

Public Liability Claim Form 公眾責任索償申請表

Please send the completed claim form to claims.hk@bolttechinsurance.com
請將填妥的理賠表格發送至 claims.hk@bolttechinsurance.com

It is important that a complete answer be given to every applicable question. If insufficient space is provided for your answers, please continue on a separate sheet.

請詳細填報表格上每一個適用的項目。如空位不足，請自備補充頁填寫。

Policy number 保單號碼

Name of Agent 保險代理人

Insured's Information 保戶資料

Name of Insured

保戶姓名

Occupation / Business

職業 / 經營業務

Correspondence address#

通訊地址 #

Tel no.#

電話 #

Fax no.#

傳真號碼 #

E-mail address#

電郵地址 #

For the use of this claim only 只限於此索償之用

Particulars of the Incident 事件詳情

Date and time of incident

事發日期及時間

Place of incident

發生事故之地點

When and by whom was the incident first notified to you?

在何時及由何人通知閣下？

Detailed description of the incident and its cause

事故詳細經過及起因

Have you ever experienced any incident of similar nature?

閣下以往曾否遇過類似性質的事故？

Yes / No*

是 / 否 *

If "Yes", state the details and date(s) of the incident(s).

若「是」，列明詳情及何時發生

Have any precautionary measures been taken at the time of the incident?

事故發生時，是否已作出任何安全措施

Yes / No*

是 / 否 *

If "Yes", provide details.

若「是」，請提供詳情

*Please delete whichever is inapplicable 請刪去不適用者

Following the incident, has any remedial work been taken to minimize the loss? Yes / No*
在事故發生後，是否已作出任何應變措施減低損失 是 / 否 *

If "Yes", provide details.

若「是」，請提供詳情 _____

Have you received any claim from any third party? Yes / No*
有否收到任何第三者索償要求？ 有 / 沒有 *

If "Yes", provide details.

若「是」，請提供詳情 _____

Please state, in your opinion, who should be liable for the incident.

閣下認為誰應該為事件負責？

*Please delete whichever is inapplicable 請刪去不適用者

Witnesses 證人

Name(s), Address(es), and Telephone No(s) of witness(es) of incident, if any
證人之姓名、地址及電話號碼 (如有)

Particulars of Third Party 第三者資料

Complete this Section if any property was damaged or a person (other than your employee) was injured.
若意外中有任何財物受損或有人受傷 (閣下之僱員除外), 請填妥此部分。

Injured Party 傷者資料

Name	Sex(M/F)	Age	Nature & extent of injury contact	Telephone number & / or address
姓名	性別 (男 / 女)	年齡	受傷性質及程度	聯絡電話及 / 或地址
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Was the injured person sent to hospital? YES / NO*
傷者有否被送院？ 有 / 沒有 *

What is the relationship between the Insured and the Injured?
受保人與傷者之關係？ _____

Was the accident caused by negligence of the Injured himself / herself? YES / NO*
意外事件是否由傷者疏忽所致？ 是 / 否 *

Reason, if any

請說明原因 (如有): _____

Damaged Property (other than the property owned by the Insured)

財物損毀資料 (受保人財物除外)

- Who is the owner of the property?
誰是受損財物之物主？ _____
- The owner's address?
物主地址？ _____
- What kind of property is involved?
甚麼財物種類？ _____
- What is the nature & extent of damage?
損毀性質及程度？ _____
- The estimated cost of repair?
估計修理費用？ _____ HK\$
港幣

Details of The Property Management Office / Police / Other Authority
物業管理 / 警方 / 其他有關機構資料

If the case was reported to the property management office / police / other authority, please provide the following information.

若事件已報告物業管理處 / 警方 / 其他有關機構，請填寫下列資料。

Name & address of the property management office / police station / other authority reported to:
物業管理處 / 報案警署 / 其他有關機構名稱和地址：

Name 名稱 _____

Address 地址 _____

Report / reference No. _____ Date of report _____
報案 / 檔案號碼 _____ 報案日期 _____

Particulars of Contractor
承建商資料

Was there any work being performed under a contract entered with contractor at the time of Accident? Yes / No*
承建商是否就是次事故有權向其他保險公司索償？ 是 / 否 *

在事故發生時，是否有任何工作根據與承建商所訂立之合約下進行？

If "Yes", please provide details.

若「是」，請提供詳情

Is the contractor entitled to claim under any other insurance policy in respect of this incident? Yes / No*
承建權是否有權根據任何其他保險單索賠？ 是 / 否 *

If "Yes", please provide name of insurer.

若「是」，請提供保險公司名稱

Is there any contractual agreement entered with the Contractor? Yes / No*
有否與承建商訂立任何合約協議？ 有 / 沒有 *

If "Yes", who shall be responsible for the insurance coverage against liability for third parties?

若「是」，誰負責投購第三者保險？

*Please delete whichever is inapplicable 請刪去不適用者

Declaration 聲明

I/We have read, understood and accepted the Personal Information Collection Statement of the Company ("PICS"). By signing below, I/We confirm this application and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the PICS, and I understand I can scan the QR code below for review of the PICS or else I can request a copy of the PICS by calling the Company's Customer Service Hotline at 3123 3344.



本人/我們已閱讀、明白及接受本公司的收集個人資料聲明。透過以下簽名，本人/我們確認此申請並同意本公司可根據收集個人資料聲明列出之目的使用及披露本公司目前或將來持有的關於本人/我們的所有個人資料，並理解本人可以掃描以下二維碼查看本公司的收集個人資料聲明，或可致電本公司的客戶服務熱線 3123 3344 索取收集個人資料聲明副本。



Insured's signature
(& Company chop, if applicable)
保單持有人簽署 (及公司蓋章，如適用)

HKID Card no./B.R. no.
香港身份證號碼 / 商業登記號碼

Date
日期

The following document should be submitted (if applicable)
請呈交以下相關文件 (如適用):

1. Incident Report / Property Management Report
事故報告 / 管理處報告
2. Police Report
警方報告
3. Copy of statement made to the Police by the witness
證人向警方錄取的口供紙副本
4. Photos showing the scene of the accident and extent of third party property damage and / or bodily injury
意外現場及第三者財物損壞程度及 / 或人身傷害的照片
5. Any document(s) relating to third party claim received
任何已收到的第三者索償文件

Notes 注意:

1. All questions must be answered. If not applicable, write "N/A".
所有問題必須作答。如不適用者，請填上「不適用」。
2. Submission of this form does not constitute admission of liability by bolttech Insurance.
呈上此表格並不代表保特保險承認有關責任。
3. Please do not make any admission, offer or promise of payment or payment without bolttech Insurance's prior written consent.
在沒有獲得保特保險書面同意的情况下，不得作出任何承認、提議、承諾付款或付款。
4. Any third party correspondence, summons or writs should be forwarded to bolttech Insurance immediately unanswered.
對於任何第三者的通告、傳票或書面命令，請不要回覆，並立即提交保特保險，以便處理。

Personal Information Collection Statement (“PICS”) 收集個人資料聲明

Please scan the following QR code for review of Bolttech Insurance (Hong Kong) Company Limited’s (the “Company”) PICS. You can also request a copy of the PICS by calling the Company’s Customer Service Hotline at 3123 3344.

請掃描以下二維碼查看保特保險(香港)有限公司(「本公司」)的收集個人資料聲明。您亦可致電本公司的客戶服務熱線 3123 3344 索取收集個人資料聲明副本。



English



中文