

永隆保險有限公司

WING LUNG INSURANCE CO LTD

INCORPORATED IN HONG KONG WHOLLY OWNED SUBSIDIARY OF WING LUNG BANK LTD
 45 DES VOEUX ROAD CENTRAL HONG KONG TEL: 2826 8428 FAX: 2899 2544
 email: insurance@winglungbank.com

第三者責任遇事報告書

THIRD PARTY LIABILITY ACCIDENT REPORT

保戶不論是否被人要求賠償，應請立即準確詳填此表，並請即送回本公司以便處理

This form should be completed as fully and accurately as possible and returned to the Company immediately whether a claim has been made on the Insured or not.

1 保單持有人 POLICY- HOLDER	姓名 Name 聯絡地址 Communication Address 辦公室地址 Business Address	保單號碼 Policy No. 住宅電話 Home Phone No. 辦公室電話 Business Phone No.
2 發生意外之 時間及地點 TIME AND PLACE OF ACCIDENT	時間 Time 發生意外之地點 Exact place of accident 意外事在何時及由何人報告 When, and by whom was the accident reported to you 閣下是否物主，承租人，住客或承辦人 Are you the owner, lessee, tenant or contractor	日期 Date:
3 發生意外之 詳情 FULL DESCRIPTION OF ACCIDENT	發生意外之起因及情況 Cause and manner of occurrence 意外事件之發生是否由受傷者之疏忽所致 Was accident due to want of care upon part of injured person? 若是，如何發生 If so, how? 由何人之疏忽引致意外之發生 Whose negligence caused the accident? 受傷者在發生意外之屋宇有何權利 What right did the injured party have on the premises?	
4 受傷者情況 PERSONS INJURED	姓名 Name	地址 Address

	<p>受傷之性質及程度 Nature and extent of injuries</p> <p>.....</p> <p>如曾接受醫藥治療，請列報醫生之姓名 If medical aid was rendered, give name of doctor</p> <p>.....</p> <p>受傷者現被送往何處 Where were the injured person taken</p> <p>.....</p>																						
<p>5</p> <p>損害第三者 之財物情況 DAMAGE TO PROPERTY OF OTHERS</p>	<p>物主姓名 Name of Owner</p> <p>地址 Address</p> <p>財物之種類 Kind of property</p> <p>.....</p> <p>損害之性質及範圍 Nature and extent of damage</p> <p>.....</p> <p>估計修理費用若干 Estimated cost of repair</p> <p>是否被要求賠償 Has claim been made?</p> <p>要求賠償者是否有投購保險 Is claimant insured?</p> <p>接受保險之公司 Name of company</p>																						
<p>6</p> <p>証人 WITNESSES</p>	<p>請盡可能詳記所有旁觀者，或出事地點附近之目擊者及其他路經此次意外事件者之姓名及地址 Whenever possible please obtain names and addresses of witnesses, bystanders or persons in the immediate vicinity who may have seen the accident or heard statements made by any of the persons</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 50%;">姓名 Name</th> <th style="text-align: center; width: 50%;">地址 Address</th> </tr> </thead> <tbody> <tr><td>.....</td><td>.....</td></tr> </tbody> </table>	姓名 Name	地址 Address
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<p>7</p> <p>意外發生時 有無警察在場 POLICEMAN IF ANY AT THE SCENE OF ACCIDENT</p>	<p>警員姓名 Name</p> <p>警員編號 Number</p> <p>警員所屬警署 Attached to which Police Station</p> <p>.....</p> <p>.....</p>																						

本人確信以上所列各項乃屬完全真實無偽
I/We hereby declare that to the best of my/our knowledge and belief, the above statements are fully and truly made.

日期
Date:

保戶 (Assured)

By