

Liability Claim Report

責任險索賠報告

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 投保人

Policy No / 保險單號碼:	<input type="text"/>		
Full Name / 姓名:	<input type="text"/>	Date of Birth / 出生日期:	<input type="text"/>
Address / 地址:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode 郵政號碼	<input type="text"/> - <input type="text"/>
Business or Occupation / 行業或職業:	<input type="text"/>		
Business Telephone No. 辦事處電話號碼	<input type="text"/> - <input type="text"/>	Residence Telephone No. 住宅電話號碼	<input type="text"/> - <input type="text"/>

THE EVENT 意外事故

Date of Incident / 發生日期:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time of Loss / 時間:	<input 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 type="text"/>				
When was the accident reported to you / 何時獲悉本次意外事故				
<input 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 type="text"/>				
Policy No / 保險單號碼:	<input type="text"/>	Insurer / 保險公司名稱:	<input type="text"/>	
Address / 保險公司地址:	<input type="text"/>			
	<input type="text"/>			

DETAILS OF CLAIM 索賠詳細情況

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

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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

Married or Single

已婚或未婚

Dependant children of school age

依靠撫養的學齡兒童

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

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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

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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

PRIVACY AND YOUR PERSONAL INFORMATION

China Taiping Insurance (UK) Co Ltd are the data controller (as defined by the UK Data Protection Act 2018 and all applicable laws which replace or amend it, including the General Data Protection Regulation) in respect of this contract of insurance. **We** may obtain, collect and process **your** personal information for the purposes of entering into and performing **our** insurance contract with **you**.

For full details of what data **we** collect about **you**, how **we** use it, who **we** share it with, how long **we** keep it and **your** rights relating to **your** personal data, please refer to **our** Privacy Notice which is available on our website at: <https://uk.cntaiping.com/uk-privacy/>

If **you** do not have access to the Internet, please write to **our** Data Protection Officer (at the address shown below) with **your** name and address and a copy will be sent to **you** in the post.

In summary, **we**, may, as part of our agreement with **you** under this contract, collect personal information about **you**, including:-

- Name, address, contact details, date of birth and cover required
- Financial information such as previous credit history, bank details
- Details of any previous insurance claims.
- Information for Employers' Liability Database records (if Employers' Liability insurance is included)

We may also collect sensitive personal information about **you**, and any additional people who **you** wish to be insured under the policy, including medical records to validate a claim should **you** be claiming for sickness or an accident.

We collect and process **your** personal information for the purpose of insurance and claims administration.

Telephone calls may be monitored and recorded and the recordings used for fraud prevention and detection, training and quality control purposes.

Your personal information may be shared with third parties which supply services to us or which process information on **our** behalf (for example, premium collection and claims validation, or for communication purposes related to **your** cover). **We** will ensure that they keep **your** information secure and do not use it for purposes other than those that **we** have specified in **our** Privacy Notice.

Some third parties that process **your** data on **our** behalf may do so outside of the European Economic Area ("EEA"). Where such transfers occur, **we** ensure that they do not occur without **our** prior written authority and that an appropriate transfer agreement is put in place to protect **your** personal information to an equivalent standard to that found in the EEA.

We will keep **your** personal information only for as long as **we** believe is necessary to fulfil the purposes for which the personal information was collected (including for the purpose of meeting any legal obligations).

We will share **your** information if **we** are required to by law. **We** may share **your** information with enforcement authorities if they ask us to, or with a third party in the context of actual or threatened legal proceedings, provided **we** can do so without breaching data protection laws.

If **you** have any concerns about how **your** personal data is being collected and processed, or wish to exercise any of **your** rights detailed in **our** Privacy Notice, please contact **our** Data Protection Officer at:-

China Taiping Insurance (UK) Co Limited;
2, Finch Lane, London EC3V 3NA
E-mail: dataprotectionofficer@uk.cntaiping.com
Tel: (0044) (0)20 7839 1888

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

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