

**GENERAL LIABILITY
CLAIM FORM**
綜合責任賠償請求書

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The Tokio Marine and Fire
Insurance Co. (HK) Ltd.
27th Floor, United Centre,
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The issue of this form is not to be taken as an admission or liability by the insurers. 這表格的內容並不表示本公司承認任何責任。

Policy No. 保單號碼
Name of Insured 投保人名稱
Address 通訊地址
Tel. No. 電話號碼 Fax No. 傳真號碼
Occupation 職業

Date and time of accident 意外日期和時間
When and by whom was it first notified to you?
在何時及由誰人通知這宗意外
Exact place where the accident happened
準確意外發生地點

Details of accident stating fully how it occurred 詳細說明意外發生經過

Description of plant causing accident 那種機器導致意外發生
(The pieces of any broken plant must be preserved.) (請保留發生意外的機器及零件)

Name and address of any persons injured or the owner of the property damaged
傷者的名字和通訊地址 及 受損害之財物持有人名稱

Full details of Personal injuries 傷者的傷勢詳細資料

Also of damage to property 損害財物的詳細資料

Have you received notice of any Claim? If verbal, give particulars; if in writing, enclose documents
閣下是否已收到要求賠償的文件? 如屬口頭的要求, 請詳述; 如屬書面要求, 請提交該文件。

Was a Report made to the Police? If so, give No. and Police Station.
這次意外是否已報警? 如有, 請填寫報案號碼 和 警局名稱。

Note:- The back of this form must be completed 請填寫這要求書的背面 P.T.O.

Names and Address of Witnesses of Accident 意外事件見證人的名字和地址

(If none taken, please give reason why) 如沒有, 請給予解釋。

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(it is of the utmost importance to obtain the Names and Address of Witnesses.)

(獲得證人的資料對意外事件是非常重要的)

<p>Reply only necessary if Claim is under a Property Owner's Policy.</p> <p>如賠償要求是基於物業持有 人的保險單而提出, 請填寫 此部分。</p>	<p>(a) Name and Address of your Tenant 閣下租客的名字和地址</p> <p>.....</p> <p>(b) Nature of tenancy and date of commencement 租約的性質和開始日期</p> <p>.....</p> <p>(c) Rental 租金</p> <p>.....</p> <p>(d) Had any notice of defect been given to you or your agent prior to the accident? 意外發生前, 閣下或代理人是否已得悉財物有缺陷之處?</p> <p>.....</p> <p>(e) If so, on what date and what steps were taken to remedy such defect? 如有, 請填寫修補缺陷的日期和所需的步驟。</p> <p>.....</p>
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Please give details of other Policy/policies in force (if any) 請提供有關其他保險單的資料 (如有)

Declaration & Authorization 聲明及授權書

I/We hereby declare that to the best of my/our knowledge and belief, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind. I/ We authorize any individuals or entity holding any records or knowledge of me/us, to furnish to The Tokio Marine and Fire Insurance Company (Hong Kong) Limited ("the Company") or its authorized representative, any and all information relevant to the settling of this claims and/or the Insurer's right of recovery. The information provided by me/us to the Company is collected to enable the Company to carry on insurance business and may be used for the purpose of: (i) any insurance or financial related product or service or any alterations, variations, cancellation or renewal of the said products or services; (ii) any claim or investigation or analysis of such claim; and (iii) exercising any right of subrogation; and may be transferred to: (iv) 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; (v) any association, federation or similar organization 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 (vi) any members of the Federation by the Federation for any of the above or related purposes.

本人/我們現聲明上述所填報的一切資料均屬正確無訛, 並無任何保留。本人/我們茲授權持有本人任何資料之人士或團體, 可以將部份或全部有關本案債事或與保險公司的追償權有關之記錄或資料給與東京海上火災保險(香港)有限公司("貴公司")或其代理人, 本人/我們明白本人/我們提供的資料為 貴公司提供保險業務所需, 並可能使用於下列目的: (i) 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; (ii) 任何索償, 或該等索償的調查或分析; 及 (iii) 行使任何代位權。可能移轉予: (iv) 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; (v) 現存或不時成立之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 (vi) 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。

Moreover, the Company is hereby authorized to obtain access to and/or to verify any data provided by me/us with the information collected by the Federation from the insurance industry.

I/We understand that I/we have the right to obtain access to and to request correction of any personal information concerning myself/ourselves held by the Company. Requests for such access can be made in writing to the Compliance Officer, 27th Floor, United Centre, 95 Queensway, Hong Kong. A photostat copy of this authorization shall be considered as effective and valid as the original.

此外, 本人/我們授權 貴公司可向聯會從保險業內收集的資料中查閱及/或核對本人/我們任何資料。

本人/我們明白本人/我們有權查閱及要求更正由 貴公司持有有關本人/我們的個人資料, 如有需要查閱, 本人/我們可用書面寄香港金鐘道95號統一中心27樓, 向 貴公司條例遵行主任提出。此授權書之影印本具同等效力。

Signature 簽名

.....
(with Company Chop) 公司蓋印

Date 日期

**The Policyholder should not disclose the fact of Insurance to claimants, but simply state enquiry will be made.
保險單持有人請勿透露保險內容給索賠人, 但可進行簡單的詢問。**