

General Liability Claim Form

一般責任保險索償申請表

Important Information 注意事項:

- This form must be completed truthfully and accurately. If the space is not enough or no applicable field available, please supplement information by attachment.
請正確填寫此申請表。如果表格空間不足或沒有適用之欄位，請以附件補充資料。
- The list of documents required is not exhaustive and we reserve our right to request from you any additional information / documentation, as necessary.
各部份之「所需文件」只是概括要求，本公司保留權利在有需要時要求貴公司提供更多文件以處理有關的索償申請。
- The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.
如所遞交的索償申請表未填妥或有關資料或文件不足，貴公司的索償申請有可能會受到延誤或被拒絕。
- Any lawsuit, demand, claim or proceeding of any types relating to the incident of which becomes aware of, and received from the third party claimant, should be immediately forwarded to us without acknowledgement. No liability should be admitted and no settlement or promise of payment should be reached or made to the third party without our prior approval.
如收到任何第三者對有關事件的索償要求、法庭傳票、通告及書面命令，或涉及任何法律訴訟，切勿自行處理，應立即通知及提交本公司處理。未得本公司事先同意前，不得向第三者承認任何責任或達成和解或付款承諾。

Part I – General Information 第一部份 – 一般資料

Personal Particulars 個人資料

Policy no. 保單號碼:	Business / Trade 業務:	
Name of Policyholder / Insured 受保人名稱: (Eng)	(中文)	
Policy Effective Date 保單生效日期:	Policy Expiration Date 保單完結日期:	
Contact person 聯絡人:	Telephone no. 電話號碼*:	
E-mail address 電郵地址*:		
Correspondence address 通訊地址 (請盡量以英文填寫):		
Name of broker 經紀名稱:	Broker's email address 經紀電郵地址:	Broker's telephone no. 經紀電話號碼:

* Correspondence may be sent to this email address and / or mobile phone no. 本公司或會以此電郵地址及 / 或手提電話號碼作聯繫用途

Section II - Details of Accident 第二部份 — 意外發生詳情

Date of accident 意外發生日期	Time of accident 時間	Place of accident 地點
/ / DD日 MM月 YY年	: am / pm HH時 MM分 上午 / 下午	

When and by whom was the accident reported to you? 意外發生後,由誰人及何時向您報告?

Full description and cause of how the accident happened 詳述意外發生的經過及原因:

Whose negligence / fault caused the accident? 誰人疏忽/錯誤引致意外發生?

Name of witness(es) 證人姓名: (Eng) (中文)	Identity (e.g. visitor, Insured's staff, contractor's staff) 身份 (如訪客, 受保人員工, 外判公司員工):
Address 聯絡地址:	Telephone No. 聯絡電話:

Section III - Police Report (If the accident has been reported to the Police) 第三部份 — 警方報告 (若已將意外向警方報告)

Name of the police station where the accident was reported to 報案警署名稱	Date of report 報案日期	Time of report 報案時間	Report no. 案件編號
	/ / DD日 MM月 YY年	: am / pm HH時 MM分 上午 / 下午	

Section IV - Details of Injured 第四部份 — 傷者資料

	Name 姓名	Sex and age 性別及年齡	Telephone no. and address 電話及地址	Nature & Extent of injury 受傷情況	Identity (e.g. visitor, Insured's staff, contractor's staff) 身份 (如訪客, 受保人員工, 外判公司員工)
1.					
2.					
3.					
4.					
5.					

Was ambulance summoned and / or the injured person(s) was / were admitted to the hospital after the accident? Please provide relevant information (e.g. Arrival time of ambulance, who accompany to hospital, name of hospital):
意外發生後,有否召喚救護車及 / 或傷者有否送院? 請提供相關資料 (如救護車到場時間、誰人陪同前往醫院、醫院名稱等):

Section V - Details of Third Party Property Damaged 第五部份 — 第三者財物損毀資料

Nature & Extent of damage 損毀詳情及情況:

Estimated loss / cost of repair 估計損失 / 維修費用:

Name of the third party / owner 誰第三者 / 擁有人姓名:

Telephone no. 電話號碼:

Address 聯絡地址:

Is the third party property insured? If yes, please provide the company name of insurance provider:
第三者之財物是否有保險保障? 如有, 請提供其保險公司名稱:

Section VI - Declaration and Authorization 第六部份 — 聲明及授權

I / We declare that to the best of my knowledge and belief the above statement and particulars contained are in all respects true and complete and are made without reservation of any kind. A photocopy of this authorization shall be considered as effective and valid as the original.

I / We further hereby declare and agree, that the personal information collected or held by Chubb Insurance Hong Kong Limited, whether contained in this claim form or otherwise obtained, may be used by Chubb Insurance Hong Kong Limited or disclosed to any individual or organization such as legal firms, accountants, actuaries, loss adjudicators and claims investigators, doctors and other medical service provider within or outside Hong Kong SAR and as more particularly set out in the Chubb Privacy Information Collection Statement for the following purposes: (1) to assess and process this application, (2) to provide insurance and customers services, (3) to conduct insurance claims or analysis. I / We understand that if I / We do not provide such consent, or revoke my / our consent, Chubb Insurance Hong Kong Limited may not be able to process or assess my / our claim. A copy of the Chubb Privacy Information Collection Statement can be found at www.chubb.com/hk.

Any persons from whom Chubb Insurance Hong Kong Limited has collected information as aforesaid shall have the right of access to and to request correction of any personal information concerning themselves held by Chubb Insurance Hong Kong Limited. A request for such access may be made to the Personal Data Privacy Officer of Chubb Insurance Hong Kong Limited at 39/F, One Taikoo Place, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong.

本人 / 吾等謹此聲明本人確信以上所填報之資料及所列各項之事件乃屬完全真確並無作任何資料之保留。此授權書之副本亦屬有效。
本人 / 吾等亦在此聲明及同意由安達保險香港有限公司所收集或持有的個人資料, 不論包含在這索償申請表以內或以其他方式獲取, 均可供安達保險有限公司使用或向在香港特別行政區境內或境外之任何人士或機構披露作以下用途: (1) 評核此項申請, (2) 提供保險及客戶服務, (3) 處理保險的索償或有關之分析。

本人 / 吾等明白如本人 / 吾等不同意或撤回此聲明, 安達保險香港有限公司或未能處理及評核本人 / 吾等之索償。安達收集個人資料聲明之副本已載於 www.chubb.com/hk。

就提供上述資料的任何人士有權查閱及要求更改由安達保險香港有限公司所持有有關他們的任何個人資料。任何關於個人資料查閱或更改之要求, 可向安達保險香港有限公司之個人資料私隱主任提出, 地址為香港鰂魚涌英皇道979號太古坊太古坊一座39樓。

Signature of Insured Person 受保人簽署:

Name of Authorized Signatory 獲授權之公司人士姓名:
(in BLOCK CAPITALS 請以正楷書寫)

Capacity of Authorized Signatory 獲授權之公司人士職位:

Date Signed 簽署日期:

Chubb. Insured.TM