

PUBLIC LIABILITY CLAIM FORM
公眾責任索償申請表格



It is important that a complete answer be given to every question. If insufficient space is provided for your answers, please continue on a separate sheet.

請詳細填報表格上每一項問題。若填補資料的位置不足，可自備補充頁填寫。

POLICY NUMBER 保單號碼	NAME OF AGENT 保險代理人

INSURED 受保人

Name of Insured 受保人姓名	Occupation/Business 職業/經營業務
Correspondence Address 通訊地址	
Tel No. 電話號碼	Fax No. 傳真號碼
	E-mail Address 電郵地址

PARTICULARS OF THE ACCIDENT 事故資料

Date and Time of Accident
事故發生日期及時間

Place of Accident
事故發生地點

When and by whom was it first notified to you?
在何時及由何人通知閣下?

Detail of description of Accident and cause
事故詳細經過及起因

Have you ever experienced similar nature of Accident?
你以往是否遇過類似性質的事故

If "YES", state details and date(s) of Accident(s).
若「是」，列明詳情及何時發生

Has any precautionary measures been taken at the time of Accident?
在事故發生時，是否已作出任何安全措施

If "Yes", provide details.
若「是」，提供詳情

Following the Accident, has any remedy work been taken to minimise the loss?
在事故發生後，是否已作出任何應變措施以減低損失

If "Yes", provide details.
若「是」，提供詳情

Have you received any claim from any third party claim?
有否收到任何第三者賠償要求?

If "Yes", provide details.
若「是」，提供詳情

Please state your own view on liability
請說明閣下對責任問題上的意見

WITNESSES 證人

Name(s), Address(es), and Telephone No (s) of witness(es) of Accident, if any
證人之姓名、地址及電話號碼 (如有)

*PLEASE DELETE WHICHEVER IS INAPPLICABLE 請刪去不適用者

CL12 08/13

PARTICULARS OF THIRD PARTY 第三者資料

Complete this Section if: any property was damaged or a person (other than your employee) was injured.
假若意外中有任何財物受損或有人受傷(閣下之僱員除外), 請填妥此部份。

Injured Party 傷者資料

Name 姓名	Sex (M/F) 性別 (男/女)	Age 年齡	Nature & Extent of Injury 受傷性質及程度	Contact Telephone Number &/or Address 聯絡電話及/或地址
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Was the injured person sent to hospital?

傷者有否被送院? _____

Relationship between the Insured and the Injured?

受保人與傷者之關係? _____

Was the accident caused by negligence of the Injured himself / herself?

Yes / No*

意外事件是否由傷者疏忽所致?

是 / 否*

Reason, if any

請說明原因 (如有): _____

Damaged Property (other than the property owned by the Insured)

財物損毀資料 (受保人財物除外)

1. Who is the owner of the property?

誰是受損財物之擁有人? _____

2. The owner's address?

擁有人地址? _____

3. What kind of property involved?

甚麼財物種類? _____

4. What is the nature & extent of damage?

損毀性質及程度? _____

5. The estimated cost of repair?

HK\$

估計修理費用? _____

港幣

DETAILS OF THE PROPERTY MANAGEMENT OFFICE / POLICE / OTHER AUTHORITY

物業管理處 / 警方 / 其他有關機構資料

If the case was reported to the property management office / police / other authority, please provide the following information.

若事件已報告物業管理處 / 警方 / 其他有關機構, 請填寫下列資料。

Name & address of the property management office / police station / other authority reported to:

物業管理處 / 報案警署 / 其他有關機構名稱和地址:

Name 名稱 _____

Address 地址 _____

Report / Reference No. 報案/檔案號碼 _____

Date of Report 報案日期 _____

OTHER INSURANCE DETAILS 其他保險資料

Was there any other insurance covering this accident at the time of occurrence?

Yes / No*

是次事故於發生時是否受保於其他保險?

是 / 否*

If "YES", please provide name of insurer

若「是」, 請提供保險公司名稱 _____

Type of insurance 保險種類 _____

Policy no. 保單號碼 _____

Claim no. 索償號碼 _____

PARTICULARS OF MAIN CONTRACTOR OR CONTRACTOR 總承建商或承建商資料

Was there any work being performed under a contract entered with the main contractor or contractor at the time of Accident? Yes / No*
在事故發生時, 是否有任何工作是根據與總承建商/承建商所訂立之合約下進行? 是 / 否*

If "Yes", provide details. _____

若「是」, 提供詳情 _____

Is the main contractor or contractor entitled to claim under any other insurance policy in respect of this incident? Yes / No*
總承建商/承建商是否就是次事故有權向其他保險公司索償? 是 / 否*

If "YES", please provide name of insurer _____

若「是」, 請提供保險公司名稱 _____

Is there any contractual agreement entered with the Main Contractor/Contractor? Yes / No*
是否與總承建商/承建商有訂立任何合約協議? 是 / 否*

If "Yes", who shall be responsible for the insurance coverage against liability for third parties? _____

若「是」, 誰負責投購第三者保險? _____

*PLEASE DELETE WHICHEVER IS INAPPLICABLE 請刪去不適用者

DECLARATION 聲明

I/We declare that the above information is in all respect true and complete to the best of my/our knowledge and belief.

本人 / 吾等聲明, 本人 / 吾等所深知及確信, 上列資料均屬真確無訛。

In accordance with the provisions of the Personal Data (Privacy) Ordinance of Hong Kong (the "Ordinance"), by signing below, I/we consent that the personal information collected or held by FWD General Insurance Company Limited ("FWD") (whether contained in this Application or otherwise obtained) is provided and may be disclosed to individuals or organisations within or outside of Hong Kong in accordance with the terms set out in the Personal Information Collection Statement below and the provisions of the Ordinance.

Moreover, I/we hereby authorise FWD to obtain access to and/or to verify any of my/our data with the information collected by any association, federation or similar organisation of insurance companies that exists or is formed from time to time (the "Federation") from the insurance industry.

根據香港個人資料(私隱)條例(以下簡稱「條例」), 本人 / 吾等簽署如下, 同意富衛保險有限公司(以下簡稱「富衛」)按照載於下文收集個人資料聲明條款及條例的規定, 收集所得或持有之本人個人資料(該等資料可能在此表格提供或從其他途徑得到)可透露予本港或海外之個人或組織機構。

此外, 本人 / 吾等現授權富衛由現存或不時成立之任何保險公司的協會或聯會或類同組織(以下簡稱「聯會」)從保險業內收集的資料中查閱及 / 或核對本人 / 吾等之任何資料。

Personal Information Collection Statement

The information you provide to FWD is collected to enable FWD to carry on insurance business and may be used for the purpose of

- any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service;
- any claim or investigation or analysis of such claim;
- exercising any right of subrogation; and

may be transferred to:

- any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation; or other service provider providing services relevant to insurance business for any of the above or related purposes;
- the Federation 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; and
- any members of the Federation by the Federation for any of the above or related purposes.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by FWD. Requests for such access can be made in writing to the Data Privacy Officer at 1/F, FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong.

收集個人資料聲明

閣下提供的資料, 為富衛提供保險業務所需, 並可能使用於下列目的

- 任何與保險或財務有關的產品或服務, 或該等產品或服務的任何更改、變更、取消或續期;
- 任何索償、或該等索償的調查或分析
- 行使任何代位權;

及可能移轉予:

- 任何有關的公司, 或任何其他從事與保險或再保險業務有關的公司, 或與保險業務有關的中介人或索償或調查或其他服務提供者, 以達到任何上述或有關目的;
- 聯會, 以達到任何上述或有關目的, 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; 及
- 或透過聯會移轉予任何聯會的會員, 以達到任何上述或有關目的。

閣下有權查閱及要求更正由富衛持有有關閣下的個人資料, 如有此項要求, 可書面向香港中環德輔道中 308 號富衛金融中心 1 樓資料私隱主任提出。

Signature of Insured (with Company Chop, if applicable)
受保人簽名 (及公司蓋章, 如適用)

H.K.I.D. Card No. / B.R. No.
香港身份證號碼 / 商業登記號碼

Date
日期

CLAIM DOCUMENTS 一般索償所需文件

1. Incident Report / Property Management Report
事故報告 / 管理處報告
2. Police Report
警方報告
3. Copy of statement made to the Police by the witness
證人向警方錄取的口供紙副本
4. Photos showing the scene of the accident and extent of third party property damage and /or bodily injury
請提交意外現場及第三者財物損壞程度及/或人身傷害的照片
5. Any correspondences received from the third party
任何已收到的第三者索償文件

NOTES 注意事項

1. All questions must be answered. If not applicable, write “N/A”.
所有問題必須作答。如不適用者，請填上「不適用」。
2. The issue of this claim form is not an admission of liability by the Company.
發出此索償申請表並不代表本公司承認任何責任。
3. Please do not make any admission, offer or promise of payment or payment without the Company’s prior written consent.
在沒有獲得本公司書面同意的情況下，不得作出任何承認、提議、承諾付款或付款。
4. Any third party correspondence, summons or writs should be forwarded to the Company immediately unanswered.
對於任何第三者的通告、傳票或書面命令，請不要回覆，並立即提交本公司，以便處理。