



EAGLE STAR


公共責任意外報告書  
**PUBLIC LIABILITY ACCIDENT REPORT FORM**

1. 保戶  
Name of Insured : \_\_\_\_\_ 保單號碼 Policy No. \_\_\_\_\_  
通訊地址 Telephone (Home) \_\_\_\_\_  
Postal Address: \_\_\_\_\_ Telephone (Home): \_\_\_\_\_

行業／職業  
Business/Occupation: \_\_\_\_\_ 電話(辦公室) Telephone (office): \_\_\_\_\_  
投保地址  
Address of Insured Premises : \_\_\_\_\_

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| 2. 發生意外之日期、時間及地點<br>Date, Time and Place of Accident   |                                      |
| 3. 發生意外之詳情<br>Full Description of Accident<br><br>發生意外之原因<br>Cause of Accident   |                                      |
| 4. 受傷者之姓名及地址<br>(a) Name & address of person injured if any<br><br>受傷之程度<br>(b) Nature and extent of injury<br><br>受傷者被送何處<br>(c) where were the injured taken<br><br>你與受傷者的關係<br>(d) Any relationship between you and the injured | (a)<br><br>(b)<br><br>(c)<br><br>(d) |
| 5. 受損毀財物之物主姓名及地址<br>(a) Name and address of owner of property damaged<br><br>財物之損毀程度<br>(b) Detail & extent of property damaged<br><br>估計修理費用<br>(c) Estimated cost of repair  | (a)<br><br>(b)<br><br>(c)            |

**EAGLE STAR INSURANCE COMPANY LIMITED**  
(INCORPORATED IN THE ENGLAND & WALES WITH LIMITED LIABILITY)  
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| <p>6. 若收到有關是次意外之任何信件或投訴請一一詳述(有關是次意外之任何函件於未答覆前立即交到本公司以便處理)<br/>Has any communication, verbal and written been made to you by or on behalf of any injured person or owner of property damaged? If so, give particulars (any written communications received must be immediately forwarded to us unanswered for our handling)</p> |  |
| <p>7. 有否為這意外作出任何承諾及賠償?若有, 請詳述<br/>Have any steps been taken to compromise or settle the matter in any way? If so, what and by whom?</p>  |  |
| <p>8. 意外在何時及由何人報告<br/>When, and by whom, was the accident reported to you?</p>   |  |
| <p>9. 目擊証人之姓名及地址<br/>Name and addresses of witnesses of accident.</p>  |  |
| <p>10. 意外有否報案及在何處警署<br/>Was the accident reported to he Police? If so, at which office.</p>  |  |

本人確信以上所列之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 \_\_\_\_\_

保戶簽署  
Insured's Signature \_\_\_\_\_