



THE PACIFIC GROUP

# 太平洋保險有限公司 THE PACIFIC INSURANCE CO., LTD.

(INCORPORATED IN HONG KONG IN 1960)

賠償部: 香港灣仔皇后大道東 43-59 號東美中心 10 字樓  
Claims Department: 10/F., Dominion Centre, 43-59 Queen's Road East, Wanchai, H.K.

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Official Use:	Claim No.
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## SMALL UNMANNED AIRCRAFT THIRD PARTY LIABILITY INSURANCE CLAIM FORM 小型無人機第三者責任保險索償表格

### Particulars of the Insured 保戶資料

Name 名稱	Occupation / Trade 職業 / 行業	
Address 地址		
Telephone No. 電話號碼	Email Address 電郵地址	Policy No. 保單號碼
SUA Registration No. 小型無人機註冊號碼	Make 品牌	Model 型號

### Details of Remote Pilots 遙控駕駛員資料

Name of Remote Pilot 遙控駕駛員姓名	H.K.I.D No. 香港身份証號碼	Remote Pilot Certificate No. 遙控駕駛員証書號碼	
Occupation / Trade 職業 / 行業	Sex 性別	Age 年齡	Telephone No. 電話號碼
Address 地址			
Relationship between the Insured and the Remote Pilot 保戶與遙控駕駛員之關係		Remote Pilot qualification / experience 遙控駕駛員資歷 / 經驗	

### Particulars of the Incident 事故資料

Date 日期	Time 時間		(AM / PM) (上午 / 下午)
Weather 天氣狀況	Flight Altitude 飛行高度	Flight Speed 飛行速度	
Detailed address of the place of incident 事故地點之詳細地址			



**Liability Claim**  
**責任索償**

Name of the Third Party 第三者名稱		Telephone No. 電話號碼	
Occupation / Trade 職業 / 行業	Sex 性別	Age 年齡	Relationship between the Insured and the Third Party 保戶與第三者之關係
Address 地址			
Nature and extent of injury / loss / damage 受傷 / 損失 / 損毀之性質及程度			
Have you admitted liability to the third party? 閣下是否已向第三者承認責任?		<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
If "Yes", please state the details: 如“是”，請詳述：			
Have you received any claim from the third party? 閣下是否已收到第三者索償要求?		<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
If "Yes", please state the details: 如“是”，請詳述：		Claim Amount (HK\$): 索償金額 (港幣)：	

**Please supply us with the following document(s), (if any):**  
**請提供以下文件，(如有)：**

- |   |   |   |
|---|---|---|
| 1) Photographs of damaged articles<br>損毀物品之照片                   | 2) Police Report / Statement<br>警方報告 / 口供             | 3) Claim Letter / Document from Third Party<br>第三者之索償信 / 文件 |
| 4) Repair Quotation<br>維修報價單                                    | 5) Copy of Remote Pilot Certificate<br>遙控駕駛員証書副本      | 6) Copy of Remote Pilot HKID<br>遙控駕駛員身份証副本                  |
| 7) Incident Report issued by Civil Aviation Dept.<br>民航署發出之事故報告 | 8) Copy of SUA Registration Certificate<br>小型無人機註冊証副本 |   |

**Declaration**  
**聲明**

I/We hereby declare the foregoing particulars to be true in every respect and I/we undertake to give the Company all assistance in my/our power in dealing with the matter. I/We also have read and fully understood the contents printed overleaf and hereby give my/our consent thereto.

吾/吾等謹此聲明以上所列乃屬真實，並願協助辦理一切有關事宜。此外，吾/吾等亦已閱讀及完全明白並同意背頁所列印之內容。

Signature of Insured  
(with company chop if applicable)  
保戶簽署  
(如屬公司請蓋章)

Date  
日期

Signature of Remote Pilot  
遙控駕駛員簽署

Date  
日期

## **Personal Information Collection Statement**

The information you provided in this Claim Form is collected to enable us to carry on insurance business and may be used for the purpose of:

- any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service;
- any claim or investigation or analysis of such claim;
- exercising any right of subrogation; and

may be transferred to:

- 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;
- any association, federation or similar organisation of insurance companies ("Federation") 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; and
- any members of the Federation by the Federation for any of the above or related purposes.

Moreover, The Pacific Insurance Company, Limited is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by The Pacific Insurance Company, Limited. Requests for such access can be made to The General Manager at 10th Floor, Dominion Centre, 43-59 Queen's Road East, Wanchai, Hong Kong.

## **收集個人資料聲明**

閣下在此索償表格內所提供的資料，為本公司提供保險業務所需，並可能使用於下列目的：

- 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；
- 任何索償，或該等索償的調查或分析；
- 行使任何代位權；及

可能移轉予：

- 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；
- 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」），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；及
- 或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。

此外，在此授權太平洋保險有限公司由聯會從保險業內收集的資料中查閱及/或核對閣下任何資料。

閣下有權查閱及要求更正由太平洋保險有限公司持有有關閣下的個人資料。如有此項要求，可向香港灣仔皇后大道東43-59號東美中心十字樓本公司總經理提出。