



Sun Flower Insurance Brokers Limited
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Blue Cross 藍十字

Member of BEA Group

THIRD PARTY LIABILITY CLAIM FORM

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;"> <thead> <tr> <th style="width: 50%; text-align: center;">NAME</th> <th style="width: 50%; 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> <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)