

Public Liability Claim Form 公眾責任索償申請表

Please send the completed claim form to claims.hk@bolttechinsurance.com 請將填妥的理賠表格發送至 claims.hk@bolttechinsurance.com

It is important that a complete answer be given to every your answers, please continue on a separate sheet. 請詳細填報表格上每一個適用的項目。如空位不足,請自	applicable question. If insufficient space is provided for 目備補充頁填寫。		
Policy number 保單號碼	Name of Agent 保險代理人		
Insured's Information 保戶資料			
Name of Insured 保戶姓名	Occupation / Business 聯業 / 經營業敦		
Correspondence address# 通訊地址#			
Tel no.# 電話#	Fax no.# 		
E-mail address# 電郵地址#			
# For the use of this claim only 只限於此索償之用			
Particulars of the Incident 事件詳情			
Date and time of incident 事發日期及時間			
Place of incident 發生事故之地點			
When and by whom was the incident first notified to you 在何時及由何人通知閣下?	?		
Detailed description of the incident and its cause 事故詳細經過及起因			

事故發生時,是否已作出任何安全措施

閣下以往曾否遇過類似性質的事故?

若「是」,列明詳情及何時發生」

If "Yes", provide details. 若「是」,請提供詳情

Have you ever experienced any incident of similar nature?

Have any precautionary measures been taken at the time of the incident?

If "Yes", state the details and date(s) of the incident(s).

Yes / No*

Yes / No*

是/否*

是/否*

^{*}Please delete whichever is inapplicable 請刪去不適用者



Following the incident, has any remedial work been taken to minimize the loss? 在事故發生後,是否已作出任何應變措施減低損失 If "Yes", provide details. 若「是」,請提供詳情	Yes / No* 是 / 否 *
Have you received any claim from any third party? 有否收到任何第三者索償要求? If "Yes", provide details. 若「是」,請提供詳情	Yes / No* 有 / 沒有 *
Please state, in your opinion, who should be liable for the incident. 閣下認為誰應該為事件負責?	

Witnesses 證人

Name(s), Address(es), and Telephone No(s) of witness(es) of incident, if any 證人之姓名、地址及電話號碼 (如有)

Particulars of Third Party 第三者資料

Complete this Section if any property was damaged or a person (other than your employee) was injured. 若意外中有任何財物受損或有人受傷 (閣下之僱員除外), 請填妥此部分。

Injured Party 傷者資料

Name	Sex(M/F)	Age	Nature & extent of injury contact		
姓名	性別(男/女)	年龄	受傷性質及程度	聯絡電話及 / 或地址	
				_	
			<u> </u>		
Was the injured person 傷者有否被送院?					YES / NO* _有 / 沒有 *
What is the relationship 受保人與傷者之關係?					
Was the accident cause 意外事件是否由傷者疏忽		the Injure	ed himself / herself?		YES / NO* 是 / 否 *
Reason, if any 請說明原因 (如有):					
Damaged Property (oth 財物損毀資料 (受保人則		ty owned	by the Insured)		
1. Who is the owner of 誰是受損財物之物主	the property?				
2. The owner's address 物主地址?	s?				
3. What kind of proper 甚麼財物種類?	ty is involved?				
4. What is the nature & 損毀性質及程度?	extent of damage	?			
5. The estimated cost 估計修理費用?	of repair?		HK\$ 港幣		

^{*}Please delete whichever is inapplicable 請刪去不適用者



Details of The Property Management Office / Police / Other Authority 物業管理/警方/其他有關機構資料 If the case was reported to the property management office / police / other authority, please provide the following information. 若事件已報告物業管理處/警方/其他有關機構,請填寫下列資料。 Name & address of the property management office / police station / other authority reported to: 物業管理處/報案警署/其他有關機構名稱和地址: Name 名稱 ___ Address 地址___ Report / reference No. Date of report 報案/檔案號碼_ 報案日期 **Particulars of Contractor** 承建商資料 Was there any work being performed under a contract entered with contractor Yes / No* at the time of Accident? 是/否* 承建商是否就是次事故有權向其他保險公司索償? 在事故發生時,是否有任何工作根據與承建商所訂立之合約下進行? If "Yes", please provide details. 若「是」,請提供詳情 Is the contractor entitled to claim under any other insurance policy Yes / No* in respect of this incident? 承建權是否有權根據任何其他保險單索賠? 是/否* If "Yes", please provide name of insurer. 若「是」,請提供保險公司名稱

*Please delete whichever is inapplicable 請刪去不適用者

有否與承建商訂立任何合約協議?

若「是」,誰負責投購第三者保險?

Is there any contractual agreement entered with the Contractor?

If "Yes", who shall be responsible for the insurance coverage against liability for third parties?

Yes / No*

有/沒有*



Declaration 聲明

I/We have read, understood and accepted the Personal Information Collection Statement of the Company ("PICS"). By signing below, I/We confirm this application and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the PICS, and I understand I can scan the QR code below for review of the PICS or else I can request a copy of the PICS by calling the Company's Customer Service Hotline at 3123 3344.



本人/我們已閱讀、明白及接受本公司的收集個人資料聲明。 透過以下簽名,本人/我們確認此申請並同意本公司可根據收集個人資料聲明列出之目的使用及披露本公司目前或將來持有的關於本人/我們的所有個人資料,並理解本人可以掃描以下二維碼查看本公司的收集個人資料聲明,或可致電本公司的客戶服務熱線 3123 3344 索取收集個人資料聲明副本。



Insured's signature (& Company chop, if applicable) 保單持有人簽署 (及公司蓋章,如適用)

HKID Card no./B.R. no. 香港身份證號碼 / 商業登記號碼 Date 日期

The following document should be submitted (if applicable) 請呈交以下相關文件 (如適用):

- 1. Incident Report / Property Management Report 事故報告 / 管理處報告
- 2. Police Report 警方報告
- 3. Copy of statement made to the Police by the witness 證人向警方錄取的口供紙副本
- 4. Photos showing the scene of the accident and extent of third party property damage and / or bodily injury 意外現場及第三者財物損壞程度及 / 或人身傷害的照片
- 5. Any document(s) relating to third party claim received 任何已收到的第三者索償文件

Notes 注意:

- 1. All questions must be answered. If not applicable, write "N/A". 所有問題必須作答。如不適用者,請填上「不適用」。
- 2. Submission of this form does not constitute admission of liability by bolttech Insurance. 呈上此表格並不代表保特保險承認有關責任。
- 3. Please do not make any admission, offer or promise of payment or payment without bolttech Insurance's prior written consent.
 - 在沒有獲得保特保險書面同意的情況下,不得作出任何承認、提議、承諾付款或付款。
- 4. Any third party correspondence, summons or writs should be forwarded to bolttech Insurance immediately unanswered.
 - 對於任何第三者的通告、傳票或書面命令,請不要回覆,並立即提交保特保險,以便處理。



Personal Information Collection Statement ("PICS") 收集個人資料聲明

Please scan the following QR code for review of Bolttech Insurance (Hong Kong) Company Limited's (the "Company") PICS. You can also request a copy of the PICS by calling the Company's Customer Service Hotline at 3123 3344.

請掃描以下二維碼查看保特保險 (香港) 有限公司(「本公司」)的收集個人資料聲明。您亦可致電本公司的客戶服務熱線 3123 3344 索取收集個人資料聲明副本。





English

中文