

MSIG Insurance (Hong Kong) Limited

9/F Cityplaza One 1111 King's Road, Taikoo Shing Hong Kong G.P.O. Box 783 Hong Kong Tel: (852) 2894 0555



Fax : (852) 2895 2096 Website : www.msig.com.hk

PUBLIC LIABILITY REPORT FORM

公共責任意外報告書

THIS FORM IS ISSUED WITHOUT ADMISSION OF LIABILITY, AND IT MUST BE COMPLETED AND RETURNED TO THE COMPANY IMMEDIATELY. 提供索償申請表予閣下不應被視為本公司的賠償承諾。請填妥索償申請表內有關項目,並將索償申請表立即交回本公司。

Insured or Policyholder 保戶或保單持有人資料				
Policy Number 保單號碼				
Name of Insured 保戶姓名				
Contact Person 聯絡人	Contact Tel. No. (day	time) 日間聯絡電話		
Correspondence Address 通訊地址				
Accident 意外事故資料				
Date and Time 事故發生日期及時間	Date □ ##	Time 時間		
事成級エロ州及時间 Exact Place of Accident 事故發生地點		ਜਹੇ।ਜੀ		
1. When and by whom was it first notified to you? 事件在何時及由何人報告?				
 Detail of description of incident and cause of incident: 事件發生之詳情及事件之原因: 				
-				

3. A copy of the Incident Report, if there is any 如閣下備有事故報告,請提供副本	
4. Has any precautionary measure been taken	
at the time of incident? 在事故發生時,是否已作出任何安全措施?	
If "Yes", give details. _ 如果"是",提供詳情	
-	
5. Following the incident, has any remedy work been taken?	
在事故發生後,是否已作出任何應變措施? If "Yes", give details	
如果"是",提供詳情	
Name(s), Address(es), and Telephone No(s). of witness(es) of incident, if any	
目擊証人之姓名、地址、及電話號碼	
_	
_	
_	
7. Was the incident reported to the police?	
If so, at which station. 事件有否報案及在何處報警?	
8. Please state your own view on liability _	
請説明閣下對是次事故責任問題上的意見 	
_	
_	
_	
-	
_	
Deuticulare of Main Contractor or Contra	
Particulars of Main Contractor or Contra	
Is there any work by contract undertaken at the time c 在事故發生時,是否有以合約形式的工作進行中?	of incident? No Yes if "Yes", give details as below:
Name Trade 名稱 行業	Contact Tel No.
名稱 行業 Address	
地址	
Is the main contractor or contractor entitled to claim u their respective insurance policy in respect of this incid 總承建商/承建商是否就是次事故向其保險公司素償?	, 9
Name of insurance company 保險公司名稱	Policy No. 保單編號
Is there any contractual agreement made with the Mai 是否已與總承建商/承建商定立任何合約上的協議?	in Contractor/ Contractor?
If "Yes", who shall be responsible for the insurance covera 如 "是" ,根據協議書由誰負責投購第三者保險?	age against liability for third parties?

. Injured Party 傷 者	資料				
Name 姓名		ge N 齡	Vature & Extent of in 受傷部位及程度	jury	Contact telephone number &/ or address 聯絡電話及/或地址
Was the injured person: 傷者有否被送院?	sent to hospital?				
Relationship between yo 您與傷者之關係?	u and the injured. -				
. Damaged Propert 財物損毀資料 (保戶財物	•	nsured)			
1. Who is the owner of 受損財物屬誰?	the property?				
2. The owner's address? 物主地址?					
3. What kind of property 甚麼財物受損?	involved?				
4. What is the nature & 損毀程度?	extent of damage?				
5. The estimated cost of 修理費約為?	repair, if known?	HK\$ 港幣			
dditional questions 果受保物業用作住宅:			pied for reside	ntial purpo	ose:
re you the owner of the In 下是否該受保物業的業主?	sured premises?		☐ Yes 是	□ N	
re you the occupier of the 下是否居住於該受保物業?	Insured premises?		☐ Yes ☐ 是	□ N	
ere the premises occupied 事發時,住宅是否有人居住?		loss?	□ Yes 有	□ N	
NO, give date and time th 沒有,請提供最後有人居住的		ed. 			
ge of the building? 受保物業的樓齡?					
dditional question 閣下曾裝修受保住宅			d / or renovate	ed the pre	mises :

- * IMPORTANT Please forward to us all correspondence directly relating to the third party claim and do not admit any liability to third party
- * 重要事項-如收到第三者的索償信件,請勿私下作出回覆。閣下必須將該等信件交與本公司。

DECLARATION & AUTHORIZATION 聲明及授權

- 1. I/We declare that the above information is in all respect true and complete to the best of my/our knowledge and belief; 我/我們就此作出聲明,以上所述事項均根據我/我們所知及所信的情況下提供,並且為正確及並無遺漏。
- 2. It is agreed that upon request by MSIG Insurance (Hong Kong) Limited. I/We shall make a statutory declaration to re-affirm the genuiness of all the information contained in this report form; and

3.	若 MSIG Insurance (Hong Kong) Limited 提出有關要求,我/我們將同意作出重申 I, the undersigned claimant, hereby authorize any party concerned to disclos representative any and all information with respect to my claim in rela authorization shall be as effective and valid as the original. 本人為下方簽署之索償人。本人現授權有關人士向 MSIG Insurance (Hong Kong) L的資料記錄。本授權書的法律效力等同正本。	e to MSIG Insurance (Hong Kong) Limited or its tion to the accident a photostat copy of this
	nature of Insured (with company chop if applicable) 「簽署(如屬公司請蓋章)	Date 日 期