索償表格，再連同下列文件之副本一併交回：
<ol style="list-style-type: none"> Vehicle Registration Document (both sides) Driver's driving licence and other identity documents, e.g. ID Card or Passport Colour pictures showing the damaged windscreen 	<ol style="list-style-type: none"> 車輛登記文件 (正反兩面) 司機的駕駛執照及其他身份證明文件，如身份證或護照 車輛擋風玻璃損毀之彩色照片
Special Note:	注意事項：
This claim form is for reporting of windscreen damage only. If this incident results in bodily injury or third party property damage, you should complete a "Motor Claim Form".	本表格只限於車輛擋風玻璃損毀索償。如事件涉及人身傷亡或第三者財物損失，請填寫另一份"車輛索償表"

1. Insured details 保戶詳情	Policy No./ Cover Note No. 保單號碼 / 暫保單號碼	<input type="text"/>
Name 姓名	<input type="text"/>	Contact number(s) 聯絡電話:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address 地址	<input type="text"/>	

2. Insured vehicle 受保車輛	Registration no. 車牌號碼	<input type="text"/>	Year, Make and Model 車輛年份, 牌子及型號	<input type="text"/>
Date/ Time of incident 事故日期/時間	- - / dd 日 - mm 月 - yr 年 / am 上午/pm 下	Place 地點	<input type="text"/>	
Cause of windscreen damage 擋風玻璃損毀原因	<input type="text"/>			
Area of windscreen or window damaged: 車輛擋風玻璃之損毀位置:	<input type="checkbox"/> Front windscreen 前擋風玻璃		<input type="checkbox"/> Rear windscreen 後擋風玻璃	
What is the name and contact no of the repairer? 維修車廠之名稱及聯絡電話?	<input type="text"/>			
What is the estimated cost of repairs ? (Please attach the repairer's estimate if obtained) 估計之修理費用? (請附上已接獲之車廠估價單)	<input type="text"/>			HK\$

3. Declaration 聲明	
I/We confirm that I/we have read and fully understand the Purpose of Collection of my/our personal data. I/We agree to the transfer of my/our data to the relevant parties as stated in the section of Transfer of Personal Data. 本人/吾等確認已閱讀，並清楚明白收集本人/吾等個人資料之目的。本人/吾等同意富勤保險(香港)有限公司，將本人/吾等的個人資料，根據“個人資料轉交”一項所列，移交予有關人仕。	
I/We declare that the information given on this form is true to the best of my/our knowledge and belief. 本人/吾等謹此聲明本表格上之各項資料皆盡本人/吾等之所知並確認正確無誤。	
<input type="text"/>	
<input type="text"/>	
Insured's Signature (with Company Chop, if Incorporated) 保戶簽名(及公司蓋章, 如適用者)	Date 日期