



丘博保险(中国)有限公司
CHUBB INSURANCE (CHINA) COMPANY LIMITED
CHUBB GROUP OF INSURANCE COMPANIES

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LIABILITY CLAIM FORM
责任险索赔申请表

Important: The insured is requested to state as fully and accurately as possible the information asked for hereunder and to return this form immediately to the company via email, address: shanghai.claims@chubb.com **The acceptance of this form is not in itself an admission of liability on the part of the Company.**

重要提示: 请索赔人尽可能全面而准确地填写此表格, 并返还保险公司 (报案邮件地址: shanghai.claims@chubb.com)。接受本申请表并不表示本公司已承认赔偿责任。

THE INSURED 被保险人	Name : _____ 公司名称	Policy No.: _____ 保险单号码
	Business or Occupation: _____ 业务性质	Address: _____ 地址
	Contact Person: _____ 联系人	Tel. No.: _____ 电话
		Fax No.: _____ 传真
		Email: _____ 电邮地址
Are there any other insurance in force which would cover this loss in whole or in part? 有无其他有效保险保障此次事故造成的全部或部分损失? <input type="checkbox"/> Yes(是) <input type="checkbox"/> No(否) If answer is YES, state: 如选‘是’, 请告知:		
Name of Insurer: _____ 投保公司名称		Policy Details: _____ 投保险种明细

THE ACCIDENT 事故详情	Date & Time: _____ 日期/时间	Location: _____ 地点
	Describe in detail how it occurred 陈述事故原因和经过 _____ _____ _____ _____	
	When did you receive notice of the accident? _____ 您何时收到意外事故的报告?	
	From Whom? (If written, attach copy) _____ 报告人的名称, 如有书面报告, 请附上	
	Has any claim been made upon you before? <input type="checkbox"/> Yes <input type="checkbox"/> No 您以前是否接到其它索赔要求? 是 否	
	If Yes, by whom and for what amount? _____ 如是, 索赔人的姓名和索赔金额?	
Have you admitted responsibility in any way? _____ 您有没有以任何形式承担责任?		

THE PREMISE - For Public Liability Claim 事故场所- 适用于 公众责任险的 索赔	The exact location of the accident: _____ 事故发生的确切地点	
	Who is in charge of the premise at the time of the accident: _____ 事故发生时, 该事发场所的负责人是	
	What kind of role did the Insured play in the premise <input type="checkbox"/> Landlord <input type="checkbox"/> Renter <input type="checkbox"/> Contractor <input type="checkbox"/> Others _____ 被保险人的身份是 业主 承租人 承包人 其它 - 请注明	



THE PRODUCT - For Products Liability Claim 产品信息 - 适用于产品责任险的索赔	Description of Product : _____ 产品名称	When/Where product was sold : _____ 产品销售日期/地点
	Model/Ser. No.: _____ 产品型号/序列号	Sales Invoice/Record: _____ 产品销售发票或销售记录
	The Insured is: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Supplier <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Others _____ 被保险人的身份是 制造商 供应商 批发商 零售商 其它 - 请注明	
	Whether the product is manufactured/supplied by others? <input type="checkbox"/> Yes <input type="checkbox"/> No 产品是否由其它方制造/提供 是 否	
If Yes, by whom? _____ 如是, 由谁制造/提供?		

THE CLAIMANT 受害人信息	Name and address of every claimant: 请给出受害人的姓名和地址	
	(1) _____	Tel. No.: _____
	(2) _____	Tel. No.: _____

THE CLAIM 索赔信息	Whether the claimant has filed the formal claim against you? <input type="checkbox"/> Yes <input type="checkbox"/> No 受害人是否已正式提出索赔? 是 否		
	If Yes, provide us with the details? (If written, attach copy) _____ 如是, 请提供索赔详情及资料? 如有书面报告, 请附上		
	Bodily Injury related claim or not? <input type="checkbox"/> Yes <input type="checkbox"/> No 是否是涉及人身伤害的索赔 是 否		
	If Yes, position and extent of the injury _____ 如是, 请提供受伤的部位和程度	Hospital/Doctor: _____ 就医医院/医生姓名	
	Property Damage related claim or not? <input type="checkbox"/> Yes <input type="checkbox"/> No 是否是涉及财产损失的索赔 是 否		
If Yes, name and extent of the damage _____ 如是, 请提供受损财产名称和受损程度		Estimated loss amount: _____ 估计的损失金额	

THE WITNESS 目击证人	Name and address of every witness and every other person who was present: 请给出目击证人的姓名和地址	
	(1) _____	Tel. No.: _____
	(2) _____	Tel. No.: _____

THE DECLARATION 声明	I/We declare that I/we have complied with the conditions and warranties (if any) of the Policy and in no manner deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or wilful misrepresentation and that the information shown on this form is true and that I/we have not concealed any information relating to this claim. 我/我们声明我/我们已经遵守和履行了保单所规定的要求和义务。我/我们没有故意造成此次损失或者用骗赔和歪曲事实的方式从中得益。我/我们所填写的内容全部属实, 没有隐瞒任何与此次损失有关的讯息。	
	I/We understand that the acceptance of this form is not in itself an admission of liability on the part of the Company. 我/我们明白丘博保险(中国)有限公司并不因提供或接受此索赔申请表而承认其赔偿责任, 且不因此而放弃保险合同项下应有的权利。	
	Date _____ 日期	Signature of Insured _____ Company's stamp 签字并盖公章