



合群保險有限公司 Concord Insurance Co., Ltd.

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Public Liability Insurance Claim Form 公共責任保險索償表格

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) CIRCUMSTANCES OF ACCIDENT 發生意外情況

Date of accident	_____	Time	_____	<input type="checkbox"/> a.m. 上午	<input type="checkbox"/> p.m. 下午
意外發生日期	_____	時間	_____		
Location	_____				
地點	_____				
Detailed description of accident. (If there was any bodily injury involved in the accident, please complete the attached Questionnaire)					
請詳述發生意外情況 (如遇有任何人身傷亡, 請填寫附上之問卷)					

C) DAMAGE TO PROPERTY OF OTHERS 受損物主資料

Name of property owner 物主之姓名	a) _____
	b) _____
	c) _____
	d) _____
Details & extent of damaged property 財物損毀之詳情	a) _____
	b) _____
	c) _____
	d) _____

D) GENERAL INFORMATION 一般資料

Is/are other wrongdoer(s) involved in the same accident? If yes, please state the name(s), address(es) & telephone No(s) of the wrongdoer(s)?
有否其他犯錯者牽涉在這宗事件中, 如有, 請詳述其姓名, 地址及電話號碼。

Has any communication, verbal or written, been made to you by or on behalf of any injured person(s) or owners(s) of the damaged property? If so, give particulars (any written communication received must be forwarded to us immediately unanswered for our handling)
閣下曾否收到有關是次事件之任何函件或投訴。(如有,請把有關之函件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)

Has any step been taken to compromise or settle the matter? If so, please state its nature and by whom it was carried out with compensation figure and withhold any further communication with any involved party.
有否為這事件作出任何承諾及賠償? 如有, 請詳述其性質, 執行者及賠償數目並即時停止一切與意外事件有關人等之商討。

When and by whom was the accident reported to you?
閣下是從何人及何時得知此事件?

Name(s), address(es) and telephone No(s). of witness(es) of accident, if any.
目擊証人之姓名, 地址及電話號碼

Was the accident reported to the police? If so, at which station.
事件有否報案及在何區警署報案 _____

Name of Informant _____ Police Report No. _____
報案人姓名 _____ 警方檔案號碼 _____

*Please attach a copy of the police statement /loss memo. 請附上口供紙/報失紙副本

Enclose photographs of the scene, if any.
請寄附現場環境之相片 (如有)

IMPORTANT NOTES 重要事項

- This form should be submitted to us immediately after the accident together with all supporting documents.
- All communications relating to the accident must be forwarded unanswered immediately to us for attention; otherwise your indemnity may be adversely affected.
- 請填妥此表格連同所有索償文件於意外發生後盡快提交本公司以便處理閣下之索償
- 閣下如接到有關函件於未答覆前必須立即轉交本公司以便採取適當之行動, 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

Insured's Signature
保戶簽署

(with company chop, if appropriate)
(公司蓋章, 如適用)

BODILY INJURY QUESTIONNAIRE

人身意外受傷問卷

Policy No. _____
保單號碼 : _____

Date of Accident _____
意外發生日期 : _____

1. Identity of the injured? 請說明該傷者之身份 <input type="checkbox"/> Resident 住客 <input type="checkbox"/> Visitor 訪客 <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. Do you have any idea on whether the injured was using any walking aids at the time of accident? 該傷者是否使用拐杖輔助步行? <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 <input type="checkbox"/> No idea 不清楚
4. Do you have any idea on whether the injured was engaging in the mobile phone or musical appliance at the time of accident? 該傷者是否正在使用手提電話或任何耳筒音響器具 <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 <input type="checkbox"/> No idea 不清楚
5. Do you have any idea on the appearance and wearing of shoes of the injured at the time of accident? 該傷者受傷時穿着何種服飾及鞋 _____
6. Did the injury appear minor or serious? 該傷者所受傷害之程度屬於輕微或嚴重? _____
7. 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
8. 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? _____
9. 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
10. Was the injured conscious after the accident? 該傷者在遇事後是否清醒? _____
11. Was the injured able to walk after the accident? 該傷者在遇事後能否步行? _____
12. 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? _____
13. 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? _____