

Motor Accident Claim Form

汽車意外索償申請表

QBE Hongkong & Shanghai Insurance Limited 昆士蘭聯保保險有限公司
QBE General Insurance (Hong Kong) Limited 昆士蘭保險(香港)有限公司



33/F, Oxford House, Taikoo Place
979 King's Road, Quarry Bay, Hong Kong
香港鰂魚涌英皇道 979 號太古坊濠豐大廈 33 樓

Claims
理賠
Hotline 熱線
Fax 傳真
Email 電郵

Hang Seng Bank Customers
恒生銀行客戶
852 2828 3133
852 3607 0529
claims.gihk@qbe.com

Other Customers
其他客戶
852 2877 8608
852 3607 0529
qbehksiclaims@qbe.com

www.qbe.com/hk

A. NOTES 注意事項

- All questions must be answered. If not applicable, please write "N/A". You may attach additional sheet(s) if necessary.
所有問題必須作答。如不適用者，請填上「不適用」。如有需要，可附上額外紙張。
- Please return this claim form together with the following documents. For document (a), please send the original to us by post; all copies of the other documents can be provided to us by post, fax or email.
呈交此索償申請表時，請一併遞交以下文件。請將文件 (a) 正本郵寄至本公司；其他文件副本可郵寄、電郵或傳真至本公司。
 - Original letter of authorization to the Police duly signed by the driver (template on the last page of this form)
司機正式簽署之警察授權書正本（列於本表格最後一頁）
 - Copy of driver's Hong Kong Identity Card and driving license
司機之香港身份證及駕駛執照副本
 - Copy of Vehicle Registration Document (both sides)
車輛登記文件副本（正面及背面）
 - Copy of Motor vehicle license
行車證副本
 - Copy of police statement
口供副本
 - Copy of screening breath test result form, if any
檢查呼氣測試報告副本(如適用)
 - Colour Photos of the accident scene and involved vehicles, if available
意外現場及索涉車輛之彩色照片(如適用)
 - Car camera record, if any
行車記錄儀紀錄（如適用）
- The issue of this claim form is not an admission of liability by QBE Hong Kong.
發出此索償申請表並不代表昆士蘭保險香港承認任何責任。
- Any communication including letters, claims, writs, summons and legal document which the insured and / or the insured driver receive in any way connected with this accident must be notified and forwarded to QBE Hong Kong immediately upon receipt. You must not respond to any of them without the written consent of QBE Hong Kong.
保戶及 / 或受保司機如收到任何有關此意外之信件、索償、令狀、傳票或法律文件等，應立即通知及交予昆士蘭保險香港處理。未經昆士蘭保險香港書面同意，請勿自行回覆。
- No admission, offer, promise, payment or indemnity shall be made in respect of liability for property damage, bodily injury or death without the written consent of QBE Hong Kong.
未經昆士蘭保險香港書面同意，請勿就財物損毀或人命傷亡承認任何責任、提出建議、給予承諾，支付任何款項或賠償。
- We may contact you for further information / document(s) if necessary
如有需要，本公司將要求閣下提供額外資料 / 文件以處理索償事宜。

B. DETAILS OF THE INSURED 保戶資料

How did you purchase the insurance policy?
閣下從何處購買此份保單？

- Hang Seng Bank Insurance agents / brokers Manulife Others
恒生銀行 保險代理 / 經紀 宏利 其他

Policy no. (if not available, please provide the cover note number)
保單號碼 (如未能提供，請提供暫保單號碼)：

- Cover Comprehensive Third party fire & theft Third party only Property damage
保障類別： 綜合全保 第三者責任及火盜險 第三者責任保險 (commercial vehicle)
商用汽車財產全保

Name of the Insured
保戶名稱：

Address
地址：

Contact Person
聯絡人姓名：

Contact no.
聯絡電話：

Email
電郵：

C. DETAILS OF THE INSURED VEHICLE 受保車輛資料

Has the car been modified or altered from the manufacturer's standard specification? Yes 是
該車是否曾經改裝以致與原廠生產商之標準規格不符？ No 否

Purpose of use at the time of accident Private Commercial On hire Others
發生意外時，該車之用途為： 自用 商用 租賃 其他：

D. DETAILS OF THE DRIVER 司機資料

Relationship with the Insured 與保戶的關係：	<input type="checkbox"/> Myself 司機同屬保戶本人	<input type="checkbox"/> Friend 朋友	<input type="checkbox"/> Employee 僱員
	<input type="checkbox"/> Relative (Relationship) 親屬（關係）	<input type="checkbox"/> Others 其他：	
Date of the first driving license issued (DD/MM/YYYY) 首次獲發駕駛執照日期 (日/月/年)： / /			
Was the driver under the influence of intoxicating liquor or drug? 司機是否在醉酒或藥物影響下駕駛？		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
Was the screening breath test conducted after the accident? 司機是否於意外後曾接受酒精測試		<input type="checkbox"/> Yes, breath test result is _____ microgram(s) of alcohol 是，結果為 _____ 微克酒精 <input type="checkbox"/> No 否	
Please provide the following details if the driver is not the Insured. 如司機非保戶本人，請提供以下資料。			
Name 姓名：		Address 地址：	
Email 電郵：		Contact no. 聯絡電話	
Did the driver obtain permission from the Insured to use the vehicle? 司機是否已得到保戶授權駕駛該車輛？		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	

E. DRIVING & INSURANCE HISTORY 駕駛及保險記錄

Was the Insured or the driver convicted of any motoring offence or faced with any prosecution pending during the 3 years immediately before the present accident (except illegal parking)? 在是次意外日期前最近三年內，保戶或司機是否曾觸犯交通條例而被定罪或面對任何審理中之檢控（違例泊車除外）？			
The insured 保戶：	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	Driver 司機：	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If "Yes", please provide particulars (including the offence involved and date). 如「是」，請提供詳情（包括涉及之罪行及日期）。			
Did the Insured or the driver have any accident(s) / loss(es) in connection with any motor vehicle during the 3 years immediately before the present accident? 保戶或司機在是次意外日期前最近三年內是否曾牽涉有關汽車的任何意外 / 損失？			
The insured 保戶：	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	Driver 司機：	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If "Yes", please provide details of the accident, car registration no. and name of the insurance company involved. 如「是」，請詳述意外情形、有關之車輛登記號碼及保險公司之名稱。			
Did any insurance company ever cancel or refuse to renew your / the driver's motor car insurance, increase the premium, impose compulsory deductibles, or decline your / the driver's proposal in the last 3 years? 保戶或司機在過去三年內是否曾經被其他保險公司取消汽車保單、拒絕續保、增加保費、增加保費、附加強制免責條款或拒絕受保？			
The insured 保戶：	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	Driver 司機：	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If "Yes", please state the name of the insurance company and details. 如「是」，請提供有關保險公司名稱及詳情。			

F. DETAILS OF THE ACCIDENT 意外資料

Date 日期： / /		Time 時間： am / pm 上午 / 下午		Location 地點：	
Speed of the insured vehicle at the time of accident 遇事時受保車輛之行駛速率為：			km / hour 公里 / 每小時	In the driver's opinion, who was at fault? 遇事司機認為那一方的過失？	
Please describe how the accident happened. (This part must be completed even if police statement is attached) 請詳述該意外如何發生。(即使已隨附警方口供, 仍須填寫此欄。)					
Sketch prior to accident 遇事前草圖：			Sketch after accident 遇事後草圖：		
Other vehicle(s) and / or property damaged 其他牽涉車輛及/或財物損毀：					
1. <input type="checkbox"/> Private car 私家車		2. <input type="checkbox"/> Taxi 的士		3. <input type="checkbox"/> Bus 巴士	
5. <input type="checkbox"/> Commercial vehicle 商用車輛		6. <input type="checkbox"/> Tram 電車		4. <input type="checkbox"/> Public light bus 公共小型巴士	
9. <input type="checkbox"/> Personal Property 私人財物		10. <input type="checkbox"/> Government Property 政府公物		7. <input type="checkbox"/> Motor cycle 電單車	
				8. <input type="checkbox"/> Vehicle operated by the Hong Kong Government 政府車輛	
				11. <input type="checkbox"/> Others 其他	
Item No. 項目：	Make & model 牌子及型號：	Registration no.(s) 車輛登記號碼：	Owner / Driver's Name 車主/司機姓名	Tel No. 電話號碼	Details of Damage 損毀情況
Has the driver paid to / or received from any third part vehicle owner, driver, passenger and / or other person(s) as compensation to the damaged property and / or bodily injury? 司機是否已付款予 / 已收取任何第三者之車主、司機、乘客及 / 或其他人士作為損毀財物 / 或人身損傷之賠償？					
<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否					
If "Yes" please state the amount involved and whom it was paid to / received from, together with a copy of the relevant receipt / agreement. 如「是」, 請列明賠償金額及收款人 / 付款人之姓名及呈交有關收據 / 協議書之副本。					
<input type="checkbox"/> The driver has paid to the third party 司機已付款給第三者		Amount 金額：			
<input type="checkbox"/> The driver has received compensation from the third party 司機已收取第三者之賠款		Amount 金額：			
If the other party was at fault, you must lodge a complaint to the police within 10 days of the accident. 如閣下認為對方於本意外有過失, 請於事發後 10 天內向警方提出投訴。					
At which police station was the accident reported 曾向哪所警署報案？				Police report no. 警方報案號碼：	
Date of report (DD/MM/YYYY) 報案日期(日/月/年)： / /				Have you lodged a complaint to the police against the other party / parties? 閣下是否曾向警方投訴其他人士？	
				<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	

G. DAMAGE TO THE INSURED VEHICLE 受保車輛損毀情況

Details of damage 損壞情況：	<input type="checkbox"/> Slight 輕微	<input type="checkbox"/> Serious 嚴重	<input type="checkbox"/> Left 左	<input type="checkbox"/> Right 右	<input type="checkbox"/> Front 頭	<input type="checkbox"/> Rear 尾	<input type="checkbox"/> Others 其他：
Has the vehicle been detained by the government vehicle examination centre for inspection after the accident? 該車是否於意外後被送往政府驗車中心？							<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If "Yes", please state the centre's location. 如「是」，請提供驗車中心地點。							
Will you claim the repair cost of the insured vehicle? (For comprehensive cover only) 閣下是否索償受保車輛的維修費（只適用於綜合全保）						<input type="checkbox"/> Yes, please provide the below information 是，請提供以下資料 <input type="checkbox"/> No 否	
Estimated repair cost (Attach repairer's quotation, if obtained) 估計維修費用（請附修理廠報價單，如有）：						Amount 金額：	
Repairer's name 修理廠名稱：							
Address 地址：							
Contact person 聯絡人：			Contact no. 電話：			File no. 檔案號碼：	
Current location of the vehicle 該車現時位置：			<input type="checkbox"/> Repairer's premises 維修廠 <input type="checkbox"/> Insured's residences / carpark 保戶住處 / 就近停車場 <input type="checkbox"/> Other, please specify 其他，請列明：				

H. DETAILS OF THE INJURED PERSON(S) 傷者資料

Did the accident involve bodily injury or death? 此意外是否牽涉人身傷亡？				<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否			
If "Yes", please state the following details of all injured person(s). 如「是」，請提供所有傷者資料。							
Name 姓名：		Age 年齡：		Gender 性別：		<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	
Position of injury 受傷部位：				Name of hospital 醫院名稱：			
Extent of injury 受傷程度：		<input type="checkbox"/> Slight 輕微	<input type="checkbox"/> Serious 嚴重	<input type="checkbox"/> Dead 死亡	<input type="checkbox"/> Coma 昏迷	<input type="checkbox"/> Fracture 骨折	<input type="checkbox"/> Bleeding 流血
Relationship with the driver 與司機之關係：							
<input type="checkbox"/> Passenger on board of the insured vehicle 受保車輛乘客 <input type="checkbox"/> Pedestrian 路人				<input type="checkbox"/> Passenger on board of other vehicle 其他車輛乘客 <input type="checkbox"/> Others, please specify 其他，請說明			

I. OTHER INSURANCE DETAILS 其他保險資料

Apart from this policy, is there any other insurance covering this claim or potential claim, including those issued by QBE Hong Kong? 除本保險單外，就是次索償或可能引致索償是否同時享有其他保險之保障？		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
If yes, please provide the below information. 如有，請提供以下資料。			
Name of insurer (QBE / other insurers) 保險公司名稱 (昆士蘭保險 / 其他保險公司)：		Policy no. 保單號碼：	
Type of insurance 保單種類：		Claim no. 賠案號碼：	
Policy period 保障期：		Insurer's contact details 保險公司聯繫資料：	

J. DECLARATION & AUTHORIZATION 聲明及授權

Please read the explanatory notes to this form about the Statement of Truth before signing.

在簽署前，請參閱隨此表格附上的有關屬實申述的註釋。

1. I / We hereby declare that the foregoing particulars are true in all respects, that I / we have not withheld from QBE Hongkong & Shanghai Insurance Limited or QBE General Insurance (Hong Kong) Limited (the Companies) any information within my / our knowledge connected with the accident and apart from the insurance policies mention in the form, I / we do not have other policy indemnifying me / us in respect of this accident. I / We understand that the Companies can request for more information.
2. I / We understand the information provided herein is provided on the basis that the same may be used to draw up pleadings on my / our behalf in the event that court proceedings are resulted from the accident / incident concerned. Any false or incorrect information provided by me / us in this form may prejudice the conduct of such proceedings and my / our entitlement to be indemnified under the Policy. I / We also understand where a Statement of Truth is signed on my / our behalf based on false or incorrect information provided by me / us may subject me / us to being found in contempt of court and I / we will be subject to punishment by the Court.
3. I / We confirm that I / We have read the Personal Information Collection Statement ("Notice") and acknowledged and agreed that all personal data and information with respect to me/us which are provided by me / us in relation to this application may be held, used, processed or disclosed to such parties for such purposes as set out in the Notice.
4. I / We understand and agree that the furnishing of this form to me / us, requesting me/us to complete this form and requesting for the authorization herein by the Companies, does not constitute a waiver of any of their right entitled under the terms and conditions of policy.

1. 本人 / 吾等謹此鄭重聲明上述各項資料全部屬實，本人 / 吾等並無對昆士蘭聯保保險公司或昆士蘭保險（香港）有限公司（「保險公司」）隱瞞本人 / 吾等所知有關該意外之任何資料。除於本表格提及的保險單外，本人 / 吾等並無其他保單同時就此意外提供賠償。本人 / 吾等明白保險公司可要求本人 / 吾等提供更多資料。
2. 本人 / 吾等明白本人 / 吾等就本意外 / 事件提供的資料，有可能於日後有關本事件的訴訟中用作草擬狀書。任何失實或不正確資料將可能影響相關訴訟及損害本人 / 吾等就保單索償的權利。本人 / 吾等亦明白當保險有限公司或其代表會代表本人 / 吾等簽署跟據本人 / 吾等所提供的資料所撰寫的「屬實申述」，而當所提供資料有所失實 / 不正確，本人 / 吾等將可能被視為蔑視法庭及受到法庭的懲處。
3. 本人 / 吾等確認本人 / 吾等已細閱收集個人資料聲明（「通知」），並知悉及同意有關於本人 / 吾等於是次申請由本人 / 吾等提供的所有個人資料及其他資料將可能被持有、使用、處理或披露予有關各方以用作「通知」上所載的用途上。
4. 同時，本人 / 吾等明白及同意向本人 / 吾等提供此表格，或要求本人 / 我等完全及提交此表格，及要求本人 / 吾等聲明及授權等，並不構成保險公司保單之條款及條款授予之任何權利。

AUTHORIZATION 授權

By submitting this form, I / We authorize the insurance company and its legal representative to sign on my / our behalf, in any related court proceedings, a statement of truth relating to the facts provided by me / us.

在提交表格，本人 / 吾等授權保險公司及其法律代表，代表本人 / 我等簽署一份，就有關法庭訴訟，根據本人 / 我等提供的事實而立的「屬實申述」。

Signature of the Insured

保戶簽署：

(Please sign with company chop, if incorporated 如屬公司 / 法團，請蓋章)

Date

日期： / /

Signature of the driver

司機簽署：

Date

日期： / /

K. EXPLANATORY NOTES 註釋

STATEMENT OF TRUTH 屬實申述

- As from 2, April 2009, Rules of the High Court and Rules of the District Court require the contents of pleadings be verified by a "Statement of Truth" signed by, or on behalf of a party to court proceedings.

由 2009 年 4 月 2 日起，高等法院及區域法院條例要求所有訴訟狀（包括簽辯書）須由訴訟人或其代表簽署「屬實申述」確實其陳述。

- The Statement of Truth takes the form of a declaration of belief that the facts stated in the relevant pleadings are true. The standard wordings read:

「屬實申述」以相信的事實形式聲明在有關的訴訟狀內陳述的事件均為真確，其標準字句為：

"I believe that the facts stated in this (name of the document) are true".

「本人相信在（文件名稱）內的陳述皆為事實及正確無訛。」

- A person who verifies a pleading without honest belief in the truth of the facts pleaded is liable to proceedings for contempt of court and may be punished.
任何人士在未能誠實相信事實情況下對訴訟狀（包括答辯書）的內容作出屬實聲明，須視作蔑視法庭及被懲罰。
- The Statement of Truth may be signed by a party himself, his legal representative if authorized, or where an insurance company which has a financial interest in the result of the proceeding brought by / against its insured, may sign in its name.
「屬實申述」可由訴訟人，或其授權的律師代表簽署。如其保險公司就訴訟結果有財務上的權益，亦可代表訴訟人簽署。

IMPORTANT 重要事項

In each case, even if the Statement of Truth is signed on behalf of the party, it remains a statement made by the party, and he / she remains liable for the consequences. In other words, if you provide false or incorrect information to the Companies, and the Companies or their legal representative, or legal representative instructed to represent you in the proceedings, sign a statement of truth based on the false or incorrect information you provided, you may be liable to contempt of Court. It is therefore important that you make sure you only provide information which, to your best knowledge and belief, is true and correct.

在每件訴訟案，即使「屬實申述」是代表訴訟人簽署，該「屬實申述」仍繼續是訴訟人的聲明。所以，訴訟人仍須負責其後果。換言之，如閣下提供非真實或不正確的資料予保險公司或其代表律師或保險公司為閣下聘請的律師，而他們基於閣下所提供的非真實或不正確的資料代閣下簽署該「屬實申述」，閣下須負責有關蔑視法庭控罪。因此，閣下須查明所提供之資料是閣下所知及相信確為真實及正確無訛。

注意：中英文版本如有歧異，概以英文版本為準。

PERSONAL INFORMATION COLLECTION STATEMENT

QBE Hongkong & Shanghai Insurance Limited or **QBE General Insurance (Hong Kong) Limited** ("the Company") may use the personal data the Company collects about you, which may include your name, address and other contact details, date of birth, bank account or credit card details, Hong Kong identity card number, information about your dependents and health records, and which we may collect when, for example, you apply for, renew or make a claim under a policy and/or you correspond with us, for the following purposes:

Insurance Services (Mandatory)

1. processing and assessing of applications for any insurance products and daily operation of the related services;
2. administering your insurance policy and providing services in relation to your insurance policy;
3. any alterations, variations, cancellation or renewal of any insurance and related services;
4. investigating, analysing, processing and paying claims made under your insurance policy;
5. invoicing and collecting premiums and outstanding amounts from you;
6. exercising any right under the insurance policy including right of subrogation, if applicable;
7. complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies, law enforcement agencies and court orders;
8. to conduct research, insurance survey and analysis for the purpose of product design and development and improvement of our services to you;
9. for statistical or actuarial research undertaken by the Company, other members of the QBE Group, any agents, third parties or business partners of the Company or its regulators;
10. for the operation and administration of the Company's internal business including without limitation any corporate reorganization;
11. contacting you for any of the above purposes; and
12. other ancillary purposes which are directly related to the above purposes.

The personal data you provide to the Company may be provided or transferred to the following persons in Hong Kong or overseas for the purposes set out in the above paragraph or directly related purposes or as otherwise permitted by applicable law:

- a. any agent, advisor, contractor or third party service provider (whether within or outside the QBE Group) who provides administrative, telecommunications, computer, payment, debt collection, security, research, ratings, consulting services, product design, marketing (where you have consented to direct marketing as described below), data processing or storage or related services or any other person carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to insurance business;
- b. 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;
- c. any members of the Federation by the Federation for any of the purposes referred to in (b) above or directly related purposes;
- d. government bodies, regulators or any other body to whom the Company or any company within the QBE Group is required to or has agreed to make disclosure under any applicable laws or regulations;
- e. lawyers;
- f. auditors; and
- g. other insurance companies within the QBE Group which have undertaken to keep such information confidential.

Some of these persons may be located in countries overseas, namely Australia, Philippines, where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the data protection laws of Hong Kong. That means your personal data may not be protected to the same or similar level as in Hong Kong. However, the Company will only transfer your personal data to a service provider or overseas where the Company is satisfied that adequate levels of protection are in place to protect the integrity and security of any information being processed and compliance with applicable privacy and data protection laws.

In the unlikely event that the Company, any companies within the QBE Group, or its or their brands or substantially all of any of its or their assets are acquired by an unrelated third party, your personal data may be one of the transferred assets. By providing your personal data to the Company, you agree that the Company may disclose your personal data, on a confidential basis, to any prospective transferee and its professional advisors for the purposes of their due diligence investigations, the completion of any such transaction and the continued operation of the acquired business.

You do not have to provide your personal data to the Company, but if you do not provide certain personal data (for example, the information indicated as mandatory on the relevant application, registration or renewal forms, or your contact details if you send us an enquiry), it would not be possible for the Company to process your application and render the services or to otherwise correspond with you.

The Company is committed to ensuring your personal data is kept secure and confidential and not kept for longer than is necessary.

Direct Marketing of Products and Services

To provide a more comprehensive range of financial and insurance services, the Company would like to use your name and the contact details you provide to us (for example, your mobile phone number, residential phone number, office phone number, residential address, correspondence address and email address), alongside information that you provide (including but not limited to) about your age, gender, occupation, personal interests, marital status, family and education (the "Marketing Personal Data"), to provide you with direct marketing communications about the Company's products and services including but not limited to the Company's insurance, banking, financial services, provident schemes and general insurance products but the Company cannot do so without your consent.

The Company intends to share, from time to time, your Marketing Personal Data with any agents, third parties or business partners of the Company for the purpose of marketing to you their insurance, investment fund, provident schemes, and other financial products and services including general insurance products and services, but we will not do so without your written consent.

If you do not want to receive any direct marketing, you may withdraw your consent at any time free of charge by contacting the Company's Data Protection Officer below.

Your Rights

You have the right to ascertain the Company's policies and practices in relation to personal data, and to obtain access to and to request correction of your personal data held by the Company. Your right to access your personal data may be subject to payment of an administrative fee. Requests for such access or correction, to withdraw consent for direct marketing, or for further information about our data privacy policies and practices, can be made in writing to the Data Protection Officer, QBE Hongkong & Shanghai Insurance Limited / QBE General Insurance (Hong Kong) Limited, 33/F, Oxford House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong.

In case of discrepancies between the English and Chinese versions, the English version shall prevail.

November 2018

收集個人資料聲明

昆士蘭聯保保險有限公司及昆士蘭保險（香港）有限公司（本公司）所收集閣下的個人資料，包括姓名、地址及其他聯繫方式、出生日期、銀行帳戶或信用卡資料、香港身份證號碼、有關閣下的家屬資料和醫療記錄、以及本公司日後可能會在閣下投保、續保、索償或與我們通信時收集的資料，本公司可能用作下列的用途：

保險服務（強制）

1. 處理及評估任何保險產品之申請，及有關服務之日常運作；
2. 管理閣下的保單及為閣下的保單提供相關服務；
3. 有關保險產品及服務的任何更改、變更、取消或續保；
4. 閣下保單索償的調查、分析、處理及賠償；
5. 保費通知、收集保費和款項；
6. 行使有關保險單賦予的任何權利包括代位權（如適用）；
7. 遵守及符合任何法例及條例規定的要求、行業守則、指引，監管機構、相關行業認可機構、政府機構、執法機構及法庭頒令的要求；
8. 從事研究、保險調查及開發產品和設計之分析並改善本公司為閣下提供的服務；
9. 由本公司、本集團成員、代理人、商業夥伴、第三方或其監管機構進行的統計或精算研究；
10. 本公司內部業務的運作和管理，包括但不限於公司重組；
11. 就上述任何用途與閣下聯絡；及
12. 與上述用途直接有關之其他附帶目的。

閣下向本公司提供的個人資料可能會提供或轉發予下列在香港或海外的各方人士作前段所述的用途或直接相關的用途或其他適用法律許可的用途：

- 甲. 任何代理人、顧問、承辦商或提供行政、電訊、電腦、付賬、債務追討、保安、研究、評級、諮詢服務、產品設計、市場營銷（如閣下已如下所述同意直銷）、數據處理或儲存或有關服務的第三者服務供應商（不論是否本集團的一部分）或任何其他從事與保險或再保險業務有關的人士，或中介人，或提供索償或調查或其他與保險業務有關的服務供應商；
- 乙. 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的用途，或以便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；
- 丙. 透過聯會提供予任何聯會的會員，以達到任何上述（乙）中提到的或直接相關的用途；
- 丁. 政府機構、監管機構或任何其他本公司或本集團內的任何公司根據任何適用的法律或法規必須或已經同意向其披露有關資料的機構；
- 戊. 執業律師；
- 己. 認可核數師；及
- 庚. 本集團內已承諾將資料保密的其他保險公司。

上列各方可能位於海外，包括澳洲及菲律賓。這些海外國家保障個人資料的法律不一定與香港的有關法律相同，亦不一定能達到相同目的。即閣下的個人資料可能得不到相等於或相近於香港法律下的保障水平。然而，本公司將閣下的個人資料轉發給服務供應商或轉發到海外前，本公司會確保接收資料的一方對有關資料有足夠的保護以保障資料的完整性和安全性，並遵守相關的私隱和個人資料保護法律。

一旦本公司、本集團內的任何公司、或本集團的品牌或實質上的全部資產被無關聯的第三方收購，閣下的個人資料可能會成為被轉讓的資產之一。當閣下向本公司提供個人資料的同時，亦表示閣下同意本公司可能會在保密的基礎上，向有關人士及其專業顧問提供閣下的個人資料，以作他們盡職調查的用途、或以完成有關交易及使被收購的企業可持續經營。

閣下有權拒絕向本公司提供個人資料，但如閣下不向本公司提供某些個人資料（如申請表格、註冊表格或續保表格上必須填寫的資料，或閣下查詢時沒有留下聯絡方法），本公司便不能夠處理閣下的申請，為閣下提供服務或與閣下聯絡。

本公司致力確保閣下個人資料安全和保密，資料的保留時間亦不會超過實際所需。

直接市場推廣產品及服務

為提供更全面的金融和保險服務，本公司可能會使用閣下的姓名及閣下提供的聯繫方式（如手提電話號碼、家居電話號碼、辦公室電話號碼、居住地址、郵寄地址及電子郵件地址）以及其他資料，包括但不限於年齡、性別、職業、個人興趣、婚姻狀況、家庭及教育程度（「市場推廣用途的個人資料」），作為本公司產品及服務的直接促銷，包括但不限於本公司的保險、銀行及金融服務、公積金計劃及一般保險產品。本公司在未得到閣下的同意之前不能使用閣下的個人資料作上述用途。

本公司擬不時與本公司之代理人、商業夥伴及第三方分享閣下作為市場推廣用途的個人資料，以用作向閣下推銷相關的保險、投資基金、公積金計劃及其他金融產品及服務，包括一般保險產品及服務。本公司在未得到閣下的書面同意之前不能使用閣下的個人資料作上述用途。

閣下如不欲收取任何直接市場推廣或銷售，閣下可以在任何時候聯絡本公司的資料保護主任免費撤回閣下的同意。

閣下的權利

閣下有權查明本公司就個人資料的政策和實務，並有權要求查閱及更正由本公司持有有關閣下的個人資料。查閱閣下的個人資料需支付行政費用。有關查閱或更正的要求，或有關撤回個人資料用於直接市場推廣的同意，或如欲索取更多有關本公司的個人資料政策和實務，可致函香港鯉魚涌英皇道 979 號太古坊濠豐大廈 33 樓昆士蘭聯保保險有限公司／昆士蘭保險（香港）有限公司，向資料保護主任提出。

中英文版本如有歧異，概以英文版本為準。

2018 年 11 月

To the officer-in-charge
Hong Kong Police Force, HKSAR
致 香港警務處

Claim No. _____
檔案編號 _____

Authorization 授權書

I hereby authorize any Police Station to disclose to QBE Hongkong & Shanghai Insurance Limited and / or QBE General Insurance (Hong Kong) Limited, and / or their authorized adjudicator / surveyor, any and all information including a copy of my statement concerning the following occurrence for the purpose of assessment of an insurance claim, such authorization to survive me in so far as legally possible. A photocopy of this authorization shall be as valid as the original.

I also agree to provide a copy of my Identity Card for verification.

本人茲授權任何警局披露任何及所有有關以下事件的資料，包括本人的口供副本予昆士蘭聯保保險有限公司，昆士蘭保險（香港）有限公司，及其委託之公證行，以便評估本人的保險索償。如法律上可行，此授權書在本人身故後仍然有效。本授權書的影印本與正本同樣有效。

本人同意提供身份証副本以作核對之用。

Vehicle No.

車輛號碼

Name

姓名

Signature

簽署

(shall be the same as Police statement)
(司機簽署須與警方口供相同)

Police Report No.

警方檔案編號

Date

日期