



**Liberty**  
**International™**  
Member of Liberty Mutual Group



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**Liberty International Insurance Ltd**  
**利寶國際保險有限公司**

13/F., DCH Commercial Centre,  
25 Westlands Road, Quarry Bay, Hong Kong.  
Tel: (852) 2892 3888 Fax: (852) 2577 9578

## PUBLIC LIABILITY INSURANCE CLAIM FORM

### 責任保險賠償申索表

(Not to be used for Vehicle Accident)

(非涉及汽車意外申索)

This form should be completed and return to Liberty International Insurance Limited as soon as possible, whether or not a claim is being made  
意外發生後，不論曾否收到第三者之索償要求，請盡快填妥並遞交此表格到本公司

Name of Insured 保戶名稱.....Occupation職業/業務.....  
(Please state whether Mr./Mrs./Miss or Company)

Address 地址.....

Telephone No 電話號碼 – Home 住宅.....Business 辦公室.....

Policy No 保單編號.....

1. Date and time of accident 意外日期及時間.....

2. Place where accident occurred 事發地點.....

3. Details of how accident occurred (continue overleaf if necessary)

意外詳情(如有需要，可使用附加頁填寫).....

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4. Names and addresses of witnesses

(State if witness is own employee or independent witness) (Continue overleaf if necessary)

如有見証人，請詳述其姓名，並註明該証人是屬獨立証人或受薪員工

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5. What is the nature of business that you or your employees engaged to do?

請保戶詳述閣下或保戶員工所屬之行業性質

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6. Would you consider yourself or any of your staff to be responsible for this accident?

依閣下之見，是次意外是否因閣下或閣下員工之疏忽而引致?.....

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7. Name and address of person who, in your opinion, was to blame and why?

依閣下之見，誰要為此意外負上責任及其原因?.....

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8. If incident was reported to the Police, please provide us the address of the Police Station and the relevant Police Case Number  
如有因是次意外向警方報案，請提供投案警署地點及報案編號\_\_\_\_\_
9. Please state the details of any other insurance policy also providing cover on this accident  
閣下曾否向其他保險公司投保同類保險或保險性質會保障是次意外者，請列明該保險內容\_\_\_\_\_
10. Please provide name and address of possible claimant  
請提供申索人或有可能成為申索人之姓名、地址及其他有關聯絡資料\_\_\_\_\_
11. State nature of injury or damage sustained by the possible claimant  
請詳述申索人之損失及傷勢\_\_\_\_\_
12. Have you received any Claim? If so, from whom and in what from? If claim is in writing please forward us with this form.  
閣下曾否收到第三者因是次意外之索償要求?如有，請詳述及提供有關文件之副本。\_\_\_\_\_

Statement of Truth

I believe that the facts stated in this Public Liability Insurance Claim Form are true and the opinion expressed in it is honestly held.

真實聲明

本人相信本責任保險賠償申索表所述事實屬實，而其中所表達的意見屬真誠地持有的。

\_\_\_\_\_  
Signature (Affix company stamp)  
保戶簽署及公司蓋印

\_\_\_\_\_  
Date  
日期



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**Please use this space to record additional detail and be sure to quote the question number from side one.**  
**補充資料 (請註申索表格內之問題號碼)**

Number

Number	
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