



CHINA MERCHANTS INSURANCE COMPANY LIMITED

招商局保險有限公司

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The forwarding of this form for completion is not an admission of liability upon the part of the company.
發出此通知書不能作為保險公司已經承認賠償損失之責任。

PUBLIC LIABILITY REPORT FORM 第三者責任意外報告表

It is important that a complete answer be given to every question. If insufficient space is provided for your answer please continue on a separation sheet. No admission, offer, payment or indemnity should be made in respect of liability for bodily injury, death, or property damage without the written consent of the Company. Please return this form within 7 days.

請詳細填報本表格上每一項目及於七天內交回本公司。在未得到本公司書面認許之前，不得作出或承擔任何有關人身傷亡或財物損毀賠償之責任。

INSURED 受保人

POLICY NO. 保單號碼 _____

INSURED'S NAME 受保人姓名 / 商號 _____

ADDRESS 地址 _____

BUSINESS 職業 / 商業 _____ TEL. NO. 電話 _____

ACCIDENT 意外發生情況

DATE 日期 _____ TIME 時間 _____ am/pm* 上午 / 下午 *

EXACT PLACE OF ACCIDENT 詳細意外地點 _____

WHEN AND BY WHOM

WAS IT FIRST

NOTIFIED TO YOU? 意外之發現者及時間

Name
姓名

Time Discovered
發現時間

Address
地址

Contact Tel. No.
聯絡電話

STATE FULLY WHAT HAPPENED

請詳述遇事經過

* Delete As Required
請將不適用劃去

WHAT PLANT OR EQUIPMENT,
IF ANY, CAUSED THE ACCIDENT
如意外由機械引致，請詳述機械之種類

ANY BROKEN PLANT OR EQUIPMENT MUST BE KEPT
IN A SAFE PLACE FOR INSPECTION 請將有關機械收好以便檢驗

WITNESSES 意外目擊証人

Name
姓名

Contact Tel. No.
聯絡電話

Address
地址

THIRD PARTIES 涉及之第三者
COMPLETE THIS SECTION IF :

PROPERTY IS DAMAGED OR A PERSON (NOT YOUR EMPLOYEE) WAS INJURED.
若有第三者財物損失或有第三者傷亡請填下列各項

(a) STATE DETAILS OF PROPERTY DAMAGE 詳述受損之財物

NAME OF OWNER
物主姓名

TEL. NO.
電話

ADDRESS 地址

(b) STATE DETAILS OF INJURY
詳述第三者之傷勢

NAME OF INJURED
傷者姓名

TEL. NO.
電話

AGE 年齡

ADDRESS 地址

IF KNOW, STATE
NAME OF EMPLOYER
如有傷者僱主名稱，請寫出

CLAIM 要求索償

HAS ANY CLAIM BEEN MADE YES/NO*有 / 否 *If YES, GIVE PARTICULARS 如有，請詳述
UPON YOU? 有否收到索償要求

(ANY COMMUNICATION THAT YOU RECEIVE ABOUT THE ACCIDENT SHOULD NOT BE ANSWERED BUT
SENT TO THE COMPANY IMMEDIATE). (有關是次意外收到文件請勿作答，應立即遞交本公司處理)

DECLARATION 聲明

I/We declare that these particulars are true and complete. I/We under take to give the company all assistance in my/our power
in dealing with the matter. 以上所列乃屬真實且願協助公司辦理一切。

Chop 公司蓋章

保單持有人簽名

SIGNATURE OF INSURED

日期

DATE