

Please note:	請注意：
<ul style="list-style-type: none"> <li>The issue of this form is not to be taken as an admission of liability by the insurers.</li> <li>This form should be completed and returned to us immediately whether a claim has been made to you or not.</li> <li>Please do not discuss or agree with the complainant about who is/are responsible for the accident.</li> </ul>	<ul style="list-style-type: none"> <li>這表格的內容並不表示本公司承認任何責任。</li> <li>無論是否收到賠償要求，務請填妥此表格，並即時交予本公司。</li> <li>請勿與索償者討論或協商意外中的責任問題。</li> </ul>

## 1. Details of the Insured 保戶資料

Name 名稱		Policy No. 保單號碼	
Correspondence Address 通訊地址		Occupation 職業	
Daytime Contact No. 日間聯絡電話		Facsimile No. 傳真號碼	
		Email 電郵	

## 2. Accident Details 意外詳情

Date 日期	____ / ____ / ____ dd 日 / mm 月 / yyyy 年	Time 時間	<input type="checkbox"/> am 上午 <input type="checkbox"/> pm 下午	When and by whom was the accident notified to you? 意外在何時及由誰人通知閣下？	
Location 地點					
Please describe how the accident happened. 請詳述意外或損失發生經過。					
Have you received notice of any Claim? 閣下是否已收到賠償的要求？			<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		
If verbal, please give particulars; if in writing, please attach documents: 如屬口頭的要求，請詳述；如屬書面要求，請提交該文件：					
Have you received any complaint before the happening of this accident? 意外發生前是否已接獲有關之投訴？			<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		
If "Yes", please give full details: 如“是”，請提供詳細資料：					
In your opinion, whose negligence caused the accident? 依閣下所見，意外是由那一方面之疏忽所致？					
Is the accident caused by a defect in the premises occupied by you? 意外是否由於閣下所使用的樓宇失修所致？			<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		
If "Yes", please state who is responsible for maintenance and repairs: 如“是”，請提供負責維修及保養該樓宇之負責人資料：					
If premises has been leased out, please state : 如該樓宇為出租單位，請提供：					
a) Name of your Tenant: 租客名稱：					
b) Nature of tenancy and date of commencement : 租約的性質和開始日期					
c) Rental: 租金：					
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該樓宇有失修之處？			<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		
If "Yes", please state on what date and what steps have been taken to remedy such defect? 如“是”，請填寫修補缺陷的日期和所需的步驟。					

3. Damaged Property (not belonging to Insured) 財物損毀資料 (保戶財物除外)

	1.	2.	3.
Damaged Property 損毀之財物			
Extent of Damage 損毀詳情			
Name of Owner 物主名稱			
Address of Owner 物主地址			
Tel. No. of Owner 物主電話			

4. Details of Injured Person(s) 傷者資料

Name: 姓名:	Age: 年齡:	Gender: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Extent of injury <input type="checkbox"/> Slight 輕微 <input type="checkbox"/> Serious 嚴重 <input type="checkbox"/> Fatal 死亡 <input type="checkbox"/> Coma 昏迷 <input type="checkbox"/> Fracture 骨折 <input type="checkbox"/> Bleeding 流血 <input type="checkbox"/> Others (Please specify): _____		
Part of injury <input type="checkbox"/> Head 頭 <input type="checkbox"/> Body 身體 <input type="checkbox"/> Limbs 手腳 <input type="checkbox"/> Others (Please specify): _____		
Did you accompany the Injured Person to consult medical practitioner? 是否有陪同傷者求診?		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If yes, please provide: 如“是”，請提供:		
a) the name of the medical practitioner and the address of the clinic or hospital: 應診醫生姓名及醫院/診所地址:		
b) the medical advice from the medical practitioner: 應診醫生對傷勢的意見:		
Name: 姓名:	Age: 年齡:	Gender: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Extent of injury <input type="checkbox"/> Slight 輕微 <input type="checkbox"/> Serious 嚴重 <input type="checkbox"/> Fatal 死亡 <input type="checkbox"/> Coma 昏迷 <input type="checkbox"/> Fracture 骨折 <input type="checkbox"/> Bleeding 流血 <input type="checkbox"/> Others (Please specify): _____		
Part of injury <input type="checkbox"/> Head 頭 <input type="checkbox"/> Body 身體 <input type="checkbox"/> Limbs 手腳 <input type="checkbox"/> Others (Please specify): _____		
Did you accompany the Injured Person to consult medical practitioner? 是否有陪同傷者求診?		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If yes, please provide: 如“是”，請提供:		
a) the name of the medical practitioner and the address of the clinic or hospital: 應診醫生姓名及醫院/診所地址:		
c) the medical advice from the medical practitioner: 應診醫生對傷勢的意見:		
Name: 姓名:	Age: 年齡:	Gender: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Extent of injury <input type="checkbox"/> Slight 輕微 <input type="checkbox"/> Serious 嚴重 <input type="checkbox"/> Fatal 死亡 <input type="checkbox"/> Coma 昏迷 <input type="checkbox"/> Fracture 骨折 <input type="checkbox"/> Bleeding 流血 <input type="checkbox"/> Others (Please specify): _____		
Part of injury <input type="checkbox"/> Head 頭 <input type="checkbox"/> Body 身體 <input type="checkbox"/> Limbs 手腳 <input type="checkbox"/> Others (Please specify): _____		
Did you accompany the Injured Person to consult medical practitioner? 是否有陪同傷者求診?		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If yes, please provide: 如“是”，請提供:		
a) the name of the medical practitioner and the address of the clinic or hospital: 應診醫生姓名及醫院/診所地址:		
d) the medical advice from the medical practitioner: 應診醫生對傷勢的意見:		

## 5. Witness(es) Details 目擊者資料

Please provide details of the witness(es), if any: 如意外現場有目擊者，請提供以下資料:			
	1.	2.	3.
Name 姓名			
Age 年齡			
Gender 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Address 地址			
Tel. No. 電話			
Identity of the Witness 目擊者之身份			

## 6. Police Report 警方報告

Has accident been reported to the police? 是否向警方報告是次意外?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		
If "Yes", please provide: 如「是」，請提供：	Name of police station 警署名稱		Police Report No. 警方檔案號碼
	Date of Report 報案日期	dd日 / mm月 / yyyy年	Officer's name &/or no. 警員姓名及/或號碼
Did the police officer witness the accident? 警員是否意外之見證人?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		

## 7. Declaration 聲明

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索償事宜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 (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, 27A, 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九十五號統一中心 27A，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 of Insured 保戶簽署  
(with Company Chop, if incorporated  
如屬公司法團，請蓋公司章)

Signing Date  
簽署日期

