



## Public / Product liability accident report form

**Important: The issuance of this claim form is no admission of liability on the part of Insurers**

重點:此表格之發給並非表示保險公司已承諾任何責任

1. Name Of Insured

保戶 \_\_\_\_\_  
 Postal Address \_\_\_\_\_  
 通訊地址 \_\_\_\_\_  
 Business/Occupation \_\_\_\_\_  
 行業/職業 \_\_\_\_\_  
 Address of Insured Premises \_\_\_\_\_  
 投保地址 \_\_\_\_\_

Policy No.

保單號碼 \_\_\_\_\_  
 Telephone (Home) \_\_\_\_\_  
 電話(住宅) \_\_\_\_\_  
 Telephone (Office) \_\_\_\_\_  
 電話(辦公室) \_\_\_\_\_  
 Fax no. \_\_\_\_\_  
 傳真號碼 \_\_\_\_\_  
 e-mail address \_\_\_\_\_  
 電郵地址 \_\_\_\_\_

2. Date, time and place of incident 發生事件之日期, 時間及地點	
3. Detailed description of incident and a copy of the incident report, if there is any 事件發生之詳情,如閣下備有事故報告,請提供副本 Cause of incident 事件之原因	
4. (a) Name, address & telephone No. of injured person, if any 傷者之姓名, 地址及電話號碼  (b) Nature and extent of injury 傷勢之性質及程度  (c) Was the injured person sent to hospital? 傷者有否被送院  (d) Relationship between you and the injured 您與傷者之關係	(a)  (b)  (c)  (d)
5. (a) Name and address of owner of Property damaged 受損財物之屋主姓名及地址 (b) Details & extent of damaged property 財物損毀詳情 (c) Estimated cost of repair 估計修理費用	(a)  (b)  (c)
6. Is/are other wrongdoer(s) involved in the same incident? If yes, please state the name(s), address(es) & telephone No(s) of the wrongdoer(s) 有否其他犯錯者牽涉在這宗事件中,如有,請詳述其姓名, 地址及電話號碼	

7. Has any communication, verbal or written, been made to you by or on behalf of any injured person(s) or owner(s) of the damaged property? If so, give particulars (any written communication received must be forwarded to us immediately unanswered for our handling) 詳述會否收到有關是次事件之任何信件或投訴 (有關是次事件之任何函件於未答覆前請即交到本司以便處理)	
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8. Has any step been taken to compromise or settle the matter. If so, please state its nature and by whom it was carried out with compensation figure and withhold any further communication with any involved party 有否為這事件作出任何承諾及賠償?如有, 請詳述其性質及執行者連同賠償數目並暫時停止一切與意外/事件涉及之有關人等	
9. When, and by whom, was the incident reported to you? 事件在何時及由何人報告	
10. Name(s), address(es) and telephone No(s). of witness(es) of incident, if any 目擊証人之姓名, 地址及電話號碼	
11. Was the incident reported to the police? If so, at which station 事件有否報案及在何處報警	
12. Enclose photographs, if any 請寄附即有相片	

I/We hereby declare that to the best of my/our knowledge and belief, the above statements are fully and truly made.

本人確信以上所列之各項乃屬完全真實無偽

I/We further hereby declare and agree that the personal information collected or held by Zurich Insurance Company Limited (the "Company"), whether contained in this accident report form or otherwise obtained, may be used by the Company or disclosed to any individual or organization within or outside Hong Kong 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.

本人/吾等再在此聲明及同意由蘇黎世保險有限公司(本公司)所收集或持有的個人資料, 不論包含在這意外報告表或以其他方式獲取, 均可供本公司使用或向在香港境內或境外之任何人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。

Insured's Signature with Company Chop

保戶簽署及公司蓋印\_\_\_\_\_

Year                      Month                      Date

\_\_\_\_\_年 \_\_\_\_\_月 \_\_\_\_\_日

**蘇黎世保險有限公司**(於瑞士註冊成立之公司)

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