

LIABILITY INSURANCE CLAIM FORM 責任保險索償申請書

- Please complete this Claim Form in BLOCK LETTERS and provide the relevant documents listed in Part 2 to avoid delay in claim process.
- Incomplete Claim Form cannot be accepted for processing of payment
- The Company is entitled to request for further information, documents or other specific claim form to be completed, and assign a loss adjuster for investigation.
- Completion and submission of this Claim Form shall not be construed as admission of liability on the part of the Company.
- For inquiry, please call our Customer Service Hotline on 2545 6585 or email to claims@california.com.hk or fax to 2116 1951
- 請以正楷填妥並簽署此賠償申請表，連同第 2 部分所列相關索償文件清單交回，以免延誤索償進程。
- 未經填妥之索償表格，將不獲接受索償處理。
- 本公司有權要求索償者提供更多資料、文件或填寫其他專用索償表格，以及委派公證人進行調查。
- 填寫及遞交此賠償申請表並不表示本公司承擔賠償責任。
- 如有任何查詢，請致電我們的客戶服務熱線 2545 6585 或電郵至 claims@california.com.hk 或傳真至 2116 1951。

1. Insured Particulars 受保人/公司資料 (*Mandatory field 必須填寫)

* Policy No. 保單號碼: _____	
* Name of Agent / Broker (if applicable) 保險代理/中介人 (如適用):	
* Insured Name 受保人/公司:	Contact Person 聯絡人姓名 (If not the same as Insured person 如與受保人相同，不用填寫此欄):
* E-mail Address 聯絡人電郵地址:	* Mobile Phone 手機號碼:
* Correspondence Address 聯絡人通訊地址:	
* How do you wish to be contacted in case of additional information is required to process your claim? (If you have an insurance intermediary/agent, we will contact you via insurance intermediary/agent.) 如本公司需獲取更詳細資料處理其索償，閣下希望以什麼方式聯絡？(如閣下有保險代理/中介人，本公司將透過保險代理/中介人聯絡閣下)	
<input type="radio"/> By e-mail 以電子郵件方式 <input type="radio"/> By post 以郵件方式	

2. Claim Items and Supporting 索償項目及文件

Please the relevant section(s), submit the required documents together with this completed and signed form to our company 請在申請索償項目空格內 (可選擇多項) 並填妥及簽署索償申請表，連同相關索償文件交回。

Claim items 索償項目	Claim supporting checklist 索償文件清單
Basic Required Supporting (for all claims) 基本所需文件 (所有索償類別)	1. Copy of incident report (if any) 2. Copy of police report / statement (including police reference and station name) (if any) 3. Copy of any correspondences (including any unanswered correspondence), complaint letter, writs of summons or legal documents related to the incident (if any) 4. Color photos showing the scene of accident and the extent of injury/damage property 1. 事件報告副本(如有) 2. 警察報告/口供(包括警察檔案編號及警署名稱)副本(如有) 3. 任何有關是次事件之信件(包括任何未答覆之函件)、投訴信、傳票或法律文件副本(如有) 4. 有關意外的現場環境及第三者受傷情況/損毀財物之彩色相片
<input type="checkbox"/> Third party property damage 第三者財物損失	1. The above listed Basic Required Supporting 2. Copy of repair/ replacement quotation of the damaged third party's item(s) (if any) 3. Copy of invoices for the purchase of the damaged third party property (if any) 1. 上述基本所需文件 2. 請提供第三者維修/更換物報價單的副本(如有) 3. 第三者損毀財物的購買單據副本(如有)
<input type="checkbox"/> Third party bodily injury 第三人人身傷亡	1. The above listed Basic Required Supporting 2. Copy of treatment record / medical report/ original medical receipts with the name of third party, date of treatment, diagnosis (if any) 1. 上述基本所需文件 2. 所有詳列第三者姓名、求診日期、診斷證明的治療紀錄/醫療報告副本/醫療費用的收據正本(如有)
Important Note 注意事項: Should you receive any correspondences from third parties, summons and writs, please forward the same unanswered to us as soon as possible. Otherwise, your right of indemnity will be prejudice. 倘若閣下收到第三者索償文件、法庭令狀及傳票，請勿回覆並盡快提交保險公司處理，否則閣下的保障權益將會受到影響。	

3. Circumstances of Accident 事發情況 (*Mandatory field 必須填寫)

* Date of Accident (DD/MM/YY) 事發日期(日/月/年):	* Time of Accident (a.m/p.m) / 事發時間(上午/下午):
* Location of Accident 事發地點:	
* <u>Description of accident 遇事過程</u> (You can add supplementary paper(s) if the provided space is insufficient. 如空白位置不足可另附紙張。)	
* Has any precautionary measure been taken before the time of incident? <input type="radio"/> No 否 <input type="radio"/> Yes, please give details 有, 請提供詳情 在事故發生前, 閣下有否已作出任何防範措施? _____	
* Following the incident, has any promise / compensation been made? <input type="radio"/> No 否 <input type="radio"/> Yes, please give details 有, 請提供詳情 在事故發生後, 閣下有否作出任何承諾及賠償? _____	
* Following the incident, has any remedy work been taken? <input type="radio"/> No 否 <input type="radio"/> Yes, please give details 有, 請提供詳情 在事故發生後, 閣下有否曾作出任何補救措施? _____	

4. Other Claim Information 其他索償資料 (*Mandatory field 必須填寫)

Police / Other Authority Report 警方 / 有關當局檔案		
* Has the incident been reported to Police or other authority? 有否向警方或有關當局報案? <input type="radio"/> No 否 <input type="radio"/> Yes, please give police details below 有, 請填寫下列警方報案資料:		
Police/ other authority file no. 警方/有關當局檔案編號:	Reporting date (DD/MM/YY) 報案日期(日/月/年):	Location of responsible police station /other authority 負責此案之警署/有關當局地點:
Other Insurance 其他保險		
* Any other insurance covering this incident / loss? 有否其他保險承保是次事件 / 損失? <input type="radio"/> No 否 <input type="radio"/> Yes, please give other insurance details below 有, 請填寫下列其他保險資料:		
Name of other insurance company 其他保險公司名稱:	Policy No其保單編號:	Benefit Type 保障類別:

5. Particulars of Main Contractor or Contractor 總承辦商或承辦商資料 (*Mandatory field 必須填寫)

* Is there any types of contract work undertaken at the time of incident? 在事故發生時, 是否有以合約形式的工作在進行中? <input type="radio"/> No 否 (please proceed to 6. 請前往 6) <input type="radio"/> Yes, please give details below 有, 請提供填寫下列資料:		
Contractor name 承辦商名	Trade of Business 行業	Contact No. 聯絡電話
Contractor Address 承辦商地址:		
Is the main contractor or contractor entitled to claim under their respective insurance policy in respect of this incident? 總承辦商 / 承辦商是否就是次事故向其保險公司索償? <input type="radio"/> No 否 <input type="radio"/> Yes, please give name and policy number of the other insurer 有, 請提供保險公司名稱及保單號碼 Name of Insurer 保險公司名稱 _____ Policy No. 保單號碼 _____		
Is there any contractual agreement made with the Main Contractor / Contractor? 是否已與總承辦商 / 承辦商定立任何合約上的協議? <input type="radio"/> No 否 <input type="radio"/> Yes, who shall be responsible for the insurance coverage against liability for third parties? 是, 根據協議由誰負責投購第三者保險? _____		

6. Particulars of Third Party 第三者資料 (You can add supplementary paper(s) if the provided space is insufficient. 如空白位置不足可另附紙張。)

Name of Claimant 索償人姓名	Age 年齡	Gender 性別
Claimant Contact Number / E-mail/ Address 索償人聯絡電話/ 電郵/ 地址		
Description of Damage / Nature and Extent of Injury 損壞情況/ 受傷性質及程度		
Amount Claimed (HKD) 索償金額(港幣)		

7. Witness Details (if any) 證人資料 (如有)

Please list the witness 請詳列所有證人		
Witness Name 證人姓名	Contact No./ Address 聯絡電話 / 地址	Relationship to Insured 與受保人之關係

8. Authorization and Declaration 授權及聲明

I / We hereby declare that all the above information and particulars given herein are accurate, true and complete and are given to the best of my / our knowledge and belief. I / We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this request or inform the Company of all material information may render the Company unable to accept or process this request and all rights to recover under the Policy shall be forfeited. I / We understand that the issuance or completion of this application does not constitute admission of liability or guarantee payment of the claim on behalf of the Company.

本人 / 吾等謹此聲明，上述所有問題的答案包括所有資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人 / 吾等所知及所信而作答的。本人 / 吾等並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知貴公司任何有關此索償申請之重要資料，將可能導致貴公司不能接受或處理此索償申請及喪失所有追討保單權益之權利。本人 / 吾等明白此索償表格之發出及填妥並不代表貴公司確認責任或保證賠償。

II. I/We understand and agree the following arrangement of my/our personal data collected or held by California Insurance Co Ltd ("the Company") or its authorised representative. 本人/吾等明白並同意以下有關加州保險有限公司("貴公司")或其授權代表處理所收集及保存本人/吾等之個人資料安排。

The personal data of customers (include policy owners, insured persons, beneficiaries, premium payers, trustees, policy assignees and claimants) collected or held by the Company may be used by the Company for the following **obligatory purposes** necessary in providing services to the customers. Failure to supply such data for obligatory purpose may result in the Company being unable to provide the services to customers.

由貴公司收集或持有的客戶(包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人)個人資料，均可供貴公司使用作以下強制性用途，以便為客戶提供服務，否則貴公司將無法為未能提供所需資料的客戶提供服務：

- to manage or process any insurance or financial related products or services or any alterations, variations, cancellation or renewal of said products or services; 處理或辦理任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；
- to process, investigate (and assist the third party(ies) to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services; 辦理，調查(及協助他人調查)及決定保險申請、保險索償及提供持續之保險服務；
- to manage any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right; 處理任何對客戶的索償、訴訟及/或司法程序；以及行使貴公司的權利(詳情見適用保單條款所定)，包括但不限於代位權；
- to facilitate the Company's authorized service provider to provide services to the Company and/or the customers for the above purposes; 促進貴公司的認可服務供應商，就上述目的為貴公司及/或客戶提供服務
- to process requests for payment, direct debit authorization, and to collect debts; 辦理付款要求、直接付款授權、及債務追討；
- to compile statistics or the use in accounting and actuarial purposes; 編製統計數字，或作會計及精算用途；
- other ancillary purposes which are directly related to the above purposes; 其他與上述用途有直接關係的附帶用途；
- to comply with applicable laws, regulations or any industry codes or guidelines; and 遵循適用法律、條例及業內守則及指引；及
- to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment. 使貴公司的實際或建議承讓人能夠評核擬進行涉及有關轉讓的交易。

For the above purposes, the personal data which California Insurance Company Limited has collected might be transferred to:

就上述用途，加州保險有限公司所收集的個人資料可能會被轉移至：

- any company carrying on insurance or reinsurance related business, or an intermediary; 任何進行保險或再保險相關業務的其他公司或中介人；
- any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the Company in connection with the operation of its business; 任何向貴公司提供行政、電訊、電腦、付款或其他與其業務運作有關服務的代理人、承包商或第三方服務供應商；
- third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, repairers, and any third party service providers in investigating purposes. 第三方服務提供者，包括法律顧問、會計師、調查員、理賠師、再保公司、醫護及復康顧問、考察員、專家、維修人員及任何有關之調查性質第三方服務提供者；
- credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigating services; 信貸諮詢機構、而於客戶欠帳時，任何債務追收代理或進行索償或調查服務之公司；
- any person or party to whom the California Insurance Company Limited is under an obligation to make disclosure under the requirements of any law binding on the California Insurance Company Limited and for the purpose of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the California Insurance Company Limited are expected to comply; 根據對加州保險有限公司具約束力的任何法律，及就任何由政府、監管或任何其他機構所頒布且加州保險有限公司預期須遵守的任何規例，守則或指引而言，加州保險有限公司為有責任向其作出批露的任何人士；
- any person pursuant to any order of a court of competent jurisdiction; 根據主管司法權區的法院的任何頒令人士；
- any actual or proposed signee of California Insurance Company Limited or transferee of the California Insurance Company Limited's rights in respect of the policy owners; 加州保險有限公司的任何實際或建議承讓人或加州保險有限公司對保單持有人的權利的受讓人；
- the Insurance Claims Complaints Bureau and similar industry bodies; 保險索償投訴局及同類的保險業機構；
- any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the "Federation" to carry out its regulatory functions or such other functions that may be assigned to the "Federation" from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the "Federation" and any members of the "Federation" by the "Federation" for any of the above or related purposes. 現存或不時成立的任何保險公司協會或聯會或同類組織(「聯會」)，以達到任何上述或有關目的，或以使「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；及透過「聯會」轉移予任何「聯會」的會員，以達到上述或有關目的。

Moreover, the Company is hereby authorized to obtain access to any / or to verify any of my/our data with the information collected by the "Federation" from the insurance industry. I understand I have the right to obtain access to and to request correction of any personal information concerning myself held by the Company. Requests for such access can be made to the Administration Department of the Company (Tel: 2545 5877 / Fax: 2541 4454).

本人/吾等授權貴公司可向「聯會」從保險業收集的資料中查閱及/或核對本人任何資料。本人/吾等明白本人/吾等有權查閱及要求更正由貴公司持有有關本人的個人資料。如有需要，本人/吾等將向貴公司辦公室提出(電話:2545 5877, 傳真: 2541 4454)。

In accordance with the terms of the Personal Data (Privacy) Ordinance, California Insurance Company Limited has the right to charge a reasonable fee for the processing of any data access request. 根據私隱條例，加州保險有限公司有權收取合理費用，藉以處理任何資料的查閱要求。

Insured Signature/ Company chop 受保人簽署/ 公司蓋印:

Name of Insured (BLOCK LETTER) 受保人/ 公司名稱:

Date of Signature 簽署日期: