



# Falcon Insurance Company (Hong Kong) Limited 富勤保險(香港)有限公司

36/F., The Lee Gardens  
33 Hysan Avenue  
Causeway Bay, Hong Kong

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香港銅鑼灣  
希慎道33號  
利園36樓

# PL

## PUBLIC LIABILITY INSURANCE CLAIM FORM 公眾責任保險索償表格

### Personal Information Collection Statement

#### Purposes of Collection

The information you provide us is used for the purposes of :

- carrying out your instructions, arranging and providing the requested insurance covers;
- providing services relating to insurance covers contracted, including settlement of claims;
- providing you with information concerning the business or products of our company or of our subsidiary or associated companies;

and for any other purposes related to the above. Failure to supply such information may result in our being unable to provide the requested insurance covers or related services.

#### Transfer of Personal Data

Personal information held by us is kept confidential but we may provide such information to :

- reinsurers, intermediaries, contractors, third-party service providers, and other persons who provide services to us in connection with our business;
- statutory governmental or regulatory bodies or insurance industry organisations and institutions;
- our subsidiary or associated companies.

#### Access to Personal Data

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Falcon Insurance Company (Hong Kong) Limited. Request for such access can be made to :

Data Protection Officer  
Falcon Insurance Company (Hong Kong) Limited  
36/F The Lee Gardens  
33 Hysan Avenue  
Causeway Bay  
Hong Kong

### 個人資料收集聲明

#### 收集目的

閣下所提供的資料將用作於：

- 執行閣下的指示及安排閣下要求的保險保障，
- 提供保險合約內的有關服務，包括理賠服務，
- 為閣下提供本公司或附屬公司、聯營公司的業務和產品資訊，

及與以上有關的其他業務運作。倘若閣下提供的資料錯誤或不完整，會導致本公司無法按閣下之要求提供保險保障和有關服務。

#### 個人資料轉交

本公司對個人資料是絕對保密，惟可能提供此資料予：

- 任何向本公司提供有關業務運作服務之人仕、再承保公司、中介人及其他承約商，
- 官方監管機構及保險界組織及團體，
- 本公司的附屬公司及聯營公司。

#### 索閱個人資料

閣下有權查閱及要求更正由富勤保險(香港)有限公司持有有關閣下的個人資料，如有此項要求，可向富勤保險(香港)有限公司索閱：

資料保護主任  
富勤保險(香港)有限公司  
香港銅鑼灣  
希慎道33號  
利園36樓



A member of  
the Insurance Claims Complaints Bureau

Special Notes

特別事項

This form should be completed and returned to us immediately whether a claim has been made to you or not. Please do not discuss or agree with the complainant on who is/are responsible for the accident.

無論是否收到賠償要求，務請填妥此表格，並即時交予本公司。請勿與索償者討論或協商意外中的責任問題。

**PART I - INSURED DETAILS**

甲部 - 保戶資料

- 1) Name of Insured \_\_\_\_\_ 2) Telephone No. \_\_\_\_\_  
保戶姓名 電話號碼
- 3) Policy Number \_\_\_\_\_ 4) Name of contact person \_\_\_\_\_  
保單號碼 聯絡人姓名
- 5) Address \_\_\_\_\_  
地址

**PART II - ACCIDENT DETAILS**

乙部 - 意外資料

- 1) Date of accident \_\_\_\_\_ 2) Time \_\_\_\_\_ a.m./p.m.  
意外日期 時間 上午/下午
- 3) Where did the accident occur? \_\_\_\_\_  
意外在何處發生？
- 4) How did the accident occur? \_\_\_\_\_  
意外如何發生？
- 5) When, and by whom was the accident reported to you? \_\_\_\_\_  
意外由誰人及於何時通知閣下？
- 6) Have you received any complaint before the happening of this accident?  
意外發生前是否已接獲有關之投訴？  
 Yes - If yes, please give full details \_\_\_\_\_  No  
是 - 如是，請詳述之 否
- 7) Is the accident caused by a defect in the premises occupied by you?  
意外是否由於閣下的樓宇失修所致？  
 Yes - If yes, please state who is responsible for maintenance and repairs? \_\_\_\_\_  No  
是 - 如是，請提供負責維修及保養該樓宇之負責人資料？ 否
- 8) In your opinion, whose negligence caused the accident? \_\_\_\_\_  
依閣下所見，意外是由那一方面之疏忽所致？

If the accident resulted in injury to person, please complete **PART III-INJURED PARTY**  
假若意外中有人受傷，請填妥丙部 - 傷者資料

If the accident resulted in damage to property, please complete **PART IV-DAMAGED PROPERTY**  
假若意外中有財物受損，請填妥丁部 - 財物損毀資料

**PART III - INJURED PARTY**

丙部 - 傷者資料

Name 姓名	Sex M/F 性別 男/女	Age 年齡	Nature & Extent of injury 受傷部位及程度	Contact telephone number &/ or address 聯絡電話 及/或地址
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1) Did you accompany the injured party to consult medical practitioner ?  
有否陪同傷者求診？

Yes - If yes, please provide the following details :  
有 - 如有，請提供下列資料：

No  
否

The name of the medical practitioner & the address of the clinic or hospital \_\_\_\_\_  
應診醫生姓名及醫院 / 診所地址

The medical advice from the medical practitioner \_\_\_\_\_  
應診醫生對傷勢的意見

**PART IV - DAMAGED PROPERTY (not belonging to Insured)**

丁部 - 財物損毀資料 (保戶財物除外)

1) Who is the owner of the property ? \_\_\_\_\_  
受損財物屬誰？

2) The owner's address ? \_\_\_\_\_  
物主地址？

3) What kind of property involved ? \_\_\_\_\_  
甚麼財物受損？

4) What is the nature & extent of damage ? \_\_\_\_\_  
損毀程度？

5) The estimated cost of repair, if known ? HK\$ \_\_\_\_\_  
修理費約為？ 港幣

**PART V - POLICE REPORTING DETAILS**

**戊部 - 報案詳情**

1) Have Police Authorities been informed ?

是否已向警方報案?

Yes - If yes, please provide the following details :

No

是 - 如是，請提供下列資料：

否

Police Report No. \_\_\_\_\_

報案編號

Name of Police Station \_\_\_\_\_

警署名稱

2) Did the police witness the accident ?

警員是否意外之見証人?

Yes

No

是

否

**PART VI - WITNESSES**

**己部 - 見証人**

Whenever possible please obtain names, addresses and telephone numbers of witnesses, bystanders or persons in the immediate vicinity who may have seen the accident.

請提供任何目擊此宗意外人仕的資料

Name

姓名

Contact telephone number &/or address

聯絡電話及/或地址

_____	_____
_____	_____
_____	_____
_____	_____

**DECLARATION & AUTHORIZATION 聲明及授權書：**

I/We confirm that I/we have read and fully understand the Purpose of Collection of my personal data. I/We agree to the transfer of my data to the relevant parties as stated in the section of Transfer of personal Data.

本人/吾等確認已閱讀，並清楚明白收集本人/吾等個人資料之目的。本人/吾等同意富勤保險(香港)有限公司，將本人/吾等的個人資料，根據“個人資料轉交”一項所列，移交予有關人仕。

I/We hereby declare that to the best of our knowledge and belief, the above statements are fully and truly made.

特此聲明，上述資料為本人/吾等所知之全部，內容正確無誤。

\_\_\_\_\_  
Signature of Insured 保戶簽署

\_\_\_\_\_  
Date 日期



## 公眾責任保險之一般索償程序

### 甲：假若意外導致他人的財物損失：

1. 如財物損毀情況嚴重，請即致電本公司或閣下/貴公司的保險代理。本公司有可能委派公証行即時展開調查。
2. 切勿與物主或其代表商討是次事件的責任問題。
3. 如事件涉及刑事罪行，或物主或其代表要求時，請即通知警方。
4. 如有需要，請即通知所有有關部門及人仕。例如：火警時，需通知消防署。
5. 拍攝現場及受損物品之相片。
6. 記錄現場証人的姓名及地址。
7. 記錄物主或其代表的姓名及地址。
8. 如物主或其代表表示要求賠償，請通知對方來函本公司或閣下/貴公司的保險代理，並提供詳盡損失情況。
9. 閣下/貴公司需填妥附上的索償表格，連同上述第五點之有關照片，直接或經由閣下/貴公司的保險代理交回本公司。
10. 如收到任何由物主或其代表所發出的文件，包括法庭所發出的控告狀或告票，切勿作出任何回應，並需即時轉交本公司處理。

### 乙：假若意外導致他人人身傷亡：

1. 如受傷情況嚴重，請即致電本公司或閣下/貴公司之保險代理。本公司有可能委派公証行即時展開調查。
2. 切勿與傷者或其代表商討是次事外的責任問題。
3. 如傷者或其代表要求時，請即通知警方。
4. 記錄傷者的姓名、地址、大概年齡及聯絡方法。
5. 記錄傷者傷勢。
6. 記錄現場証人的姓名及地址。
7. 盡可能陪同傷者前往其指定的醫院或診所，如沒有指定的醫療機構，請陪同傷者前往就近之政府醫院。
8. 盡可能記錄醫生的姓名、地址及其診斷結果。
9. 盡量拍攝事發現場的照片，並清楚說明意外之因由。
10. 如傷者或其代表表示要求賠償，請通知對方來函本公司或閣下/貴公司的保險代理，並提供詳盡受傷情況。
11. 閣下/貴公司需填妥附上等索償表格，連同上述第九點之有關照片，直接或經由閣下/貴公司的保險代理交回本公司。
12. 如收到任何由傷者或其代表所發出的文件，包括法庭所發出的控告狀或告票，切勿作出任何回應，並需即時轉交本公司處理。



## **Claims Procedures - Public Liability Insurance**

### **A. If you are involved in an accident where property(ies) not belonging to you is(are) damaged:**

1. If the extent of damage is extensive, call us or your insurance agent/broker immediately. We may need to instruct a loss adjuster to investigate the incident right away.
2. Do not discuss with the property owner or his representative who should be responsible for the damage.
3. Report to the Police if any criminal action is involved or when requested by the property owner or his representative.
4. Report to the relevant authority or parties, if necessary, e.g. the Fire Services Department in case of a fire.
5. Take pictures of the accident scene and the damaged property(ies).
6. Note down the name(s) and address(es) of any witness(es).
7. Note down the name and address of the property owner or his representative.
8. If the property owner or his representative wishes to claim for compensation, suggest him to write to us or your insurance agent/broker with details of his claim.
9. Complete and return the attached claim form to us or send it through your insurance agent/broker. Pictures taken under (5) above should be enclosed.
10. All correspondences from the property owner or his representative, including Notices of any intended prosecution or court proceedings, should be forwarded to us (or through your insurance agent/broker) immediately unanswered.

### **B. If you are involved in an accident where any person(s) other than yourself is(are) injured:**

1. If the extent of injury is significant, call us or your insurance agent/broker immediately. We may need to instruct a loss adjuster to investigate the incident right away.
2. Do not discuss with the injured person or his representative who should be responsible for the injury.
3. Report the case to the Police if requested by the injured person or his representative.
4. Note down the injured person's name, address, apparent age and contact method.
5. Note down the extent of injury.
6. Note down the name(s) and address(es) of any witness(es).
7. If possible accompany the injured person to consult his own medical doctor. If the injured person has no preference as to which medical practitioner to consult, send him to the nearest government hospital for treatment.
8. If possible, note down the name and address of the medical practitioner and his advice in relation to the injury.
9. Arrange to take pictures of the accident scene, with clear indication as to what caused the accident.



10. If the injured person or his representative wishes to claim for compensation, suggest him to write to us or your insurance agent/broker with details of his claim.
11. Complete and return the attached claim form to us or send it through your insurance agent/broker. Pictures taken under (9) above should be enclosed.
12. All correspondences from the injured person or his representative, including Notices of any intended prosecution or court proceedings, should be forwarded to us (or through your insurance agent/broker) immediately unanswered.