恒信保險顧問有限公司
Hanson Insurance Services Limited
香港灣仔摩理臣山道 9 號天樂廣場 35 樓
35/F., Morrison Plaza, 9 Morrison Hill Road, Wanchai, Hong Kong
Tel 電話 : (852) 2891 0298 Fax 傳真 : (852) 2891 7063
Website : www.hansongroup.hk

The forwarding of this form for completion is not an admission of Liability upon the part of the Company.
發出此通知書不能作為保險公司已經承認賠償之責任

PUBLIC LIABILITY INSURNACE REPORT FORM 公共責任意外保險賠償申請表

It is important that a complete answer be given to every question. If insufficient space is provided for your answer please continue on a separate sheet. No admission, offer, payment or indemnity should be made in respect of liability for bodily injury, death, or property damage without the written consent of the Company. Please return this form within 7 days.
請詳細填報本表格上每一項目及於七天內交回本公司，在未得到本公司書面認許之前，不得作出或承擔任何有人關身傷亡或財物損毀賠償之責任。

INSURED 受保人

I believe that the fact stated in this Public Liability Insurance Report Form are true. 本人相信本公共責任意外保險賠償申請表所述事情屬實。

Signature of Insured 保單持有人簽署：_____ Date 日期 : _____

Full Name 姓名:_____ I/D No.身份證號碼:_____

Chop 公司蓋章：_____ Title 職位：_____

Tel No. 電話：_____ Policy no. 保單號碼 :_____

Address 地址: _____

The Name & Contact No. of Building Manager 管理處之聯絡人姓名及電話 :_____

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 purposed of :
閣下提供的資料，為本公司提供保險業務所需，並可能使用於下列目的:

- any insurance or financial related product or service or any alterations, variations, cancellation or renewal of them;
  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;
- any claim or analysis of it; and may be transferred to;
  任何索償或索償分析，及可能移轉予;
- 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 or any association or federation of insurance companies that exists or is formed time to time.
  現存或不時成立的任何有關的公司，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間人或索償或調查或其他服務提供者，或任何保險公司的協會或聯會。

Important Warning: 重要警告：

Under relevant court rules (O.41A r.5(1) of the Rules of High/District Court) implemented with the Civil Justice Reform on 2nd April 2009, if one did not have honest belief that the facts stated in this document are true by the time s/he signed the Statement of Truth, s/he could be charged with and/or convicted for contempt of court, a charge of criminal nature and might be punishable by imprisonment.
根據於 2009 年 4 月 2 日開始的民事司法制度改革而實施的相關法庭規則，即高等法院或區域法院規則 O.41A r 5(1)之規定，假若任何人士在簽署屬實申述時並未誠實地相信此文件中申述的內容為真實，她/他則可能以蔑視法庭一罪(一項刑事性質的控罪)被檢控和 / 或判罪，並可能受監禁。

ACCIDENT 意外發生情況

Date 日期_____ Time 時間_____上午 am/下午 pm*

Place 地點_____

State fully what happened 請詳述遇事經過_____

_____

_____

_____

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Property / Damage 財物/損毀

1. Is Insured the sole owner of lost/damaged property? Yes/No*
   保戶是否失物/損毀物品之唯一主人? 是/否*
2. Are there any other insurance taken out on the same property? Yes/No*
   是否有其他保險保障該物品? 是/否*
   If yes, please state name of insurance company and policy no.
   若然, 請列明其他保險公司名稱及保單號碼_____
3. Has Insured sustained losses of the same nature before? Yes/No*
   保戶過去有否遭遇同樣性質之損失? 是/否*
   If yes, please give full particulars
   若有, 請詳述之_____
4. Has Insured ever claimed on any insurance company for loss of same nature? Yes/No*
   保戶過去有否因同樣性質之損失向任何保險公司索償? 是/否*
   If yes, please state name of Insurance company
   若有, 請列明保險公司名稱_____
5. Has Insured already replaced the lost/damaged property? Yes/No*
   保戶是否已經重新購置失物/損毀物品? 是/否*

受損物品列表

SCHEDULE OF LOSS

受損物品種類 Description of Articles (Damaged)	損壞程度 Nature of Damage	原價 Original Cost	重置價值或修理費 Replacement Cost or Repair Cost	索償數目 (港幣) Amount Claimed (HK$)

(若空位不足，請另頁詳加說明)
(Please use a separate sheet if the space provided is insufficient)

索償總額
TOTAL AMOUNT CLAIMED

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Claim Documents 索償文件

1. **Previous decoration/purchase invoice/receipt of the lost/damaged property.**
   損失或損毀的財物之單據／購買單據。
2. **Incident report from the building management to show the date of incident and cause of damage to property.**
   管理處之事件報告以證明有關財物損毀之原因和事發日期。
3. **Photos showing the extent of damage to property.**
   有關財物損毀之相片。
4. **Original repair quotation.**
   維修報價單正本。
5. **Original Police Memo / copy of Police Statement.**
   警方報告正本／警方所錄的口供副本。
6. **Other relevant claim documents from third party.**
   其他相關之第三者索償文件。

Other Property Damage 第三者之財物損壞情形

Name and address of owner (if known)物主之姓名及地址_____

_____

Schedule of Loss 受損物品列表_____

_____

Persons Injured 受傷者之情況

Name, address and Tel. No. 姓名、地址及電話號碼
(Relationship between you and the injured with age and sex 你與傷者之關係，年紀及性別)

_____

_____

Apparent injuries 明顯的受傷程度_____

Taken to hospital?有否被送往醫院? 有 Yes /否 No *

Police 警方

Were particulars taken by or reported to the Police?當時有否警方在場處理此事或向警署報告? 有 Yes /否 No *
If Yes, give name of Station
如有請寫上那區警署_____
Police Report No.
報案號碼_____
Has any person been or may any person be charged with any offence arising from the accident?
有否任何人因這次意外而被檢控? 有 Yes /否 No *
If Yes, give name of person Offence
如有, 請列明被檢控者姓名_____ 檢控罪名_____

Any communications including summons you receive about the accident should not be answered but sent immediately to the Company.
如接獲有關任何函件包括告票請勿作答必須先交到本公司以便採取適當行動。

DECLARATION 聲明

I/We hereby declare the foregoing particulars are true in every respect and that I/we have no other policy of insurance indemnifying me/us in respect of this accident and I/we undertake to give the Company all assistance in my/our power in dealing with the matter.
以上所列乃屬真實並無重複保險且願協助公司辦理一切。