

永隆保險有限公司

WING LUNG INSURANCE CO LTD

45 Des Voeux Road Central Hong Kong 香港中環德輔道中 45 號
Tel (電話): 2826 8474 Fax (傳真): 2840 0769 E-mail (電郵): enquiry@wlins.com

Third Party Liability Accident Report 第三者責任遇事報告書

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. 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。

Policy no. 保單號碼 Name of Insured 保戶姓名

Address 地址

Occupation 職業

Tel. no. 電話號碼 (Office 公司) (Residence 住宅)

Fax no. 傳真號碼 E-mail address 電郵地址

Time and place of accident 意外發生之時間及地點

Date 日期 Time 時間 am 上午 / pm 下午

Place 地點

When, and by whom was the accident reported to you 意外發生後的報告時間及由何人報告

Are you the owner, lessee, tenant or contractor? 閣下是否物主，承租人，住客或承辦人？

The accident 意外發生之詳情

Cause and manner of occurrence 意外發生之起因及情況

Whose negligence caused the accident? 由何人疏忽引致意外發生？

Was accident due to want of care upon part of injured person? 意外事件之發生是否由受傷者之疏忽所致？ NO 否 YES 是

If 'YES', how? 如「是」，如何發生？

What right did the injured party have on the premises? 受傷者在意外發生之屋宇中持有什麼權利？

Injured person 受傷者

Name 姓名	Age 年齡	Address 地址	Injury (minor, medium, serious) 受傷程度 (輕微，中等，嚴重)	Name of doctor/ hospital 醫院或醫生姓名

Damaged to property of others 對其他財物的損壞

Name of property owner 物主姓名 Tel. no. 電話號碼

Address 地址

Name of third party insurers if known 第三者保險公司名稱

Kind of property 財物之種類

Damaged condition 損壞情況 slight 輕微 normal 普通 serious 嚴重

Estimated cost of repair 估計修理費用若干

Has claim been made? 是否被要求賠償? NO 否 YES 是 If 'YES', please state 如「是」, 請說明

Witnesses 見証人

Give name and address of every witness and every other person who was present. 請詳述每位見証人及在場目擊此意外事件者的姓名及地址。

Name 姓名	Tel. no. 電話號碼	Address 地址

Police report 警方報告

Name / number of officer 警員姓名或號碼

Name and address of police station 警署名稱及地址

Date and number of report 報案日期及號碼

- Notes
1. By furnishing this form the Company makes no admission of liability.
呈上此表格非視為本公司承認有關責任。
 2. Claims will not be processed unless authorization and declaration are signed by the claimant.
本公司只接受已簽署的授權書及聲明書之索償申請表。

DECLARATION AND AUTHORIZATION 聲明及授權書

I/We hereby declare that to the best of my/our knowledge and belief the above statement and particulars contained herein are in all respects true and complete and are made without reservation of any kind. I/We agree that any of my/our/the Insured's personal information collected or held by Wing Lung Insurance Company Limited (whether contained in this claim form or otherwise obtained) is provided and may be held, used and disclosed by the Company to individuals/organization associated with the Company or any selected third party (within or outside Hong Kong, including reinsurance and claim investigation companies and industry associations/federations and other service provider providing services relevant to insurance business) for the purpose of processing this claim. You have the right to obtain access to and to request correction of any personal information concerning yourself held by us. Request for such access can be made in writing to Wing Lung Insurance Company Ltd. at 45 Des Voeux Road Central Hong Kong (Telephone: 2826 8474 Fax: 2840 0769).

I/We further authorize individual or entity holding any records (including any statements taken) or knowledge of me/us which is/are relevant to the settling of this claim and/or the insurer's rights of recovery thereunder to furnish such records or knowledge to Wing Lung Insurance Company Limited or its authorized representatives. A photostat of this authorization shall be considered as effective and valid as the original.

本人 / 我們聲明此表格內填報的資料, 就本人 / 我們所知所信, 全部正確無訛, 並無任何保留, 本人 / 我們同意如為處理有關本索償事宜, 永隆保險有限公司可使用所收集及持有關於我 / 我們 / 受保人的個人資料 (包括在此索償表格內或其他地方之資料) 或將該等資料給予有關人士或機構 (包括在香港境內或境外之再保公司、賠償調查公司、保險業協會 / 聯會及其他提供保險業有關服務之公司等)。閣下有權查閱及要求更正由本公司持有有關閣下的個人資料。如有需要查閱, 可用書面寄中環德輔道中 45 號 (電話: 2826 8474 圖文傳真: 2840 0769) 向本公司提出。

本人 / 我們並授權持有本人 / 我們的任何記錄或資料之人士或團體, 向永隆保險有限公司或其代理人, 提供與本索償事宜或與保險公司的追償權有關之記錄或資料。此授權書之影印本將與正本具有同等效力。

Date
日期 _____

Insured's signature /
Company chop
保戶簽署 / 公司蓋章 _____

Signature of informant
報案人簽署 _____

Name of informant
(Block letter)
報案人姓名 (正楷) _____