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詳細填報申請賠償表格上每一項目可避免
 延誤處理台端之賠償事宜
 To avoid any delay in the administration of
 your claim, it is imperative that each question
 on this report form should be fully answered.

汽車擋風玻璃索償表格
MOTOR WINDSCREEN CLAIM FORM

保戶 INSURED	姓名 Name _____	保單號碼 Policy No. _____
	通訊地址 Correspondence Address _____	
受保車輛 INSURED VEHICLE	聯絡電話 Contact No. _____	電郵地址 E-mail Address _____
	汽車登記號碼 Registration no. _____	製造年份 Year of Manufacture _____
意外發生詳情 THE ACCIDENT	牌子及型號 Make & Model _____	
	引擎編號 Engine No. _____	底盤編號 Chassis No. _____
	日期及時間 Date & Time _____	地點 Location _____
	意外的詳細資料 Description of the accident _____	
是否涉及第三者? Any third party involved? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 如選擇「是」, 請提供詳細資料(如適用) If Yes, please give details, if any _____ _____		
警署名稱 Name of Police Station _____		
報案號碼 Police Report No. _____		
受保車輛維修 REPAIR TO INSURED VEHICLE	車房名稱、地址及電話號碼 Name, Address and Telephone No. of the Garage _____	
	修理費用總額 Total Repair Cost HK\$ _____	已完成維修 <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No Repair Completed
聲明及授權書 DECLARATION & AUTHORIZATION	本人/我們聲明此表格內填報的資料, 就本人/我們所知所信, 全部正確無訛。 本人/我們在此聲明本人/我們的車輛已經完成維修及完全滿意。本人/我們同意安盛保險有限公司(在下文中稱為安盛)根據上述的汽車保單, 支付有關所述原因引致受保汽車在上述日期發生的維修賠償作為完全及最終的賠償款項。 本人/我們並授權持有本人/我們的任何記錄或資料(包括本人/我們的口供)之人士或團體, 向安盛或其認可代理人, 提供與本索償事宜或本人/我們的追償權有關之記錄或資料。 本人/我們授權安盛或其認可代理人以本人/我們的名義向任何人索償或追討安盛已支付的款項, 並有權自行指示律師為達到此目的而作出之行動。 此授權書之影印本將與正本具有同等效力。 I/We declare that the information given in this form is true and complete to the best of my/our knowledge and belief. I/We hereby state that repairs to my/our motor vehicle which has been carried out to my/our entire satisfaction and I/we agree that the payment made by AXA General Insurance Hong Kong Limited (hereinafter called "the Company") for such repairs is in full discharge of my/our claim under the motor policy of the Company in respect of the damage caused to the said motor vehicle in an accident that occurred on the captioned date. I/We further authorize any individual or entity holding any records (including any statements taken) or knowledge of me/us which is/are relevant to this claim and/or the Insured's rights of recovery thereunder to furnish such records or knowledge to the Company or its authorized representatives. I/We further authorize the Company or its authorized representatives to claim for and to recover in my/our name from any party(ies) the amount paid by the Company and any rights of action competent to myself/ourselves and to instruct solicitor or issue proceedings for such purpose. A photocopy of this authorization shall be considered as effective and valid as the original.	

日期 Date _____

保戶簽名 Signature of Insured
 (如適用, 請蓋上公司印章 with company chop, if any)

維修公司簽署 Garage Signature
 (如適用, 請蓋上公司印章 with company chop, if any)

註: 請提供以下文件連同本表格遞交本公司
 P.S. Please provide us with the followings together with this Claim Form:
 1. 車輛登記文件副本(雙面) COPY of both sides Vehicle Registration Document
 2. 修理費用的發票/收據之正本 ORIGINAL payment invoice / receipt
 3. 索償的損壞物品相片之正本 ORIGINAL photos showing the damages