



**Public Liability Report Form 公眾責任意外報告表格**

呈遞此報告書，並不表示保險公司承擔賠償責任。

By furnishing this report form the Company makes no admission of liability.

**甲項 投保人資料**  
**SECTION A INSURED'S INFORMATION**

(一) 投保人 (1) Insured Name:	_____	For Office Use Only 公司專用
(二) 聯絡地址 (2) Correspondence Address:	_____	
(三) 聯絡人 (3) Contact Person	聯絡人電話 Contact Person Tel. No. _____	
辦事處電話 Office Tel. No. _____	傳真號碼 Fax No. _____	
電子郵件 E-mail Address _____		Date Submitted :
(四) 保單號碼 (4) Policy No.:	_____	Claim No. :
		Remarks :

**乙項 發生意外之詳情**  
**SECTION B FULL DESCRIPTION OF ACCIDENT**

(一) 發生意外之起因及情況  
(1) Cause and manner of occurrence \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(二) 由何人之疏忽而引致意外之發生  
(2) Whose negligence caused the accident? \_\_\_\_\_

\_\_\_\_\_

**丙項 受傷者情況**  
**SECTION C PERSON INJURED**

(一) 姓名 \_\_\_\_\_ 年齡 \_\_\_\_\_ 性別 \_\_\_\_\_  
(1) Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

地址 \_\_\_\_\_  
Address \_\_\_\_\_

(二) 受傷之性質及程度  
(2) Nature and extent of injuries \_\_\_\_\_

(三) 受傷者現被送往何處  
(3) Where was the injured taken? \_\_\_\_\_

**丁項 損害第三者之財物情況**  
**SECTION D DAMAGE TO PROPERTY OF OTHERS**

(一) 物主姓名 \_\_\_\_\_ 年齡 \_\_\_\_\_ 性別 \_\_\_\_\_  
(1) Name of Owner \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

地址 \_\_\_\_\_  
Address: \_\_\_\_\_

(二) 財物之種類  
(2) Kind of property \_\_\_\_\_

(三) 損害之性質及範圍  
(3) Nature and extent of damage \_\_\_\_\_

\_\_\_\_\_

(四) 估計修理費用若干  
(4) Estimated cost of repairs \_\_\_\_\_



**茂項**                      **第三者之索償**  
**SECTION E**                **THIRD PARTY CLAIM**

(一)	閣下是否被要求賠償	是 Yes	<input type="checkbox"/>	要求賠償若干	
(1)	Has claim been made upon you?	否 No	<input type="checkbox"/>	If so, for what amount ?	_____
(二)	要求賠償者是否有投購保險	是 Yes	<input type="checkbox"/>	保險公司名稱	_____
(2)	Is claimant insured?	否 No	<input type="checkbox"/>	Name of Company	_____
(三)	閣下有否向要求賠償者承認責任				是 Yes <input type="checkbox"/>
(3)	Have you in any way admitted liability to the claimant ?				否 No <input type="checkbox"/>

**聲明 DECLARATION**

本人/吾等聲明上述資料完整及正確無訛。本人/吾等並無隱瞞任何重要資料。本人/吾等明白保險公司可要求更多資料。本人/吾等亦已閱讀及明白表格附上致客戶有關個人資料的通告。

I / We declare that the above information is true and complete to the best of my / our knowledge and belief and I / we have not withheld any material information connected with this claim. I / We understand that the Company can request for more information. I/We have also read and understand that the circular to customers relating to the Personal Data (Privacy) Ordinance attached.

投保人簽署(並蓋章，如適用)  
 Signature of Insured \_\_\_\_\_  
 (With company stamp if appropriate)

日期  
 Date : \_\_\_\_\_



## 索償程序

請依照以下索償程序，否則將會影響閣下的索償

### 有關公眾責任索償

- 在事件發生後，請拍攝現場照片並儘可能在清理或移動現場前讓新鴻基地產保險有限公司(本公司)到現場視察。
- 當遇上由偷竊或懷疑偷竊或故意或惡意行為所造成之損失或損毀，請立即通知警方。
- 請儘量索取所有有關事件之證人或人仕之口供及聯絡資料(如姓名、電話及地址)。
- 以書面形式提交索償並提供所有本公司及/或本公司委派之公証行所需之資料及文件，包括但不限於事件報告、相片及索償文件如修理報價。
- 請向本公司及/或本公司委派的公証行提供所需協助並予以合作。
- 若收到任何有關此次意外之一切函件，請勿作覆，並立即送交本公司。另外，閣下如收到任何法庭傳票，訴訟通知書，研訴或對死因之調查，應立即通知本公司。
- 未得本公司書面同意，不可向第三者承認責任或賠償。

### PUBLIC LIABILITY CLAIMS

- Take photos of the scene, and where possible, give the Company an opportunity to inspect the scene before any clearance or removal.
- Inform the police authorities in case of loss or damage due to theft or suspected theft or willful or malicious action.
- Take statements from and procure contact details (e.g. names and addresses) of all witnesses to the accident.
- Submit a claim in writing and furnish all such information and documents as the Company and/or its appointed Loss Adjusters may require, including but not limited to incident report, patrol/ cleaning records and colour photos of the scene.
- Render all such assistance and cooperation to the Company and/or its appointed Loss Adjusters as they may require.
- Forward every letter, claim, writ, summons and process unanswered to the Company immediately upon receipt.
- Not to make any admission, offer, promise, payment or declinature to any third party without the written consent of the Company.



新鴻基地產保險有限公司(本公司)  
就個人資料(私隱)條例  
致客戶有關個人資料的通告

關於投保人在本公司所出具之保單,本公司謹此通知投保人所提供的或將提供的個人資料將作以下用途:

- (甲) 本公司的日常運作及提供保險,財務及其他服務;
- (乙) 處理保單之發出及續期申請;
- (丙) 提供保險及其他財務之銷後服務;
- (丁) 處理,分析及調查任何保單之賠償;
- (戊) 設計及推廣本公司的產品及服務;及
- (己) 方便本公司與投保人通訊。

投保人保單內提供之個人資料,包括受保人之個人資料在內,無論是投保人提供或本公司從其他途徑搜集,一切將受最嚴謹保護,但可向以下人士披露:

- (甲) 本公司僱員,經紀及中介人;
- (乙) 任何本公司之聯營及有關之公司,及任何經營業務之公司;
- (丙) 任何本公司之賠償調查公司,法律顧問,會計師及其他服務提供者;
- (丁) 任何保險業公會,協會或保險工業組織;及
- (戊) 根據對本公司有約束性之法例,有權索取此等資料之執法機關。

根據及按照上述條例之規定,投保人有權要求查閱本公司所保存有關投保人之個人資料,並要求將之改正。本公司處理此等要求時將收取合理之費用。有關之要求可於七天前以書面提出並寄交:

香港灣仔港灣道30號  
新鴻基中心2309-16室  
新鴻基地產保險有限公司  
保障資料私隱主任

\*中文譯本僅供參考,如釋義有差異,概以英文本為準。

Sun Hung Kai Properties Insurance Limited (the "Company")  
Circular to Customers relating to the Personal Data (Privacy) Ordinance  
Use of Personal Data

We hereby give you notice that the personal data supplied or to be supplied by you to us in connection with this Policy will be used for:-

- (a) our daily operation, and for our provision of insurance, financial or other services;
- (b) processing applications for the issue of insurance policies and their renewal;
- (c) providing subsequent services for any insurance policies and other financial products or services;
- (d) processing, analyzing and investigating any claim under any insurance policy;
- (e) designing and marketing to you or otherwise our products and services; and
- (f) facilitating communication between you and us.

The personal data in respect of you and the Insured Person(s), whether supplied by you or collected by us through other means, will be treated with the strictest level of confidence but may be disclosed to:

- (a) our employees, agents and intermediaries;
- (b) any of our associated, holding, subsidiary or related companies, and any other companies carrying on insurance or reinsurance business;
- (c) any of our claims investigation companies, legal advisors, accountants or other service providers;
- (d) any association, federation or other organization of the insurance industry; and
- (e) any law enforcement agencies under any law binding on us.

Pursuant to the Personal Data (Privacy) Ordinance, you and the Insured Person(s) are entitled to have access to your or the relevant Insured Person's own personal data which are held by us and/or to correct such data on payment of a reasonable fee to cover our administrative charges and expenses. Such request should be made in writing with 7-days advance notice to:

Data Privacy Compliance Officer,  
Sun Hung Kai Properties Insurance Limited,  
2309-16, Sun Hung Kai Centre,  
30 Harbour Road,  
Wanchai,  
Hong Kong.

Thank you for your attention.  
March 2000