



Blue Cross (Asia-Pacific) Insurance Limited, 29/F, BEA Tower, Millennium City 5, 418 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong Tel : (852) 3608 2888 Fax : (852) 3608 2938  
藍十字(亞太)保險有限公司 香港九龍觀塘道 418 號創紀之城 5 期東亞銀行中心 29 樓 電話 : (852) 3608 2888 圖文傳真: (852) 3608 2938

1 POLICY- HOLDER	Name _____ Policy No. _____ Home Address _____ Home Phone No. _____ Business Address _____ Business Phone No. _____	
2  TIME AND PLACE OF ACCIDENT	Time _____ Date _____ 20 _____ Exact place of accident _____ _____ When, and by whom was the accident reported to you _____ _____ Are you the owner, lessee, tenant or contractor _____ _____	
3  FULL DESCRIP- TION OF ACCIDENT	Cause and manner of occurrence: _____ _____ _____ _____ Was accident due to want of care upon part of injured person? _____ If so, how? _____ _____ _____ Whose negligence caused the accident? _____ _____ _____ What right did the injured party have on the premises? _____ _____	
4  PERSONS INJURED	NAME	ADDRESS
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	Nature and extent of injuries _____ _____ _____	
	If medical aid was rendered, give name of doctor _____ _____ _____	
	Where were the injured taken _____ _____ _____	

5	DAMAGE TO PROPERTY OF OTHERS	Name of Owner _____ Address _____ Kind of property _____ _____ Nature and extend of damage _____ _____ Estimated cost of repair _____ Has claim been made? _____ Is claimant insured? _____ <div style="text-align: right; margin-top: 5px;"><i>(Name of Company)</i></div>								
6	WITNESSES	Whenever possible please obtain names and addresses of witnesses, bystanders or persons in the immediate vicinity who may have seen the accident or heard statements made by any of the persons involved. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 60%; text-align: center;">NAME</th> <th style="width: 40%; text-align: center;">ADDRESS</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	NAME	ADDRESS	_____	_____	_____	_____	_____	_____
NAME	ADDRESS									
_____	_____									
_____	_____									
_____	_____									
7	POLICEMAN IF ANY AT THE SCENE OF ACCIDENT	Name: _____ Number? _____ Attached to which Police Station _____ _____								

### AUTHORIZATION/DECLARATION

I/We hereby authorize any person, party and/or authority to furnish to Blue Cross (Asia-Pacific) Insurance Limited or its authorized representative, any and all information with respect to my/our loss. A photostat copy of this authorization shall be considered as effective and valid as original.

I/We declare to the best of my/our knowledge and belief that the above statements and particulars are truly and correctly made. I/We further understand and agree that if I/We have made or shall make any false statement or concealment, all rights to recovery under the Policy shall be forfeited.

I/We understand and agree that any personal information collected or held by the Company may be used, stored, disclosed and transferred (within or outside of Hong Kong) to such individuals/organizations associated with the Company or any selected third party for the purposes of processing this application and providing subsequent services for this, and promotion of financial products or services by the Company and its affiliated companies, and communicating with me/us for such purpose. I/We have the right to obtain access to and to request correction of any personal information held by the Company. Such request could be made to the Company's Corporate Data Protection Officer at 29/F, BEA Tower, Millennium City 5, 418 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong.

DATE AT \_\_\_\_\_

SIGNATURE OF INSURED

(With Company Chop, if any)



**Sun Flower Insurance Brokers Limited**  
 Room 1108, Hing Yip Commercial Centre  
 282 Des Voeux Road Central, Hong Kong  
 Tel: (852) 2521-1881 Fax: (852) 2521-1919  
 Web: [www.sunflowervip.com](http://www.sunflowervip.com) [www.sunflowermpf.com](http://www.sunflowermpf.com)