

Liability Claim Report

責任險索報告

Please return to / 請寄回至

Claim No: (Office Use Only)
賠償檔案號碼(本公司專用)

Please answer all relevant questions fully and return this form within seven days.

請詳盡回答全部有關問題，並於七天內寄回。

INSURED

Policy No / 保險單號碼:	<input style="width: 90%;" type="text"/>		
Full Name / 姓名:	<input style="width: 90%;" type="text"/>		
Address / 地址:	<input style="width: 90%;" type="text"/>		
	<input style="width: 80%;" type="text"/>		Postcode 郵政號碼 <input style="width: 10%;" type="text"/> - <input style="width: 10%;" type="text"/>
Business or Occupation / 行業或職業:	<input style="width: 90%;" type="text"/>		
Business Telephone No. 辦事處電話號碼	<input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/>	Residence Telephone No. 住宅電話號碼	<input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/>

THE EVENT 意外事故

Date of Incident / 發生日期:	<input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/>	Time of Loss / 時間:	<input style="width: 20%;" type="text"/>	AM/PM / 上午/下午
Exact place of accident giving rise to claim / 引起賠償要求的意外事故發生的確切地點				
<input style="width: 90%;" type="text"/>				
When was the accident report to you / 何時獲悉本次意外事故 <input style="width: 20%;" type="text"/>				
Have you any other insurance in force which may cover this loss / 你是否有任何其他有效的承保此項損失責任的保險 Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>				
If 'Yes' please give details below / 如“是”請在以下述明				
<input style="width: 90%;" type="text"/>				
Policy No / 保險單號碼:	<input style="width: 25%;" type="text"/>	Insurer / 保險公司名稱:	<input style="width: 50%;" type="text"/>	
Address / 保險公司地址:	<input style="width: 90%;" type="text"/>			
	<input style="width: 90%;" type="text"/>			

DETAILS OF CLAIM 索賠詳細情

Give details of any claim made upon you (enclose any correspondence that you may have received relating to the claim with this form)
向你提出賠償要求的詳情 (如收到任何有關此項賠償的信件請一併附來)

DETAILS OF THE INCIDENT 意外事故詳細情形

Please describe the accident in details / 請詳述意外事故發生經過

Please give name and address of all witness to the accident / 請提出所有現場目擊証人的姓名及地址

DAMAGE TO PROPERTY 財物的損毀

Please state name and address of each owner of damaged property and give full details of such damage

請列明各損毀財物之物主的姓名、地址及損毀詳情

Was any of the above known to the insured before the accident? / 在意外事故發生前，被保險人是否認識上述任何人？

Yes 是 No 否

If 'Yes', please state relationship / 如“是”請說明與他的關係

--

PERSONAL INJURY 人身傷害

Please give name, occupation and employer's name in respect of each injured person and details of the injuries sustained in the incident

請列明每一受傷者的姓名，職業和僱主姓名和其他意外損害的詳情

Name / 姓名	Occupation / 職業	Employer / 僱主	Injuries / 傷害

If the injured person is one of your employees, please also answer the following questions

如受傷者是你的僱員，請回答以下問題

How long has he/she been employed by you / 他/她受僱於你有多久

(a) altogether / 總共

(b) in his/her present capacity / 現任職務

Approximately weekly wage inclusive of overtime and any bonus, excluding income tax

每星期工資，包括超時工作和任何獎金，但所得稅除外

 £

Age / 年齡	<input type="text"/>	Married or Single / 已婚或未婚	<input type="text"/>	Dependant children of school age / 依靠撫養的撫當兒童	<input type="text"/>
----------	----------------------	---------------------------	----------------------	--	----------------------

If the injured person has been absent from work as a result of the accident / 如受傷者因本次意外事故而導致不能上班

a) When did the absence begin / 從何時起不能工作

 / /

(b) Date of return to work, or expected date if still absent / 復工日期，如未復工，預期何時可復工

 / /

If the injured person has returned to work is he/she now performing full pre-accident work?

Yes 是 No 否

如受傷者已復工，他/她是否繼續履行發生意外事故前的工作？

If 'No', please give details / 如“否”請提供詳情

--

What was the injured person doing at the time of the accident / 在意外事故發生時，受傷者正在從事什麼工作？

Who was in charge of their work / 誰主管他們的工作？

Was any machinery involved / 意外事故是否與機器有牽連？

Yes 是 No 否

If 'Yes', please give details / 如“是”請提供詳情

--

Was the accident due to the lack of non-use of guarding? / 該意外事故是否因防護措施不足或未使用防護措施而引致？

Was the accident due to any defect in the premises or plant? / 該意外事故是否因工作場所或廠房不妥善引起？

Please attach any additional information, which you may wish to give, with this form

如您認為需要提其他附加情況，請一併附上

DECLARATION 聲明

I/We hereby declare that to the best of my knowledge and belief these particulars are true and complete.

我 / 我們謹此聲明以上所述是我 / 我們所知道的全部情況，並正確實無訛

Date / 日期: / /

Signature / 簽署:

Position / 職位:

(If signed on behalf of a company - 如代表其公司簽署)

Note: The Company does not admit any liability by the issue of this form

備註: 本表格的發出，並不構成本公司承擔任何責任