

To avoid any delay in the administration of your claim it is imperative that *each* question on this report form be *fully* answered.

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。

PUBLIC LIABILITY CLAIM FORM 公眾責任賠償申請表

The Insured 受保人

Name Policy No.
姓名 保單號碼
Address Telephone No.: Daytime Contact No. Home
地址 電話號碼 日間聯絡電話 住宅
..... Occupation H.K.I.D. Card No.
..... 職業 身份證號碼

The Occurrence 事發情況

Date Time am/pm Place
日期 時間 上午 / 下午 地點
Who discovered the loss or damage?
誰發現此損失事件？
To whom was complaint first made?
誰是第一個被投訴的人？
By whom:
投訴者姓名：
Suspected cause of the loss or damage:
懷疑造成損失的原因：
Explain exactly what happened:
請詳述失事經過：

Who caused the accident?
誰人引致這宗意外發生？
Name Address:
姓名 地址
Employer(s) of the above person?
上列人士的僱主？
Contact person Address:
聯絡人姓名 地址
Has any accident due to the same cause happened before? Yes / No
以往曾否有任何基於相同原因而發生的意外？ 有 / 沒有
If yes, please give details:
如有，請詳細說明：

If accident involved sub-contractor or any of their employees, please give details
如意外牽涉分包承判商或其員工，請詳細說明：
Name Address:
姓名 地址
Employers:
僱主：
Public Liability Insurer Policy Number:
公眾責任承保人 保單號碼：

Particulars of Other Party:

他人損失情況

Particulars of bodily injury (if any)
受傷者詳情

Name of Person(s) Injured 受傷者姓名	Age (appr.) 年齡 (大約)	Address 地址	Driver, Pedestrian, Passenger, Other, (describe) 傷者為駕駛人、行人、乘客或其他	Nature of Injuries 受傷情況	How cared for 如何救治

Is there any property damaged?

是否有財產損失

Yes / No

有 / 沒有

Who is the owner of the damaged / lost property?

誰是受損 / 遺失財產的物主?

What is the relationship between the property owner and the Insured?

財產的物主和投保人的關係?

Estimate value of the loss or damage?

估計損失的價值?

Witnesses:

證人

Name(s) 姓名	Age 年齡	Address(es) 地址	Under your employment? 是否受僱於閣下?

Police Details 報警詳情

Has the case been reported to the Police?

是次意外是否已報案?

When:

何時

Which Police station reported to:

報案警局名稱

Police report No.:

報案號碼

Did Police attend the scene?

警察曾否到現場?

Was a statement furnished to the Police?

是否曾錄下証供?

Have you received any claim request? If so, from whom?

閣下有否接到賠償要求? 如有, 是誰提出該要求?

Please submit to us all the claims documents, if any. 請提交所有要求賠償的文件給我們

Please give a sketch of the accident:

請簡單繪畫出意外發生的情形:

I/We hereby claim the benefit of the Policy, and declare the foregoing particulars to be true and correct, and that I/We have not withheld any information which may affect the acceptance of the claim under the Policy. I/We undertake to render the Company every assistance in my/our power in dealing with the matter. I/We agree that the Company shall have authority to settle or otherwise deal with any claim made against me/us in respect to the said Loss/Damage.

本人(吾等)在此提出索償,並謹此聲明上述細節均真確無訛,亦無隱瞞任何足以影響索償之事實。於貴公司處理此案索償時,本人(吾等)同意在本人(吾等)的權限內作出任何協助,並同意貴公司有全權解決或處理因此意外而向本人(吾等)提出之任何索償。

Personal Information Collection Statement

The information I(we) provide to the Company is collected by the Company to enable it to carry on insurance business and may be used for the purpose of

- (1) underwriting any insurance product or service any additions, alteration, variations, cancellations, renewal or reinstatement of them;
- (2) claim processing;
- (3) direct marketing and data matching; or
- (4) communication with me(us)/the Insured/the Payor/Claimant/our employees (if applicable);

AND may be transferred to any related company or any other company carrying on insurance or reinsurance or related business or an intermediary or claims investigation or other service provider providing services relevant to insurance business or professional advisors or 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 for any of the above or related purposes or any individuals/organizations associated with the Company or any selected party as the Company may consider necessary whether local or overseas.

Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our(including our employees') data with the information collected by the Federation from the insurance industry.

The information I(we) give is on a voluntary basis. However, failure to supply information result in the Company being unable to process my(our) application/claim. In accordance with the terms of the Personal Data (Privacy) Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request. I(We) have the right to obtain access to and to request correction of any personal information concerning myself/ourselves (including our employees where applicable) held by the Company. Requests for such access can be made in writing and addressed to: Allianz Global Corporate & Specialty SE Hong Kong Branch.

個人資料收集聲明

所有由本人(吾等)提供給貴公司的資料,將被用作以下與貴公司的保險業務有關的用途:

- (1) 任何承保保險有關的產品或服務,該等產品的任何增訂、更改、變更、取消、續期或復效;
- (2) 索償;
- (3) 直接推廣及資料核對;
- (4) 與本人(吾等)/受保人/付款人/索償人/吾等的僱員(如適用)之溝通;

同時可能被轉交至現存或不時成立的有關公司,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調查公司或其他與保險業務有關的服務供應者及專業顧問、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目的,或以使"聯會"執行其管職能,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,以達到任何上述或有關目的、或任何與貴公司有關聯繫之個人/組織,又或任何被選定之本地或海外的第三方。

此外,貴公司亦有權透過"聯會"獲取本人/吾等(包括吾等僱員)的個人資料作核對之用。

本人(吾等)所提供的資料全屬自願性質。但是,貴公司可能由於本人(吾等)未能提供足夠資料的情況下,無法處理本人(吾等)的申請。根據個人資料(私隱)條例的規定,貴公司有權向本人(吾等)收取查閱本人(吾等)個人資料的合理費用。本人(吾等)有權查閱或修改本人/吾等(包括吾等僱員,如適用)提供予貴公司所持有的資料。本人(吾等)明白本人(吾等)若需查閱本人(吾等)的個人資料,將需以書面形式提出及致函到:安聯環球企業及專項保險-香港分公司。

Consent

In accordance with the provisions of the Personal Data (Privacy) Ordinance of Hong Kong, I/we consent, by signing below, that the personal information provided by me/us whether relating to me/us or to other persons named herein (including our employees where applicable) and held by the Company (whether contained herein or otherwise obtained) may be held, used, disclosed, released and transferred by the Company to the parties and for the purposes mentioned in the "Personal Information Collection Statement" herein.

同意書

根據香港個人資料(私隱)條例的規定,本人/吾等在以下簽署,並同意貴公司所持有本人/吾等(包括吾等僱員如適用)之個人資料(不論載於本申請書或從其他地方獲得),一律可供貴公司持有、使用、披露、透露及轉移予其他人土作"個人資料收集聲明"中之用途。

ALL COMMUNICATIONS RELATING TO THE ACCIDENT MUST BE FORWARDED IMMEDIATELY UNANSWERED TO THE COMPANY FOR ATTENTION
如接獲任何有關文件,請勿作答,必須立即交予本公司以便採取適當行動

Date:

日期

Signature:

簽名

(Insured)保戶

(中文乃譯文,如遇字意混淆,以英文為準)