



第三者責任保險意外傷亡報告書
Public Liability / Products Liability Insurance Claim Form

保戶姓名 Name of Insured	
保單號碼 Policy No.:	
地址 Address	
電話/手機號碼 Telephone No./Mobile Phone No.:	
傳真號碼/電子郵箱 Fax No./E-mail Address:	
職業/行業 Occupation / Trade	
出事性質 Nature of Loss	
發生日期及時間 Occurred at about	日期 On _____, _____ 上午/下午 AM / PM
發生地點 Place of Accident	在 At _____
出事詳細情況 Circumstances	

請劃出意外發生之草圖
 Please draw a rough sketch illustrating the circumstances of the accident

警方報告
Police Report

1. 在何處報警
 Where made? _____ 報警號碼
 Report No.: _____ 日期
 Date: _____

2. 警方會採取何種行動?
 Any police action taken? _____

第三者資料
Third Party Information

誰人疏忽而引起此意外？
Whose negligence caused the accident? _____

傷者為何出現在現場？
What right did the injured party have on the premises? _____

傷者之年歲，姓名，地址及職業
Name age, address and occupation of the injured person _____

受傷程度
Extent of injury

建築物有否損壞？如有，
Any damage to property? _____ 請填寫損失細明表
If so, please complete Details of loss: _____

有否收到賠償要求？有／無，如有，請述細節
Has any claim been made upon you? Yes/No. If yes, give particulars _____

請詳述証人姓名及地址
Name and address of witness _____

工程開始前，曾否索取地下電線喉管總管道之平面圖？
Have you obtained a plan of existing Underground Cable/Pipe/Main indicated in the Plan? 有／無
Yes / No

如有，該損壞之電線，喉管，總管道是否顯示在圖內？
If answer is Yes, is the damaged Cable/Pipe/Main indicated in the Plan? 有／無
Yes / No

(如有收到任何有關這次意外之信件請勿作答並立即交與保險公司處理)
(Any communication that you receive about the accident should not be answered but sent to the Insurance Company immediately.)

損失細明表
Details of loss

物件名稱 Description of Articles	物主姓名及地址 Name and address of owner	購買日期 Date acquired	確實價值 Actual Cost	損壞程度 Extent of Damage	折舊多少 Depreciation	損壞／損失時之 價值 Value at the time of Loss / Damage	要求賠償之 淨額 Net amount of Claim
總數 Total:						_____	

如建築物或物件受到損壞，請詳述及列出其修理之約數
If any damage to property or premises was caused by this occurrence, please describe and give an estimated cost of repairs:

本人／本公司籍此鄭重聲明上述各項全部屬實及本人／本公司並無其他保單補償或保障本人／本公司因此意外引起之損失。同時，本人／本公司明白及同意供給此表格本人／本公司並不構成保險公司放棄保單上條例所授予之權利。

I/We hereby declare that the foregoing particulars are true in every respect, and that I/We have no other policy indemnifying me/us in respect of this loss or accident. It is also understood and agreed that the furnishing of this form to me/us shall not constitute a waiver of any of the conditions of the policy.

日期
Date _____

保戶／申請人簽署
Signature of Insured / Claimant _____