



# 合群保險有限公司 Concord Insurance Co., Ltd.

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## Pleasure Craft Insurance Claim Form 遊艇保險索償表格

Please submit copy of the following documents with this form: 請附下列文件影印本:

- (1) Pleasure Craft Licence  
所保遊艇牌照資料
- (2) Valid driving licence and Identity Card of the navigator  
駕駛員之有效的駕駛執照及身份證
- (3) Accident report or other concerning documents issued by Police/Marine Department  
警方/海事處報案紙及發出有關文件
- (4) Police Statement  
警方口供紙
- (5) Photos depicting damage of the Pleasure Craft  
遊艇之損毀相片

### A) THE INSURED 投保人

Policy no. 保單號碼	:	_____
Name of Insured 保戶姓名	:	_____
Occupation 職業	:	_____
Address 地址	:	_____
Tel. no. 電話號碼	:	_____
E-mail address 電郵地址	:	_____

### B) PARTICULARS OF CRAFT 受保遊艇之細節

Name of Vessel 船名	_____	Licence No. 牌照號碼	_____
Year of manufacturing 製造年份	_____	Engine No. 引擎號碼	_____
For what exact purpose was the craft being used 遊艇當時之用途	<input type="checkbox"/> Social Domestic & Pleasure 社交及遊樂	<input type="checkbox"/> For hire or reward 出租	
Was the craft in a safe and seaworthy condition? 當時遊艇是否適合在海上航行	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否	

### C) PARTICULARS OF NAVIGATOR 駕駛員之細節

Name of Navigator 駕駛員之姓名	_____	Occupation 職業	_____
Address 地址	_____		
Licence No. 駕駛執照號碼	_____	Date of expiry 執照屆滿日期	_____
Year of handling craft 駕駛遊艇年資	_____		
Was the Navigator navigating with the Insured's order or permission? 駕駛員是否得保戶同意或許可駕駛該遊艇?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		
State whether the Navigator is 駕駛員之身份為	<input type="checkbox"/> Owner 船主	<input type="checkbox"/> Employee 僱員	<input type="checkbox"/> Relative or Friends 親朋



## E) DAMAGE TO INSURED CRAFT 受保遊艇損壞詳情

Details of damage

損壞情況 \_\_\_\_\_

Estimated cost of repairs (Please attach repairer's estimate if obtained)

估計修理費用(請附估價單) \_\_\_\_\_

Repairer's name, address & telephone number

修理廠名稱、地點及電話號碼 \_\_\_\_\_

Is the craft at the repairer's premises?  Yes 是  No 否 If "No", please state its location

該遊艇是否已在修理廠? \_\_\_\_\_

如"否", 請說明該遊艇在何處 \_\_\_\_\_

## F) INJURY TO PASSENGER OF THE CRAFT 受保遊艇之乘客受傷詳情

Name and address of the injured passenger

受傷乘客之姓名及住址 \_\_\_\_\_

Extent of injury

受傷程度 \_\_\_\_\_

Is the injured passenger under your employment?  Yes 是  No 否

受傷乘客是否閣下之僱員 \_\_\_\_\_

Has the injured passenger been taken to hospital or medically attended? If so, please give name and address of the hospital or doctor.

受傷乘客有否被送往醫院或接受治療? 如有, 請列述該醫院或醫生之名稱及地址 \_\_\_\_\_

## G) DAMAGE TO THIRD PARTY PROPERTY 第三者財物損壞詳情

Name of property owner

物主姓名 \_\_\_\_\_

Tel no.

電話號碼 \_\_\_\_\_

Address

地址 \_\_\_\_\_

Has any notice of claim been made?  Yes 是  No 否 If "Yes", please submit the relevant document.

閣下曾否收到索償要求? \_\_\_\_\_

如"是", 請提交有關文件 \_\_\_\_\_

Was liability admitted by you or by third party?  Yes 是  No 否

閣下或其他人等有否答應承擔責任? \_\_\_\_\_

## H) THIRD PARTY BODILY INJURY 第三者人身受傷詳情

Was there any person(s) injured / fatal?  Yes 是  No 否 (If "Yes" please complete the attached Questionnaire)

是否有人受傷 / 死亡? \_\_\_\_\_

如"是" 請填寫附上之問卷 \_\_\_\_\_

Name of Injured/fatal

傷者姓名 \_\_\_\_\_

Age

年齡 \_\_\_\_\_

Sex

性別 \_\_\_\_\_

Address

地址 \_\_\_\_\_

**All communications relating to the accident must be forwarded unanswered immediately to the Concord Insurance Co Ltd for attention; otherwise your indemnity may be adversely affected.**

閣下如接到有關是次意外之任何函件必須立即轉交本公司以便處理,並切勿對這些函件作出任何回覆。否則閣下之索償事宜可能受影響。

## DECLARATION & AUTHORIZATION 聲明及授權書

I/We hereby declare that to the best of my/our knowledge and belief the above statement and particulars contained herein are in all respects true and complete and are made without reservation of any kind. I/We agree that any of my/our/the Insured's personal information collected or held by Concord Insurance Co Ltd ("Concord")(whether contained in this claim form or otherwise obtained) is provided and may be held, used and disclosed by Concord to individuals/organization associated with Concord or any selected third party (within or outside Hong Kong, including reinsurance and claim investigation companies and industry associations/federations and other service providers providing services relevant to insurance business) for the purpose of processing this claim.

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，並無任何保留。本人／我們同意如為處理有關本索償事宜，合群保險有限公司可使用所收集及持有關於我／我們／受保人的個人資料（包括在此索償表格內或其他地方之資料）或將該等資料給予有關人士或機構（包括在香港境內或境外之再保公司）、賠償調查公司、保險業協會／聯會及其他提供保險業有關服務之公司等）。

Date

日期

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Insured's Signature

保戶簽署

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(with company chop, if appropriate)

(公司蓋章, 如適用)

Date

日期

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Navigator's Signature

駕駛員簽署

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## BODILY INJURY QUESTIONNAIRE

### 人身意外受傷問卷

Policy No. Date of Accident  
保單號碼 : \_\_\_\_\_ 意外發生日期 : \_\_\_\_\_

1. Identity of the injured? 請說明該傷者之身份 <input type="checkbox"/> Passenger 船上乘客 <input type="checkbox"/> Passenger of third party craft 第三者船上乘客 <input type="checkbox"/> Others 其他
2. Give the following details of the injured: 請描述該傷者: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女    Approximate age 年齡 _____
3. Did the injury appear minor or serious? 該傷者所受傷害之程度屬於輕微或嚴重? _____
4. Please put a tick in the appropriate box regarding the apparent injury suffered by the injured: 請指出下列有關傷者受傷之部位: <input type="checkbox"/> Right Leg 右腿部 <input type="checkbox"/> Right Arm 右臂部 <input type="checkbox"/> Head 頭部 <input type="checkbox"/> Left Leg 左腿部 <input type="checkbox"/> Left Arm 左臂部 <input type="checkbox"/> Main Body 身軀
5. Do you have any further details regarding the injury suffered by the injured? 請詳述其他有關傷者所受傷害之情況? _____ _____
6. Was blood coming out from any part of the injured? 該傷者當時曾否在下列部位出血? <input type="checkbox"/> Ears 耳部 <input type="checkbox"/> Eyes 眼部 <input type="checkbox"/> Nose 鼻子 <input type="checkbox"/> Mouth 口部
7. Was the injured conscious after the accident? 該傷者在遇事後是否清醒? _____
8. Was the injured able to walk after the accident? 該傷者在遇事後能否步行? _____
9. Has the injured been taken to hospital? If yes, which hospital? 該傷者有否被送往醫院? 如有,那一間醫院? _____
10. Did the injured walk to the ambulance or was he or she carried? 該傷者是自行上救護車抑或由救護人員抬上救護車? _____