

Public / Product liability accident report form

Important: The issuance of this claim form is no admission of liability on the part of Insurers

重點:此表格之發給並非表示保險公司已承諾任何責任

1. Name Of Insured 保戶 _____ Postal Address 通訊地址 _____ Business/Occupation 行業/職業 _____ Address of Insured Premises 投保地址 _____ _____	Policy No. 保單號碼 _____ Telephone (Home) 電話(住宅) _____ Telephone (Office) 電話(辦公室) _____ Fax no. 傳真號碼 _____ e-mail address 電郵地址 _____
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2. Date, time and place of incident 發生事件之日期, 時間及地點	
3. Detailed description of incident and a copy of the incident report, if there is any 事件發生之詳情,如閣下備有事故報告,請提供副本 Cause of incident 事件之原因	
4. (a) Name, address & telephone No. of injured person, if any 傷者之姓名, 地址及電話號碼 (b) Nature and extent of injury 傷勢之性質及程度 (c) Was the injured person sent to hospital? 傷者有否被送院 (d) Relationship between you and the injured 您與傷者之關係	(a) (b) (c) (d)
5. (a) Name and address of owner of Property damaged 受損財物之屋主姓名及地址 (b) Details & extent of damaged property 財物損毀詳情 (c) Estimated cost of repair 估計修理費用	(a) (b) (c)
6. Is/are other wrongdoer(s) involved in the same incident? If yes, please state the name(s) address(es) & telephone No(s) of the wrongdoer(s) 有否其他犯錯者牽涉在這宗事件中,如有,請詳述其姓名, 地址及電話號碼	
7. Has any communication, verbal or written, been made to you by or on behalf of any injured person(s) or owner(s) of the damaged property? If so, give particulars (any written communication received must be forwarded to us immediately unanswered for our handling) 詳述曾否收到有關是次事件之任何信件或投訴 (有關是次事件之任何函件於未答覆前請即交到本公司以便處理)	
8. Has any step been taken to compromise or settle the matter. If so, please state its nature and by whom it was carried out with compensation figure and withhold any further communication with any involved party 有否為這事件作出任何承諾及賠償?如有, 請詳述其性質及執行者連同賠償數目並暫時停止一切興意外/事件涉及之有關人等	
9. When, and by whom, was the incident reported to you? 事件在何時及由何人報告	
10. Name(s), address(es) and telephone No(s). of witness(es) of incident, if any 目擊証人之姓名, 地址及電話號碼	
11. Was the incident reported to the police? If so, at which station 事件有否報案及在何處報警	
12. Enclose photographs, if any 請寄附即有相片	

Private & Confidential 私人及保密文件

Declaration and authorization 聲明及授權

I/We hereby declare that to the best of my/our knowledge and belief, the above statements are fully and truly made. 本人確信以上所列之各項乃屬完全真實無偽

I/We understand and agree that the personal information collected or held by Zurich Insurance Company Ltd. ("the Company"), whether contained in this form or otherwise obtained by the Company and/or its associated companies ("the Zurich Group"), may be used by the Zurich Group for the following purposes:

本人/吾等明白並同意一切由蘇黎世保險有限公司（「貴公司」）從此表格或由 貴公司及其關連機構（「蘇黎世集團」）以其他任何方式所收集及保存之個人資料，均可能被「蘇黎世集團」使用於下列目的：

1. to assess, process, evaluate and determine my/our requests for applications, claims or services; 評核、辦理、評估及決定此項申請、索償或其他服務；
2. to process and give effect to my/our requests for direct debit authorization or credit card payment; 辦理及履行銀行賬戶或信用卡直接付款；
3. to collect any premium and/or deductible payable to the Zurich Group; 收取應繳付予「蘇黎世集團」之保費及/或自負額；
4. to analyze, investigate, approve and/or determine my/our claims; 分析、調查、批核及/或決定本人/吾等之索償；
5. to answer, handle and defend any claim, action and/or proceedings brought against me/us; 回覆、處理及辯護任何對本人/吾等之索償、訴訟及/或起訴；
6. to exercise the Zurich Group's rights as more particularly defined in applicable policy wordings, including but not limited to the subrogation right; 行使代位權及/或根據保單條例賦予「蘇黎世集團」之其他權利；
7. to disclose and transfer to the Zurich Group's authorized service providers for their carrying out of the above mentioned purposes, and such service providers include legal advisors, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, debt collectors and accountants; 交予及提供第三方服務供應商以執行上述目的，第三方服務供應商包括法律諮詢人、調查員、理賠師、再保公司、醫護及復康人員、考察員、專業人員、維修人員、追討公司及會計師等；
8. to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and governmental-related establishments; 履行任何香港法庭或其他監管機構所發出之合法要求或命令，包括保險業監管局、香港保險業聯會、核數師、香港政府或其相關機構；
9. to conduct market research, insurance surveys, and to compile statistics, for the Zurich Group's development of services and insurance products. 進行市場調查、保險研究及數據統計，供「蘇黎世集團」研發相關服務及保險產品。

I/We understand that I/we have the right to access to, correct and/or change any of my/our personal information held by the Zurich Group by contacting the Company's Personal Data Privacy Officer at 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong. I/we agree that the Company may charge a reasonable administrative fee.

本人/吾等明白本人/吾等可向 貴公司之個人資料私隱主任要求查閱、更正及/或更改由「蘇黎世集團」持有有關本人/吾等的任何個人資料，地址為香港港島東華蘭路 18 號港島東中心 24 - 27 樓。本人/吾等同意 貴公司有權收取合理之行政費用。

I/We understand I/we may also contact the Personal Data Privacy Officer if I/we do not wish to receive any marketing materials from the Zurich Group.

本人明白本人可以書面向 貴公司之個人資料私隱主任要求停止收取「蘇黎世集團」任何市場推廣資料。

如中文譯本與英文有異，概以英文文本為準。

Insured's Signature with Company Chop 保戶簽署及公司蓋印

_____ Year 年 _____ Month 月 _____ Date 日

蘇黎世保險有限公司 (於瑞士註冊成立之公司)

理賠部：香港港島東華蘭路 18 號港島東中心 24 - 27 樓

電話：29039388 圖文傳真：29681660

Zurich Insurance Company Limited (a company incorporated in Switzerland)

Claims dept.: 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong

Tel: 29039388 Fax: 29681660