



® Sun Flower Insurance Brokers Limited
 Placing through Sun Flower Insurance Agency Limited
 Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong
 Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.com
 Thank you for considering Sun Flower to be one of your selected intermediaries.
 We are pleased to get in touch should you have any enquiry regarding the captioned insurance.



Property insurance claim form

財物保險索償申請表

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

For claims enquiry, please visit www.zurich.com.hk/claims 有關索償查詢 · 請瀏覽 www.zurich.com.hk/claims

1. Claim submission 申請索償

Claims must be submitted within 30 days from the date of incident through the following methods:

必須於事件發生後30日內經以下方法申請索償：

- Visit eClaim (www.zurich.com.hk/eclaim/en) to submit a claim online 透過e索償 (www.zurich.com.hk/eclaim/) 網上遞交索償申請
- Complete this claim form and email to our company 填妥此索償申請表並電郵至本公司
Email 電郵：claims@hk.zurich.com

For simple claims submission, please download "Zurich HK" mobile app to enjoy a straight-through claim service for the following claim types:

簡單的索償申請 · 可立即下載「Zurich HK」手機應用程式遞交申請 · 以享更快捷索償以下項目：

- Electrician 電器技工
- Plumber 水管技工
- Locksmith 開鎖工匠

Remarks 注意事項：

- The above claim procedure is only applicable to personal insurance customers.
上述索償程序只適用於個人保險客戶。
- If the incident involved third party property damage or third party bodily injury, please submit the Third party liability claim form.
如是次索償涉及第三者財物損失或第三者人身傷亡 · 請另外遞交第三者責任索償申請表。
- Please do not discard, remove or commence any repair works of the destroyed or damaged items without receiving our prior approval.
在未經本公司同意前 · 切勿棄置、清除或修理任何已損毀財物。
- You may also check your claims status through our Claims Virtual Assistant on Zurich Website.
您可以在蘇黎世網站上向我們的索償智能助理查詢索償進度。
- If you have any questions, visit www.zurich.com.hk/contactclaims to reserve a time, we will call you as per the booking time so to save your time on waiting.
有關索償查詢 · 請瀏覽www.zurich.com.hk/contactclaims預約時間 · 我們將根據預訂時間致電給您 · 以節省您的等待時間。
- You may also check your claims status through our Claims Virtual Assistant on Zurich Website.
您可以在蘇黎世網站上向我們的索償智能助理查詢索償進度。

2. Claim acknowledgement 申請確認通知

Receive acknowledgment SMS and/or email in two working days

在兩個工作天內收到確認短訊及 / 或電郵

3. Claim result 索償結果

Received claim result after claim assessment
索償評估後收到索償結果



1. Personal information 個人資料

Name of insured person
受保人姓名 (英文)

Policy no.
保單號碼

Insured person HKID no.
受保人香港身份證

Name of contact person
(If the same as insured person, please ignore this field)
聯絡人姓名 (如與受保人相同 · 不用填寫此欄)

Mobile phone no. of contact person
聯絡人手提電話號碼

Email address of contact person
聯絡人電郵地址

Correspondence address of contact person
聯絡人通訊地址

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*

3. Claim items (continued) 索償項目 (續)

	<input type="checkbox"/> Photos showing the sign(s) of forcible entry or exit at the unit if the loss is caused by theft/burglary/robbery (if applicable) 如遇盜竊、爆竊、搶劫，請提供顯示事發時單位被強行進入 / 離開的痕跡照片 (如適用) <input type="checkbox"/> Letter of authorization (Section 4 of this form) 索取口供紙授權書 (此表格第四部份) (如適用) <input type="checkbox"/> All accounting records related to the business interruption caused by the incident of property damage (only applicable to business interruption claim) 所有因財物損失而導致有關業務中斷的營收帳目記錄 (只適用業務中斷索償)
<input type="checkbox"/> Loss of personal money 遺失個人現金 <input type="checkbox"/> Unauthorized use of lost credit card 遺失之信用卡被盜用	<input type="checkbox"/> Police report (including police reference and station name) (if applicable) 警方報告的 (包括報告參考編號和警局名稱) (如適用) <input type="checkbox"/> Statement(s) and investigation report issued by the credit card company showing the details of unauthorized use of credit card (if applicable) 由信用卡發卡機構發出之有關信用卡被盜用之月結單及有關調查結果 (如適用) <input type="checkbox"/> Notification to the credit card company in relation to the incident of unauthorized use of credit card (if applicable) 致信用卡發卡機構有關信用卡被盜用的通知書 (如適用) <input type="checkbox"/> Letter of authorization (Section 4 of this form) 索取口供紙授權書 (此表格第四部份) (如適用)

4. Details of claim item(s) 索償項目詳情

Section 1: Details of damaged/lost property or business interruption

第一部份：財物損失 / 損毀或業務中斷詳情

Place of incident

事故發生地點

Description of incident

事故描述

Incident date and time

事故日期及時間

Day日 Month月 Year年

Hour時 Minute分

AM/PM*

上午 / 下午*

Any witness(es) of this incident?

是次損失有沒有證人?

Yes

有

No

沒有

Name

姓名

Mobile phone no.

手提電話號碼

Correspondence 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*

Was the incident reported to the police? Yes, please give below details

事故發生後有沒有報警?

有，請提供以下詳情

Police report reference no.

警察報案編號

No

沒有

Police station name

警署名稱

Loss caused by theft/burglary

盜竊 / 爆竊的財物損失事故

Who discovered the theft/burglary?

誰發現盜竊 / 爆竊?

Insured person

受保人

Not the insured person, please provide the name

非受保人，請提供其姓名

4. Details of claim item(s) (continued) 索償項目詳情 (續)

Was the unit unoccupied at the time of incident?
事發時單位是否空置?

Yes Please provide no. of days
是 請提供日數

No
否

Is there any sign of forcible entry/exit at the unit?
事發單位有沒有被強行進入 / 離開的痕跡?

Yes Please give details
是 請提供詳情

No
沒有

Have you sustained a similar loss before?
您是否曾在相同單位蒙受同類損失?

Yes Please give details
是 請提供詳情

No
否

Section 2: Statement of claim for damaged/lost property or business interruption

第二部份：損失 / 損毀財物 或 業務中斷申報表

You can add supplementary paper if the provided space is insufficient. 如提供的位置不足，可另行加紙填寫。

Loss or damaged item name, brand and model 遺失或損毀物件之名稱、牌子及型號	Date of purchase (month, year) 購買日期 (月 · 年)	Purchasing price (please specify the currency) 購買價值 (請註明貨幣)	Repairing cost (please specify the currency) 維修費 (請註明貨幣)
	Month月 Year年 □□ □□ □□ □□		
	Month月 Year年 □□ □□ □□ □□		
	Month月 Year年 □□ □□ □□ □□		
	Month月 Year年 □□ □□ □□ □□		
	Month月 Year年 □□ □□ □□ □□		

Business interruption details (e.g. affected area(s), item(s), etc.) 業務中斷資料 (如受影響範圍、項目等)	Interrupted period (DD/MM/YY, HH:MM) 業務中斷期 (日 / 月 / 年 · 時 : 分)	Estimated loss amount (please state the currency) 估計損失金額 (請註明貨幣)
	From 由 Day日 Month月 Year年 Hour時 Minute分 □□ □□ □□ □□ □□ □□ □□ □□ □□ □□ To 至 Day日 Month月 Year年 Hour時 Minute分 □□ □□ □□ □□ □□ □□ □□ □□ □□ □□	
	From 由 Day日 Month月 Year年 Hour時 Minute分 □□ □□ □□ □□ □□ □□ □□ □□ □□ □□ To 至 Day日 Month月 Year年 Hour時 Minute分 □□ □□ □□ □□ □□ □□ □□ □□ □□ □□	
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5. Declaration and authorization 聲明及授權

1. I/We declare that all information provided by me/us above is true and complete to the best of my/our knowledge and belief and such information is provided without reservation or withholding of any kind.
本人 / 我們謹此聲明，以上由本人 / 我們所提供之全部資料乃據本人 / 我們所知所信屬真確及完整無誤，而本人 / 我們在提供資料方面並沒有任何保留或隱瞞。
2. I/We confirm that I/we have read, understood and agreed to **Zurich Insurance Company Ltd's ("the Company") privacy policy** as described below.
本人 / 我們確認本人 / 我們已閱讀、明白並同意以下所述**蘇黎世保險有限公司 (「貴公司」)**之私隱政策。
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 or provide the relevant report or document 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 / 我們病歷之資料或提供有關的報告或文件予 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 me/us 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 / 我們是次受傷、損失或損毀相關事件等資料提供予 貴公司或其代理人。
5. A photocopy of this authorization shall be considered as effective and valid as the original.
此授權書之影印本與正本同屬有效。

6. Notice to customers relating to the Personal Data (Privacy) Ordinance ("Ordinance") 有關個人資料 (私隱) 條例 (「私隱條例」) 的客戶通知

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Insurance Company Ltd ("Company")** from time to time, which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer (such as claim information and medical history received from third parties), may be used by the Company and/or a company within its group ("**Zurich Insurance Group**") for the 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**蘇黎世保險有限公司 (「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，其中亦包括在公司日常業務過程中以及就持續與客戶的關係而收集或產生的資料 (例如從第三方收到的索償資料和病歷)，均可供本公司及 / 或其所屬集團 (「**蘇黎世保險集團**」) 內的公司使用作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)。

Please read carefully the details of the Company's privacy policy which is made available on our website at www.zurich.com.hk/pics or by scanning the QR code. You may also contact our Customer Care Center at 2968 2288 or insurance intermediaries for enquires.



本公司之私隱政策詳載於www.zurich.com.hk/pics或可透過掃描QR碼細閱。您亦可致電2968 2288與我們的客戶服務中心聯絡又或向保險中介人查詢。

Signature of insured
受保人簽署

Company chop (if applicable)
公司蓋印 (如適用)

Signature of contact person
(if the same as insured, please ignore this field)
聯絡人簽署 (如與受保人相同，不用填寫此欄)

Day日 Month月 Year年
Date
日期

Section 4: Letter of authorization
第四部份：授權書

If you would like our company to obtain the police statement/report, please complete and return this form. The process will take 4 to 6 weeks.
如您選擇由本公司向警方索取口供 / 報告副本，請填寫及寄回此授權書。有關程序需時約4至6星期。

Letter of authorization

授權書

Your reference no.
您的參考編號

Our reference no.
我的參考編號

Place of incident
事故發生地點

Description of incident
事故描述

Incident date and time
事故日期及時間

Day日 Month月 Year年 Hour時 Minute分 AM/PM*
上午/下午*

Dear Sirs 敬啟者：

I/We _____, holder of HKID no. _____, hereby authorize
Zurich Insurance Company Ltd to obtain a copy of the statement/report I/we made to you following the captioned incident.

本人 / 我們 _____，香港身份證號碼為 _____，現授權蘇黎世保險有
限公司向 貴警署索取有關上述事故之口供及 / 或報告一份。

Name of informant (Full name)
報案人姓名 (全名)

Signature of informant
報案人簽署