

Detailed address of the place of incident

事故地點之詳細地址

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. 電話: 2876 0288 **傅真**: 2876 0222 Tel: 2876 0288 **Fax**: 2876 0222

Official Use: Claim No.

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				Occupation / Trade			
名稱				職業 / 行業			
Address							
地址							
Telephone No.	Email Address			Policy No.			
電話號碼	電郵地址			保單號碼			
SUA Registration No.	Make			Model			
小型無人機註冊號碼	品牌			型號			
				L			
Details of Remote Pilots							
遙控駕駛員資料							
Name of Remote Pilot				Remote Pilot Certificate No.			
遙控駕駛員姓名	香港身份証號	碼		遙控駕駛員証書號碼			
Occupation / Trade	Sex		Age	Telephone No.			
	性別	年齡		電話號碼			
Address 地址							
사다세.							
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				
休尸典進控馬歇貝之關係		進程馬	5枚貝貝座/ 經驗				
Doutionland of the Indiana							
Particulars of the Incident 事故資料							
Date			Time		(AM / PM)		
日期			時間		(上午/下午)		
Weather	Flight Altitude			Flight Speed			
Weather 天氣狀況	飛行高度			飛行速度			
/ / / / / / / / / / / / / / / / / / /	7011回汉			11年17年17			

Particulars of the Incident (Cont'd) 事故資料 (續)

事故資料 (續)								
Details of the incident 事故詳情								
李 以叶内								
Usage of the Small Unman		P	_			٠	· 1 T	· •
小型無人機用途	med Ancian.	Private and Pleasure Use 私人遊樂用	Ц			Commerc 商業用	iai c	Jse 🗀
	10		_				- ,	
Whether police was notifie 有否通知警方?	:d?	J	Ц	Yes 有		ı		No 否
	etails: Police Station			1.1	Danar	4 NI _O		Ц
If "Yes", please give the do 如"有",請述明:	etalis: Police Station 警署				Repor 報案			
TYTI Civil Assistion De			_					
Whether Civil Aviation De 有否通知民航署?	partment was nouned:	L	_	Yes 有		L		No 否
If "Yes", please give the R	eport No:							
如"有",請提供檔案號碼								
Did the aircraft carry any o	Shiect during the flight?	г	_	Yes		Г		NT
飛行中有否運載物件?	oject during me mgm.	•	_	f es 有		•		NO 否
If "Yes", please state the o	biect and weight:							
如"有",請述明該類物件								
Have you taken out any otl	her Insurance policies ag	rainst the incident?	_	Yes			<u> </u>	No.
閣下於是次事故中,有否		_		有		-		否
If "Yes", please give the do	etails: Name of Insurer				Polic	y No.		
如"有",請述明:	保險公司名稱	·			保單			
	Type of Insurance	e			Claim			
	保險種類				索償			
Particulars of Witness:	Name					Telepho	ne N	Jo
目擊者資料:	名稱					電話號	溤	
	Address							
	地址							
Property Claim								
財物索償								
Description of lost / damag	ged property							Claim Amount (HK\$)
損失/損毀財物詳情								索償金額 (港幣)
Are you the sole owner of 閣下是否損失 / 損毀財物		erty?		Yes 是				□ No 否
				疋				白
If "No", please state the de 如"否",請詳述:	tails:							
								-

Liability Claim

責任索償						
Name of the Third Party	Telephone No.					
第三者名稱		電話號碼				
Occupation / Trade	Sex	Δ σο	Relationship between the Insured and the Third Party			
職業 / 行業	性別	Age 年齡	保戶與第三者之關係			
収未 / 1.7 未	生別	<u>+</u> -⊠<	休尸與另二名之關係			
Address						
地址						
Nature and extent of injury / loss / damage						
受傷/損失/損毀之性質及程度						
TT 1 12 12 12 12 1 12 1 1 1 1 1 1 1 1 1						
Have you admitted liability to the third party?		☐ Yes	□ No			
閣下是否已向第三者承認責任?		是	否			
If "Yes", please state the details:						
如"是",請詳述:						
Have you received any claim from the third party?		☐ Yes	□ No			
閣下是否已收到第三者索償要求?		上 是	否			
		<i>/</i> _	Е			
If "Yes", please state the details:			n Amount (HK\$):			
如 "是" ,請詳述:			償金額 (港幣):			
<u> </u>						
Please supply us with the following document(s), (if any)·					
i 請提供以下文件,(如有):	n any).					
M4366 (1) (1) (34/4)						
1) Photographs of damaged articles	2) Police Re	eport / Statement	3) Claim Letter / Document from Third Party			
損毀物品之照片	警方報告	- 	第三者之索償信/文件			
4) Repair Quotation		Remote Pilot Certificate	6) Copy of Remote Pilot HKID			
維修報價單	遙控駕馬	 使員証書副本	遙控駕駛員身份証副本			
7) Incident Report issued by Civil Aviation Dept.		SUA Registration Certific	cate			
民航署發出之事故報告	小型無力	人機註冊証副本				
Declaration						
聲明						
			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.			
			1. 六人111. 4. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
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	沙,台/台等亦已閱讀/	又元至明日业问思育貝所列却乙內谷。			
Signature of Insured		a	. 74			
(with company chop if applicable)		Signature of Remo	te Pilot			
		遙控駕駛	員簽署			
(如屬公司請蓋章)						
.			D			
Date			Date			
日期			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。