

PUBLIC LIABILITY INSURANCE CLAIM FORM

公眾責任保險索償表格

INSURED DETAILS / 保戶資料

1) Name of Insured 保戶姓名 _____	
2) Policy No. 保單號碼 _____	3) Name of contact person 聯絡人 _____
4) Address 地址 _____	5) Tel. No. _____

ACCIDENT DETAILS / 意外資料

1) Date of accident 意外日期 _____	2) Time 時間 _____ a.m. / p.m. 上午/下午
3) Where did the accident occur? 意外在何處發生? _____	
4) How did the accident occur? 意外如何發生? _____	
5) When, and by whom was the accident reported to you? 意外由誰人及何時通知閣下? _____	
6) Have you received any complaint before the happening of this accident? 意外發生前是否已接獲有關之投訴? <input type="checkbox"/> Yes - If yes, please give full details _____ <input type="checkbox"/> No 是 - 如是, 請詳述之 否	
7) Is the accident caused by a defect in the premises occupied by you? 意外是否由於閣下的樓宇失修所致? <input type="checkbox"/> Yes - If yes, please state who is responsible for maintenance and repairs? _____ <input type="checkbox"/> No 是 - 如是, 請提供負責維修及保養該樓宇之負責人資料? 否	
8) In your opinion, whose negligence caused the accident? 依閣下所見, 意外是由哪一方面之疏忽所致? _____	

If the accident resulted in injury to person, please complete - **INJURED PARTY**

假若意外中有人受傷, 請填妥 - 傷者資料

If the accident resulted in damage to property, please complete - **DAMAGED PROPERTY**

假若意外中有財物受損, 請填妥 - 財物損毀資料

INJURED PARTY / 傷者資料

NAME 姓名	SEX M/F 性別 男/女	AGE 年齡	Nature & Extent of injury 受傷部位及程度	Contact telephone number & / or address 聯絡電話 及/或 地址
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**INJURED PARTY / 傷者資料 (Cont'd 續上)**

1) Did you accompany the injured party to consult medical practitioner? 有否陪同傷者求診?

Yes - If yes, please provide the following details:

No

有 - 如有, 請提供下列資料:

否

The name of the medical practitioner & the address of the clinic or hospital 應診醫生姓名及醫院 / 診所地址

The medical advice from the medical practitioner 應診醫生對傷勢的意見

**DEMAGED PROPERTY (not belonging to Insured) / 財物損毀資料(保戶財物除外)**

1) Who is the owner of the property? 受損財物屬誰? \_\_\_\_\_

2) The owner's address? 物主地址? \_\_\_\_\_

3) What kind of property involved? 甚麼財物受損? \_\_\_\_\_

4) What is the nature & extent of damage? 損毀程度? \_\_\_\_\_

5) The estimated cost of repair, if known? 修理費約為? \_\_\_\_\_

**POLICY REPORTING DETAILS / 報案詳情**

Have Police Authorities been informed? 是否已向警方報案?

Yes - If yes, please provide the relevant details

No

是 - 如是, 請提供相關資料

否

**WITNESSES / 見証人**

Whenever possible please obtain names, addresses and telephone numbers of witnesses, by standers or persons in the immediate vicinity who may have seen the accident. 請提供任何目擊此宗意外人仕的資料

Name 姓名

Contact telephone number & / or address 聯絡電話及 / 或地址

**DECLARATION / 聲明**

I / We hereby declare that to the best of our knowledge and belief, the above statements are fully and truly made.

Signature Chop of Insured ad chop 保戶簽署及蓋章

Date 日期