

ING General Insurance Company Limited

PUBLIC LIABILITY REPORT FORM					
Please complete the appropriate sections of this form answering the question fully and return within 7 days.					
POLICY NUMBER		NAME OF AGENT			
SECTION 1 INSURED					
Insured's Name					
Address					
	Telephone No.				
		100			
SECTION 2 ACCIDENT					
Date & time	Date	Time			
Exact place of accident					
When & by whom was it first notified to you?					
State fully what happened?					

What plant or equipment, if any, caused to the accident?				
Names & addresses of all	Any broken plant or equipment must be kept in a safe place.			
witnesses				
Were particulars taken by a policeman?	YES/NO*. IF YES, please give No			
SECTION 3 EMPLOYEE Complete this Section if the injury is to y	your employee.			
Name	Age			
Address				
Occupation				
State whether married	YES/NO* Number of Children Age			
Is he/she in your direct employ?				
Average monthly earnings (net of tax)	HK\$			
Cash	HK\$			
Board and/or lodging	HK\$			
Other perquisites (give details)	HK\$			
What payment has he received from you during incapacity?	HK\$			
State full details of injuries sustained.				
Date & time employee ceased work	Date am/pm*			
Has he/she returned to work?	YES/NO*. If YES, when ?			

SECTION 4 THIRD PARTIES Complete this Section if the property is damaged or a person	(not your employee) was inj	iured.
(a) State details of damage		
Name & address of owner(s)		·
(b) State details of injury		
Name & address of injured		
person		
If known, state name of employer		
	. 10.00	4. 11.
SECTION 5 CLAIM Has any claim been made upon you? YES/NO* If YES,	give particulars	
(Any communication that you receive about the Company immediately.)	accident should not	be answered but sent to the
SECTION 6	100 Add 44 44	
Additional Information:		
(a) Have you obtained a plan of existing Underground (b) If answer to (a) is YES, is the damaged Cable / Pip(c) What precaution have you taken to prevent the about	e / Main indicated in the	•
DECLARATION		
DECLARATION I/We declare that these particulars are true to the best of In accordance with the provisions of the Personal Data consent that the personal information collected or hele contained in this Application or otherwise obtained) organisations within or outside of Hong Kong for the pure	(Privacy) Ordinance of Hoddon (Privacy) Ordinance of Hoddon (Privacy) Insuration (Privacy) Ordinance of Hoddon (Privacy) Ordin	ong Kong, by signing below, I/we ance Company Limited (whether be disclosed to individuals or