



MSIG Insurance (Hong Kong) Limited
 9/F Cityplaza One 1111 King's Road
 Taikoo Shing Hong Kong
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 Website : www.msig.com.hk

Macau Branch
 Avenida Da Praia Grande No. 693
 Edif Tai Wah, 13th Andar A & B, Macau
 Tel : (853) 2892 3329
 Fax : (853) 2893 3349

Public Liability Claim Form 公共責任意外索償表格

(Please complete in BLOCK letters)

(請以正楷填寫)

Procedures and Notes:

1. Please submit the Claim Form to us within 30 days from the date of accident/ discovery.
2. Please submit a completed Claim Form, together with original copies of all relevant documents to:

MSIG Insurance (Hong Kong) Limited
 Claims Division
 9/ F Cityplaza One
 1111 King's Road
 Taikoo Shing Hong Kong

3. Incomplete Claim Form cannot be accepted for processing of payment.
4. Further information may be needed.
5. 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.
6. For inquiry, please call our Claims Services Hotline at 2894 0660.

程序及備註：

1. 請將索償表格於事發／發現後之 30 天內呈交本公司。
2. 請將填妥之索償表格連同有關證明文件之正本寄回：

三井住友海上火災保險（香港）有限公司
 理賠部
 香港太古城
 英皇道 1111 號
 太古城中心一期 9 樓

3. 未經填妥之索償表格，將不獲接受索償處理。
4. 稍後可能需要提供進一步資料。
5. 請回答所有問題，若需要，請另附紙張繼續填寫。
6. 如有任何查詢，請致電我們的賠償服務熱線 2894 0660。

THIS FORM IS ISSUED WITHOUT ADMISSION OF LIABILITY. PLEASE COMPLETE AND RETURN THIS FORM TO OUR CLAIMS DIVISION IMMEDIATELY AFTER THE OCCURRENCE IN THE EVENT OF ANY CLAIM OR POTENTIAL CLAIM UNDER THE POLICY.

提供此報告書予閣下不應被視為本公司的賠償承諾。於事故發生後，如已確實發生或可能發生索償事件，閣下必須填妥此報告書內有關項目並立即交回本公司理賠部。

Insured's or Policyholder's Information 受保人或保單持有人資料

Name of Insured / Policyholder 受保人／保單持有人姓名		Policy No. 保單號碼	
Correspondence Address 通訊地址			
Contact Person 聯絡人姓名		Daytime Contact No. 日間聯絡電話號碼	
Email Address 電郵地址			

Circumstances of Accident 有關意外事故詳情

Date and time of accident 發生事故之日期及時間

Exact place of accident 發生事故之地點

1. When and by whom was it first notified to you?
事件在何時及由何人報告？

2. Detail of description of incident and cause of incident:
事件發生之詳情及引致事件之原因：

3. A copy of the Incident Report, if there is any
如閣下備有事故報告，請提供副本

4. Has any precautionary measure been taken at the time of incident? If "Yes", please give details
在事故發生時，是否已作出任何安全措施？如果「是」，請提供詳情

5. Following the incident, has any remedy work been taken? If "Yes", please give details
在事故發生後，是否已作出任何應變措施？如果「是」，請提供詳情

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

7. Was the incident reported to the police? If so, at which station.
事件有否報案及在何處報警？

8. Please state your own view on liability
請說明閣下對是次事故就責任問題上的意見

Particulars of Main Contractor or Contractor 總承建商或承建商資料

Is there any work by contract undertaken at the time of incident? No Yes if "Yes", please give details as below:
在事故發生時，有否以合約形式的工作進行中？ 否 有 如「有」，提供詳情如下：

Name Trade Contact Tel. No.
名稱 行業 聯絡電話

Address
地址

Is the main contractor or contractor entitled to claim under their respective insurance policy in respect of this incident? No Yes if "Yes", please give details as below:
總承建商／承建商是否就是次事故向其保險公司索償？ 否 是 如「是」，提供詳情如下：

Name of insurance company Policy No.
保險公司名稱 保單編號

Is there any contractual agreement made with the Main Contractor/ Contractor? No Yes
是否已與總承建商／承建商定立任何合約上的協議？ 否 是

If "Yes", who shall be responsible for the insurance coverage against liability for third parties?
如「是」，根據協議書由誰負責投購第三者保險？

Third Parties 第三者資料

Complete this Section if the property was damaged or a person (not your employee) was injured.
假若意外中有財物受損或有人（閣下的僱員除外）受傷，請填妥此部份。

A. Injured Party 傷者資料

Name 姓名	Gender (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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Was the injured person sent to hospital?
傷者有否被送院？

Relationship between you and the injured?
閣下與傷者之關係？

B. Damaged Property (not belonging to Insured) 財物損毀資料 (受保人財物除外)

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？

HK\$ _____
港幣 _____

Additional questions if the premises are occupied for residential purpose:

如果受保物業用作住宅，請提供以下資料：

Are you the owner of the Insured premises?
閣下是否該受保物業的業主？

Yes 是 No 否

Are you the occupier of the Insured premises?
閣下是否居住於該受保物業？

Yes 是 No 否

Were the premises occupied at the time of the loss?
在事發時，住宅是否有人居住？

Yes 是 No 否

If No, please give date and time they were last occupied.
若沒有，請提供最後有人居住的日期及時間。

Age of the building?
該受保物業的樓齡？

Additional questions if you have decorated and/ or renovated the premises:

如閣下曾裝修受保住宅，請提供以下資料：

When was it decorated and/ or renovated?
在何時裝修？

Which part(s) was/ were decorated and/ or renovated (please specify):
曾作裝修的位置（請註明）：

* **IMPORTANT** – Please forward to us all correspondence directly relating to the third party claim and do not admit any liability to third party

* **重要事項** – 如收到第三者的索償，請勿私下作出回覆。閣下必須將該等信件交予本公司。

Declaration & Authorisation 聲明及授權

1. I/We declare that the above information is in all respect true and complete to the best of my/our knowledge and belief;
我／我們就此聲明，以上所述事項均根據我／我們所知及所信的情況下提供，並且為正確及並無遺漏
2. It is agreed that upon request by MSIG Insurance (Hong Kong) Limited. I/We shall make a statutory declaration to re-affirm the genuineness of all the information contained in this claim form; and
若三井住友海上火災保險（香港）有限公司提出有關要求，我／我們將同意作出重申本索償申請表內資料均屬真確的法定聲明；及
3. I, the undersigned claimant, hereby authorise any party concerned to disclose to MSIG Insurance (Hong Kong) Limited or its representative any and all information with respect to my claim. Photostat copy of this authorisation shall be as effective and valid as the original.
本人為下方簽署之索償人。本人現授權有關人士向三井住友海上火災保險（香港）有限公司或其代表提供任何一切有關本人於上述索償中的資料記錄。本授權書之影印本的法律效力等同正本。
4. I believe that the facts stated in this claim form are true and correct. I acknowledge that the Insurers will rely upon the information supplied by me / the policyholder / the insured, which I verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory / the policyholders / insured under this policy, if so required by the Insurers, will be asked and are bound to sign any court documents on the basis of information provided herein.
本人確認此索償申請書內之事實均為真實及正確。本人確認貴保險公司會依靠本人／保單持有人／受保人所提供的資料（本人誠實地相信該等資料是真實和正確的），作為將來進行或辯護任何索賠及訴訟程序之用。如貴保險公司要求，本簽署人／保單持有人／受保人將會及必定同意簽署任何有關倚靠該等資料所準備之法律文件。

Signature of Insured (with company chop if applicable)

受保人／受保人簽署（如屬公司請蓋章）

I.D. Card No. 身份證號碼

Date 日期

Signature of Claimant 索償人簽署

Date 日期

MSIG Insurance (Hong Kong) Limited ("MSIG", "we" or "us") would ask that you take the time to read these terms and conditions carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

PERSONAL INFORMATION COLLECTION STATEMENT

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any document in relation to the Product or any claim made under the Product.

Your personal data may be used for the purpose of:

- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- any sales, marketing, promotion of other general insurance services and products provided by us;
- variation, cancellation or renewal of the Product;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings; or
- exercising any right of subrogation by us.

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- our related, subsidiary or affiliated companies within the MSIG Group or MS&AD Insurance Group in or out of Hong Kong;
- any other company carrying out insurance or reinsurance related business in or out of Hong Kong;
- any association or federation of insurance companies that exists or is formed from time to time; or
- any agent, contractor or third party who provides administrative, claims handling or other services relating to the Product to MSIG or any member of the MSIG Group or MS&AD Insurance Group.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the Hong Kong Personal Data (Privacy) Ordinance, you have the right to request access to and to request correction of your personal data held by us, and to request to opt out from receiving any direct marketing communication from us. If you wish to exercise these rights, please write to our Data Protection Officer.

*The Data Protection Officer
MSIG Insurance (Hong Kong) Limited
9/F., Cityplaza One, 1111 King's Road,
Taikoo Shing, Hong Kong.*

Nothing in this statement shall limit your rights under the Personal Data (Privacy) Ordinance.

三井住友海上火災保險（香港）有限公司（下稱「三井住友保險」、「我們」或「本公司」）請你仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異，將以英文版本為準。

個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，你須向我們不時供給與我們提供之一般保險服務及產品（下稱「產品」）相關的個人資料，讓我們可向你提供客戶服務及改善服務質素。當中包括但不限於你在申請表填寫或任何與產品有關之文件上或任何透過產品索償上所載之個人資料。

你的個人資料可被用於以下用途：

- 向你提供與產品及設施相關之日常運作及行政用途；
- 任何我們提供的其他一般保險服務及產品之銷售、市場營銷及推廣用途；
- 產品變動、取消或更新用途；
- 評估及處理透過產品索償及任何繼後法律訴訟之用途；或
- 由本公司行使代位權利之用途。

就任何上述的用途，我們所收集的個人資料可能會被轉移至：

- 在三井住友保險集團或 MS&AD 保險集團內，在本港或海外與本公司有關之機構、子公司或附屬公司；
- 任何其他在本港或海外經營有關保險或再保險業務之公司；
- 任何現存或不時成立的協會或保險公司聯會；或
- 任何提供行政服務、索償處理或其他與三井住友保險集團或 MS&AD 保險集團成員相關產品服務之代理、承辦商或第三者。

為了確保你的個人資料之準確性，你同意授權本公司查閱並核實任何由保險業內保險公司聯會所收集有關你的個人資料。

根據香港個人資料（私隱）條例，你有權查閱及更正本公司所持的任何載有你的個人資料之記錄，以及要求選擇拒收任何本公司的直銷通訊。如你欲行使以上權利，請以書面形式通知我們的資料保護主任。

*資料保護主任
三井住友海上火災保險（香港）有限公司
香港太古城英皇道 1111 號
太古城中心第一期 9 樓*

此聲明所述之條文並不限制你就個人資料（私隱）條例可行使之權利。