



公眾責任保險索償表格
PUBLIC LIABILITY INSURANCE CLAIM FORM

本公司專用 Office Use
賠案編號
Claim No. _____

保單資料 Insurance Policy Details		
保戶名稱 Name of Insured _____	保單編號 Policy No. _____	
商業登記證號碼/身份證號碼 Business Registration No. / Identity Card No. _____	行業 / 職業 Trade / Occupation _____	聯絡電話 Contact Tel No. _____
地址 Address _____	電郵 E-mail _____	

索償資料 Particulars of Claim	
(1) 事故發生的日期及時間 Date and time of incident	日 月 年 時間 DD MM YY Time: 上午 下午 <input type="checkbox"/> am <input type="checkbox"/> pm
(2) 事故發生的地點 Place of incident	_____
(3) a. 事故的詳情 Description of incident	a. _____ _____ _____
b. 您是否已向警方報案? Have you reported the incident to police? 如“是”，列明報案的警署及報案編號。 If “Yes”, state which Police Station and the police report no.	b. 否 是 <input type="checkbox"/> No <input type="checkbox"/> Yes _____
(4) a. 您是否就是次事故向其他保險公司索償? Are you entitled to claim under any other insurance policies in respect of this incident?	a. 否 是 <input type="checkbox"/> No <input type="checkbox"/> Yes
b. 如“是”，列明保險公司的名稱，保單編號及索償保障項目 If “Yes”, state the name(s) of insurance company(ies), respective policies numbers and details of benefits.	b. _____
(5) a. 您以往是否遇過類似性質的事故? Have you ever experienced similar nature of incident?	a. 否 是 <input type="checkbox"/> No <input type="checkbox"/> Yes
b. 如“是”，列明詳情及何時發生 If “Yes”, state details and date(s) of incident(s).	b. _____
(6) a. 在事故發生時，是否已作出任何安全措施? Has any precautionary measures been taken at the time of incident? 如“是”，提供詳情 If “Yes”, give details.	a. 否 是 <input type="checkbox"/> No <input type="checkbox"/> Yes _____
b. 在事故發生後，是否已作出任何應變措施以減低損失? Following the incident, has any remedy work been taken to minimize the loss? 如“是”，提供詳情 If “Yes”, give details.	b. 否 是 <input type="checkbox"/> No <input type="checkbox"/> Yes _____

總承辦商或承辦商資料 Particulars of Main Contractor or Contractor	
在事故發生時，是否有以合約形式的工作在進行中? Is there any work by contract undertaken at the time of incident?	否 是 <input type="checkbox"/> No <input type="checkbox"/> Yes
名稱 Name _____	行業 Trade _____
地址 Address _____	聯絡電話 Contact Tel No. _____
總承辦商 / 承辦商是否就是次事故向其保險公司索償? Is the main contractor or contractor entitled to claim under their respective insurance policy in respect of this incident?	否 是 <input type="checkbox"/> No <input type="checkbox"/> Yes
保險公司名稱 Name of insurance company _____	保單編號 Policy No. _____
是否已與總承辦商 / 承辦商定立任何合約上的協議? Is there any contractual agreement made with the Main Contractor / Contractor?	否 是 <input type="checkbox"/> No <input type="checkbox"/> Yes
如“是”，根據協議由誰負責投購第三者保險? If “Yes”, who shall be responsible for the insurance coverage against liability for third parties?	_____

第三者資料**Particulars of Third Party**

索償人姓名 Name of Claimant _____ 年齡 Age _____ 性別 Sex _____ 職業 Occupation _____ 聯絡電話 Contact Tel. No. _____

地址 Address _____

受傷的性質及程度 Nature and extent of injury _____ 財物的資料及受損程度 Description of property and extent of damage _____ 索償金額 Claimable amount _____

您是否已向第三者承認責任? 否 是 如“是”，說明詳情

Have you in any way admitted liability to the claimant? No Yes If “Yes”, state details _____

您是否已接到第三者索償要求? 否 是 如“是”，說明詳情

Have you received any claim from third party? No Yes If “Yes”, state details _____

目擊証人資料**Particulars of Eye Witnesses**

姓名 Name _____ 電話 Tel. No. _____ 地址 Address _____

1. _____

2. _____

一般所需索償文件**General Required Claims Documents**

1. 事故報告
Incident Report
2. 警方報告
Police report
3. 證人向警方錄取的口供紙副本
Copy of statement made to the Police by the witness
4. 與總承辦商 / 承辦商定立的合約協議條款副本
Copy of the relevant insurance policy effected by the main contractor / contractor
5. 總承辦商 / 承辦商購買的相關保險的保單副本
Copy of the contractual agreement made with the main contractor / contractor
6. 任何已收到的第三者索償文件
Any correspondences received from the third party

注意事項**Important Note**

倘若您收到第三者索償文件、法庭令狀及傳票，請勿回覆並盡快提交保險公司處理，否則您的保障權益將會受到影響。

Should you receive any correspondences from third parties, summons and writs, please forward the same unanswered to us as soon as possible. Otherwise, your right of indemnity will be prejudiced.

聲明及授權
Declaration and Authorization

本人聲明上述資料完整及正確無訛，並無隱瞞任何重要資料。

本人明白本人提供的資料，為中銀集團保險有限公司(“貴公司”)提供保險業務所需，並可能使用於下列目的：

- (i) 處理及審批本人的保險申請或本人將來提交的保險申請；
- (ii) 執行本人保單的行政工作及提供與本人保單相關的服務；
- (iii) 分析或調查、處理及支付本人保單有關的索償；
- (iv) 發出繳交保費通知及向本人收取保費及欠款；
- (v) 任何與保險有關的產品或服務的任何更改、變更、取消或續期；
- (vi) 就以上用途聯絡本人；
- (vii) 貴公司行使任何代位權；
- (viii) 其它與上述用途有直接關係的附帶用途；及
- (ix) 遵循適用法律，條例及業內守則及指引。

貴公司亦可因應上述用途將本人的個人資料移轉予下列各方：

- (a) 就上述用途，向貴公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問（包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商）；
- (b) 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- (c) 追討欠款的收數公司或索償代理；
- (d) 保險資料服務公司及信貸資料服務公司；
- (e) 再保公司及再保經紀；
- (f) 本人的保險經紀（若有）；
- (g) 貴公司的法律及專業業務顧問；
- (h) 貴公司的關連公司(以《公司條例》內的定義為準)；
- (i) 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”)及其會員，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；
- (j) 透過“聯會”移轉予任何“聯會”的會員，以達到任何上述或有關目的；
- (k) 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，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；
- (l) 保險索償投訴局及同類的保險業機構；及
- (m) 法例要求或許可的政府機關。

本人在此授權 貴公司可向“聯會”從保險業內收集的資料中查閱及/或核對本人任何資料。

此外，經本人同意，貴公司可能會以其它方式使用及披露本人的個人資料。

本人有權查閱及要求更正由 貴公司持有有關本人的個人資料。如有需要，可向 貴公司法律與合規部提出(電話：2867 0888，傳真：3906 9939)。

I declare that the above information is complete and true to the best of my knowledge and belief and I have not withheld any material information connected with this claim.

I understand that the information I provide to Bank of China Group Insurance Company Limited ("the Company") is collected to enable the Company to carry on insurance business and may be used for the purpose of:

- (i) processing and evaluating my insurance application and any future insurance application I may make;
- (ii) administering my insurance policy and providing services in relation to my insurance policy;
- (iii) analysis or investigating, processing and paying claims made under my insurance policy;
- (iv) invoicing and collecting premiums and outstanding amounts from me;
- (v) any alterations, variations, cancellation or renewal of any insurance related product or service;
- (vi) contacting me for any of the above purposes;
- (vii) exercising any right of subrogation;
- (viii) other ancillary purposes which are directly related to the above purposes; and
- (ix) complying with applicable laws, regulations or any industry codes or guidelines.

The Company may disclose my personal data for the above purposes to the following classes of transferees:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist the Company to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- (b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- (c) in the event of default, debt collectors and recovery agents;
- (d) insurance reference bureaus or credit reference bureaus;
- (e) reinsurers and reinsurance brokers;
- (f) my insurance broker (if I have one);
- (g) the Company's legal and professional advisors;
- (h) the Company's related companies (as that term is defined in the Companies Ordinance);
- (i) any association, federation or similar organization of insurance companies ("Federation") and its members 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;
- (j) any member(s) of the "Federation" by the "Federation" for any of the above or related purposes;
- (k) 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;
- (l) the Insurance Claims Complaints Bureau and similar industry bodies; and
- (m) government agencies and authorities as required or permitted by law.

The Company is hereby authorized to obtain access to and/or to verify any of my data with the information collected by the Federation from the insurance industry.

Moreover, the Company may also use and disclose my personal data otherwise with my consent.

I have the right to obtain access to and to request correction of any personal information concerning myself held by the Company. Requests for such access can be made to the Company's Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).

保戶簽署 (如屬公司請蓋章)

Signature of Insured (with company chop if applicable)

日期

Date: