



QBE HONGKONG & SHANGHAI INSURANCE LIMITED
A member of the worldwide QBE Insurance Group
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昆士蘭聯保保險有限公司
澳洲昆士蘭保險集團成員
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CLAIMS HOTLINE 賠償部熱線: (852) 2877 8608
CLAIMS FAX 賠償部傳真: (852) 3607 0530

FOR AGENT USE:

Agent name:

Tel no.:

PUBLIC LIABILITY CLAIM FORM 第三者責任索償申請表

A. NOTES 注意事項

- All questions must be answered. If not applicable, write "n/a".
所有問題必須作答。如不適用者，請填上「不適用」。
- The issue of this claim form is not an admission of liability by QBE Hongkong & Shanghai Insurance Ltd.
發出此索償申請表並不代表昆士蘭聯保保險有限公司承認任何責任。
- If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
若填報資料的位置不足，請填寫於附加紙上。
- Any letters, summons or writs that you receive about the accident should not be answered but be passed to QBE Hongkong & Shanghai Insurance Ltd. immediately.
如收到任何有關這次意外之信件、傳票或令狀，請勿回覆，而應立即交予昆士蘭聯保保險有限公司處理。
- No admission, offer, promise, payment or indemnity shall be made or given by or on behalf of the insured without the written consent of QBE Hongkong & Shanghai Insurance Ltd.
未得昆士蘭聯保保險有限公司書面同意，請勿向第三者承認任何責任、提出建議、給予任何承諾、支付任何款項或賠償。

B. DETAILS OF THE INSURED 保戶資料

Policy no. 保單號碼:	Name of the insured 保戶姓名:		
Address 地址:			
Home tel. no. 住宅電話:	Office tel. no. 辦公室電話:	Mobile tel. no. 流動電話:	
Contact person 聯絡人姓名:	Email 電郵:	Occupation / business 職業 / 行業:	

C. ACCIDENT DETAILS 意外資料

Date & time of accident 意外日期和時間:	Date 日期:	/	/	Time 時間:	am / pm 上午 / 下午
Detailed description of accident / event 意外 / 事件之詳情:					
Please draw a rough sketch illustrating the circumstances of the accident: 請畫出意外發生環境之草圖:			Whose negligence caused the accident? 由於誰人疏忽而引起此意外? Did the same type of accident or similar accident happen before? <input type="checkbox"/> YES 是 是否曾經發生同類或相類似事件? <input type="checkbox"/> NO 否 If "Yes", please give details. 如「是」，請詳細列明。		

D. WITNESS(ES) DETAILS 目擊者資料

Name of witness 目擊者姓名:	Gender <input type="checkbox"/> Male 男 性別: <input type="checkbox"/> Female 女	
Address 地址:		
Tel. no. 聯絡電話:	Email 電郵:	Relationship with the insured and / or third party 目擊者與保者及 / 或第三者之關係:
Name of witness 目擊者姓名:	Gender <input type="checkbox"/> Male 男 性別: <input type="checkbox"/> Female 女	
Address 地址:		
Tel. no. 聯絡電話:	Email 電郵:	Relationship with the insured and / or third party 目擊者與保者及 / 或第三者之關係:

E. THIRD PARTY DETAILS 第三者資料Name of the injured / third party property owner
受傷者 / 第三者物主姓名：Address
地址：Tel. no.
聯絡電話：Age
年齡：Gender Male 男
性別： Female 女.Occupation / business
職業 / 行業：Relationship with the insured
第三者與保戶之關係：Did you receive any third party claim? YES 有
有否收到任何第三者要求賠償？ NO 否If "Yes", please give details.
如「有」，請提供資料。**F. DETAILS OF THE INJURED 受傷者資料**Nature & extent of injury
受傷性質及程度：If medical aid was rendered, please give the name of the doctor
如曾接受醫藥治療，請提供醫生之姓名：Where was the injured taken?
受傷者被送往何處？What right(s) did the injured party have at the premises?
受傷者在發生意外之建築物有何權利？Was the accident caused by negligence of the injured himself / herself? YES 是
意外事件是否由受傷者之疏忽所致？ NO 否Reason, if any
請說明原因(如有):**G. THIRD PARTY PROPERTY DAMAGE DETAILS 第三者財物損毀資料**Type of property
財物類別：Nature & extent of damage
損毀之性質及程度：Estimated cost of repair HK\$
估計修理費用： 港元Estimated loss value HK\$
估計損失價值： 港元**H. DETAILS OF THE POLICE OR OTHER AUTHORITY 警方或其他有關政府機構資料**If the case was reported to the police or other authority, please provide the following information.
若事件已報告警方或其他有關政府機構，請填寫下列資料。Name & address of the police station / other authority reported to
報案警署或其他有關政府機構名稱和地址：Report / reference no.
報案 / 檔案號碼：Date of report
報案日期： / /**Please attach the following document(s) with this claim form 請連同以下文件與此申請表一併遞交：**

- Letter of consent 同意書
- Copies of report from the police / authority and statement, if applicable 警方或其他有關政府機構之報告文件及口供副本（如適用）

I. OTHER INSURANCE DETAILS 其他保險資料Was there any other insurance covering this accident at the time of occurrence? YES 是
是次意外發生時是否同時享有其他保險之保障？ NO 否If "Yes" please give details.
如「是」，請提供資料。Name of insurer
保險公司名稱：Type of insurance
保險種類：Policy no.
保單號碼：Claim no.
索償號碼：

J. DECLARATION & AUTHORIZATION 聲明及授權

Please read the explanatory notes to this form before signing.

請在簽署前，參閱隨此表格附上的註釋。

I / We hereby declare that:

本人 / 我等就此聲明:

1. The information provided by me / us in this form is true and correct in every aspect.
本人 / 我等在此表格提供的資料全是真實正確無訛。
2. I / We have not withheld from QBE Hongkong & Shanghai Insurance Ltd. any information within my / our knowledge connected with the accident / incident.
本人 / 我等就本人 / 我等所知，並未有向昆士蘭聯保保險有限公司隱瞞 / 保留任何有關意外 / 事件資料。
3. I / We understand the information herein provided by me / us is provided on the basis that the same may be used to draw up pleadings on my / our behalf in the event that court proceedings are resulted from the accident / incident concerned. Any false or incorrect information provided by me / us in this form may prejudice the conduct of such proceedings and also my / our entitlement to be indemnified under the Policy.
本人 / 我等明白本人 / 我等提供有關意外 / 事件的資料，有可能用作草擬訴狀。在此表格提供的資料如有所失實，將可能影響此等訴訟案件及損害本人 / 我等就保險單索償的權利。
4. I / We understand where a Statement of Truth is signed on my / our behalf based on false or incorrect information provided by me / us may subject me / us to being found in contempt of court and I / we will be subject to punishment by the Court.
本人 / 我等明白「屬實申述」是代表本人 / 我等簽署如基於本人 / 我等提供非真實或不正確的資料，本人 / 我等明白本人 / 我等將可能被視作為蔑視法庭及遭受法庭的懲處。
5. I / We understand and agree that QBE Hongkong & Shanghai Insurance Ltd., by requesting me / us to submit and complete this form, and by requesting me / us to make the declaration and give the authorization herein, does not constitute a waiver of its rights entitled under the terms and conditions under the Policy and the law in general.
本人 / 我等明白並同意昆士蘭聯保保險有限公司，在要求本人 / 我等完成及提交此表格，及在要求本人 / 我等聲明及授權，是不會構成其放棄保險單內條款和條件及一般法例權益。

AUTHORIZATION 授權

By submitting this form, I / we authorize the insurance company and its legal representative to sign on my / our behalf, in any related court proceedings, a statement of truth relating to the facts provided by me / us.

在提交此表格，本人 / 我等授權保險公司及其法律代表，代表本人 / 我等簽署一份，就有關法庭訴訟，根據本人 / 我等提供的事實而立的「屬實申述」。

Signature of the insured / insured person

保戶 / 受保人簽署：

H.K. I.D. no.

香港身份證號碼：

Date

日期： / /

(Please sign with company chop, if incorporated 如屬法團請蓋章)

K. EXPLANATORY NOTES 註釋

STATEMENT OF TRUTH 屬實申述

- As from 2, April 2009, Rules of the High Court and Rules of the District Court require the contents of pleadings be verified by a "Statement of Truth" signed by, or on behalf of a party to the court proceedings.
由2009年4月2日起，高等法院及區域法院條例要求所有訴訟狀（包括答辯書）須由訴訟人或其代表簽署「屬實申述」確實其陳述。
- The Statement of Truth takes the form of a declaration of belief that the facts stated in the relevant pleadings are true. The standard wordings read:
「屬實申述」以相信的事實形式聲明在有關的訴訟狀內陳述的事件均為真實，其標準字句為：
"I believe that the facts stated in this (name of the document) are true".
"本人相信在（文件名稱）內的陳述皆為事實正確無訛。"
- A person who verifies a pleading without honest belief in the truth of the facts pleaded is liable to proceedings for contempt of court and may be punished.
任何人士在未能誠實相信事實情況下對訴訟狀（包括答辯書）的內容作出屬實聲明，須視作蔑視法庭及被懲罰。
- The Statement of Truth may be signed by a party himself, his legal representatives if authorised, or where an insurance company which has a financial interest in the result of the proceeding brought by or against its insured, may sign in its name.
「屬實申述」可由訴訟人，或其授權的律師代表，或為其提供保險的保險公司，如該公司當就訴訟結果在財務上負責，均可代表訴訟人簽署。

IMPORTANT 重要事項

In each case, the Statement of Truth is signed on behalf of the party. It remains a statement made by the party, and he remains liable for the consequences. In other words, if you provide false or incorrect information to the Company, and the Company or its legal representative, or legal representative instructed to represent you in the proceedings, sign a statement of truth based on the false or incorrect information you provided, you may be liable to contempt. It is therefore important that you make sure you only provide information which, to your best knowledge and belief, is true and correct.

在每件訴訟案，「屬實申述」是代表訴訟人簽署，該「屬實申述」仍繼續是訴訟人的聲明。所以，訴訟人仍須負責其後果。換言之，如閣下提供非真實或不正確的資料給保險公司或其代表律師或閣下獨自顧用的律師代表閣下，而他們基於閣下所提供的非真實或不正確的資料代閣下簽署該「屬實申述」，閣下須負責有關蔑視懲罰。因此，閣下須查明所提供之資料是閣下所知及相信確為真實及正確無訛。

注意：中文譯本內容如與英文本有所不同時，以英文本為準。

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service; any claim or investigation or analysis of such claim; and exercising any right of subrogation, and may be transferred to 1) any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes; 2) 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, and 3) any members of the Federation by the Federation for any of the above or related purposes. Moreover, we are hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right to obtain access to and to request correction of any personal information concerning yourself held by us. Requests for such access can be made in writing to the General Administration Officer, QBE Hongkong & Shanghai Insurance Limited, 17/F, Warwick House, West Wing, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong (Telephone: 2877 8488, Fax: 3607 0300)

閣下提供的資料，為本公司提供保險業務所需，並可能使用於：任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消、或續期；或任何索償，或該等索償的調查或分析；或行使任何代位權之用。以上資料，及可能轉移予：1) 任何有關的公司，或任何其他從事保險或再保險有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；2) 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，或以便聯會執行其監管職能，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，及3)或透過聯會轉移予任何聯會的會員，以達到任何上述或有關目的。此外，本公司亦據此獲授權由聯會從保險業內收集的資料中查閱及/或核對閣下任何資料。閣下有權查閱及要求更正由本公司持有有關閣下的個人資料。如有需要查閱，可用書面寄香港鰂魚涌英皇道979號太古坊和域大廈西翼17樓（電話：2877 8488，圖文傳真：3607 0300）向本公司行政事務主任提出。