



Blue Cross 藍十字

An AIA Company 友邦保險成員公司



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Blue Cross HK App

THIRD PARTY LIABILITY INSURANCE CLAIM FORM

第三者責任保險賠償申請表



Sun Flower Insurance Brokers Limited
Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong
Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowervip.com
Thank you for considering Sun Flower to be one of your selected intermediaries.
We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

Please complete and sign this Claim Form, and provide the relevant documents listed in Part VI to avoid delay in claim process. Do not make any admission, offer or promise of payment or payment without the Company's prior written consent. Any third party correspondence, Court Notice, Summons, Writs & Orders should be forwarded to the Company immediately unanswered. The Company is entitled to request for further information or other specific claim form to be completed, and assign an insurance adjuster for investigation. Completion and submission of this Claim Form shall not be construed as admission of liability on the part of the Company.

請填妥並簽署此賠償申請表，連同第六部分所列相關文件交回，以免延誤索償進程。在沒有獲得本公司書面同意的情況下，不得作出任何承認、提議、承諾付款或付款。對於任何第三者的往來書信、法庭通告、傳票、入稟狀及書面命令，請不要回覆，並立即提交本公司，以便處理。本公司有權要求索償者提供更多資料或填寫其他專用索償表格，以及委派保險理算人進行調查。填寫及遞交此賠償申請表並不表示本公司承擔賠償責任。

I. Policy and Personal Particulars 保單及個人資料

Claim No. (Office use)

索償編號 (本公司專用)

Policy No. 保單編號	Name of Policyholder 保單持有人姓名	
HKID Card / Passport No. 香港身分證 / 護照號碼	Phone No. 聯絡電話	E-mail Address 電郵地址
Correspondence Address 通訊地址		

II. Claim Information 索償資料 (Please complete where applicable 請填寫適當項目)

Are you the owner, lessee, tenant, incorporated owners, contractor of the insured premises/location? 閣下是否受保物業 / 地方的業主、承租人、租戶、立案法團代表或承判商? Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> If "No", please identify your role in this Claim Form. 如"否"，請列明閣下在這賠償申請表之身份	Full description of the incident (cause and manner) 事件詳情 (怎樣發生及細節)
Place of Incident 事件發生地點	Who reported the incident to you? 誰通知閣下該事件? Name 姓名: Role/Position 身份 / 職位:
Date & time of Incident 事件發生日期和時間	Contact Phone No. 聯絡電話: Email Address 電郵地址: Address 地址:
	When was the incident reported to you? 閣下何時知悉該事件?

III. Police, Authority & Other Information 警方、政府機構及其他資料 (Please complete where applicable 請填寫適當項目)

Reported to Police? 有否向警方報案? Yes 有 <input type="checkbox"/> No 沒有 <input type="checkbox"/> Police Report No. 報案編號 _____ Police Station 警署區域 _____ Date of Report 報案日期 _____ Any Police Action taken? 警方會否採取行動? Yes 會 <input type="checkbox"/> No 不會 <input type="checkbox"/> Please attach copy of statement and/or police report, if any 請附上警方報告及 / 或口供紙，如有	Reported to other Authority/Building Management? 有否通知其他政府機構 / 物業管理處? Yes 有 <input type="checkbox"/> Case No. 案件編號 _____ No 沒有 <input type="checkbox"/> Name of Authority/Building Management 政府機構 / 物業管理處名稱 _____ Address 地址 _____ Please attach copy of statement and/or report from other Authority/Building Management, if any 請附上政府機構報告及 / 或口供紙及物業管理處證明文件，如有
Was another person responsible for the incident? 事件之責任屬另一方? Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 未知 <input type="checkbox"/> Name 姓名: Phone No. 聯絡電話: Email Address 電郵地址:	Whenever possible, please obtain names of witnesses, bystanders or persons in the immediate vicinity who may have seen the accident or heard statements made by any of the persons involved. (Please use separate sheet if insufficient space) 請盡可能提供證人、旁觀者或附近可能目睹意外或聽到任何涉事人士對話的現場人士資料 (如空位不足，請另頁說明) Name 姓名: Phone No. 聯絡電話:

Address 地址:	Email Address 電郵地址: Address 地址:
Any other insurance covering this incident? 有否其他保險承保是次事件? Yes 有 <input type="checkbox"/> No 沒有 <input type="checkbox"/>	
Name of insurance company 保險公司名稱: _____	
Policy No. 保單編號: _____ Benefit Type 保障類別: _____ Amount of Sum Insured 保額: _____	
Any previous loss involving same/similar cause of incident? 以往曾否發生過與是次事件同類型或相似情況以致損失? Yes 有 <input type="checkbox"/> No 沒有 <input type="checkbox"/>	
If "Yes", please provide details. 如"有" · 請詳細列明	

IV. Third Party Property Loss and/or Damage Claim 第三者財物損失/損毀索償

(Please use separate sheet if insufficient space 如空位不足 · 請另頁說明)

Name of Third Party 第三者姓名:	Was the Third Party claiming property loss/damage? 第三者財物損失/損毀索償? Yes 有 <input type="checkbox"/> No 沒有 <input type="checkbox"/>
Age 年齡: Male 男 <input type="checkbox"/> Female 女 <input type="checkbox"/>	Description of Lost/Damaged Property 失物/損毀物品種類 _____
Relationship with the policyholder 與保單持有人之關係	Estimate Repair or Replacement Costs(HK\$) 估計維修或更換費用 (港幣) _____
Occupation/Position 職業/職位:	Estimate Loss Value(HK\$) 估計損失價值 (港幣) _____
Phone No. 聯絡電話:	Amount Claimed (HK\$) 索償金額 (港幣) _____
Email Address 電郵地址:	Is the Third Party Claimant insured 第三者是否有其他保險保障? Yes 有 <input type="checkbox"/> No 沒有 <input type="checkbox"/> If "Yes", please provide the following details. 如"有" · 請提供詳情
Address 地址:	Name of insurance company 保險公司名稱: _____ Policy No. 保單編號: _____
	Did you receive any Third Party Claim? 閣下已收到第三者索償? Yes 有 <input type="checkbox"/> No 沒有 <input type="checkbox"/>
	If "Yes", please provide details and attach copy of demand letter, writ and/or court documents, if any. 如"有" · 請詳細列明及附上索償信、入稟狀及/或法庭文件 · 如有
	Was the incident caused by negligence of the Third Party? 事件是否因第三者疏忽引致? Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
	If "Yes", please provide details. 如"是" · 請詳細列明

V. Injured Party Claim 傷者索償 (Please use separate sheet if insufficient space 如空位不足 · 請另頁說明)

Name of Injured Party 姓名:	Nature & Extent of injury 受傷性質及程度 _____
Age 年齡:	Was ambulance called? 是否召援救護服務? Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
Male 男 <input type="checkbox"/> Female 女 <input type="checkbox"/>	Was the injured sent to hospital/nearby doctor? 傷者是否已送到醫院/附近醫生診所? Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Name of Hospital/Doctor 醫院/醫生名稱: _____

Relationship with the policyholder 與保單持有人之關係 Occupation /Position 職業 /職位:	Reason for the presence of the Injured Party at the insured premises/location 傷者在受保物業/地方出現之原因
Phone No. 聯絡電話: Email Address 電郵地址: Address 地址:	Was the incident caused by negligence of the Injured Party? 事件是否因傷者疏忽引致? Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> If "Yes", please provide details. 如“是”, 請詳細列明
Was the Injured Party claiming any compensation? 傷者是否索取賠償? Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Amount claimed(HK\$) 索償金額 (港幣) _____ Breakdown of the compensation (HK\$), if any 索償項目金額 (港幣) _____	
Did you receive any Injured Party Claim? 閣下已收到傷者索償? Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> If "Yes", please provide details and attach copy of demand letter, Writ and/or Court documents, if any. 如“有”, 請詳細列明及附上索償信、入稟狀及 / 或法庭文件。如有 _____ _____ _____	

VI. Claim Documents 索償文件

This Claim Form must be submitted immediately, even if any of the claim documents is not readily available. Claim documents to be submitted to the Company must include, but are not limited to the following documents. The Company may reasonably further request you to provide supplementary information or evidence. For details of the Claims Conditions, please refer to the Terms and Conditions of the Policy.
如未能即時提供任何索償文件, 此賠償申請表亦必須立即呈遞。閣下須提交包括但不限於以下列明的索償文件致本公司。本公司可能會在合理的情況下要求閣下提供補充資料及證明。有關詳細索償條件, 閣下可參閱保單條款及細則。

- Any third party correspondence, Court Notice, Summons, Writs & Orders, if applicable 任何第三者的往來書信、法庭通告、傳票、入稟狀及書面命令(如適用)
- Police report and statement to police, if any 警方報告及警方口供記錄 (如有)
- Statement/report from other Authority, if any 政府機構報告及 / 或口供紙 (如有)
- Statement/report from Building Management showing the date, circumstances of Incident and its cause of loss or damage, if applicable 物業管理處之事件報告證明文件列明有關財物之遺失或損毀的事發日期、事件經過及其成因 (如適用)
- Incident report, coloured photos and other supporting documents that may assist in defending the third party claim, if applicable 內部事件報告、彩色相片及其他證明文件以助抗辯第三者索償 (如適用)

VII. Authorisation and Declaration 授權及聲明

I/We hereby authorise any person, party and/or authority to disclose to Blue Cross (Asia-Pacific) Insurance Limited ("the Company") or its authorised representative, any and all information with respect to my/our loss, police statement made and the like for the purpose of assessing my/our claim request(s). A photocopy of this authorisation shall have the same effect as the original.
本人 / 我們謹此授權任何持有本人 / 我們之任何記錄或資料的人士、有關人等、及 / 或有關當局, 向藍十字 (亞太) 保險有限公司 (「貴公司」) 或其授權代表提供任何或所有有關本人 / 我們之損失、口供或任何相關資料作評估賠償申請之用途。此授權書之正本及副本皆具同等效力。

I/We hereby declare that all the above information, statements and particulars given herein are accurate, true and complete and are given to the best of my/ our knowledge and belief. I/We have no other insurance policy indemnifying me/us in respect of this incident. I/We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this request or inform the Company of all material information may render the Company unable to accept or process this request and all rights to recover under the Policy shall be forfeited. I/We understand that the issuance or completion of this Claim Form does not constitute admission of liability or guarantee payment of the claim on behalf of the Company.
本人 / 我們謹此聲明, 上述所有問題的答案包括所有資料、口供及細節均是準確無誤、真實及為事實之全部, 並且是盡本人 / 我們所知及所信而作答的。本人 / 我們在這事件並沒有其他保險賠償。本人 / 我們並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知貴公司任何有關此索償申請之重要資料, 將可能導致貴公司不能接受或處理此索償申請及喪失所有追討保單權益之權利。本人 / 我們明白此索償表格之發出及填妥並不代表貴公司確認責任或保證賠償。

I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form. 本人 / 我們確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。

Signature of Policyholder
保單持有人簽署 : _____
(with company chop if appropriate)
(並公司蓋章, 如適用。)

Name 姓名 : _____

Date 日期 : _____
(dd/mm/yy 日/月/年)

The Chinese version of this Form is for reference only. In case of any discrepancy between the Chinese and English versions, the English version shall prevail. 此表格的中文譯本僅供參考之用, 文義如與英文本有歧異, 概以英文為準。