閩信保險有限公司
MIN XIN INSURANCE COMPANY LIMITED
(A WHOLLY-OWNED SUBSIDIARY OF MIN XIN HOLDINGS LIMITED)

香港總行 Head Office : 香港中環紅棉路8號東昌大廈17樓
17/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong
電話Tel: (852) 2826 3660 傳真Fax: (852) 3020 5063
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澳門分行 Macau Branch : 澳門南灣湖景大馬路810號中國工商銀行大廈6樓E座
Avenida Panorâmica do Lago Nam Van, no. 810, Edif. ICBC Tower, 6.˚andar E, Macau
電話Tel: (853) 2830 5686 傳真Fax: (853) 2830 5600
電郵E-mail: macaucs@mxic.com.hk

索償申請表請電郵至 claims@mxic.com.hk
或傳真: 3020 5063

公眾責任保險索償申請表
Public Liability Insurance Claim Form

請閣下於意外發生後立刻填妥本表格並連同下列所需文件一併交回。本公司會保留權利在需要時要求閣下提供額外之有關索償資料及文件。發出此索償申請表不代表本公司已承認賠償責任。
Completed claim form must be given to the Company immediately from the date of accident together with the following supporting documents. We reserve our right request additional information / documents when needed. The issue of this claim form is not an admission of liability on the part of our Company.

1. 事故報告 / 管理公司報告;
   Incident Report / Property Management Report;
2. 警方口供 / 報告;
   Police Statement / Report;
3. 事故現場、第三者財物損壞及或人身傷害之照片;
   Photographs showing the scene of the incident and extent of damage to third party property and/or bodily injury;
4. 填妥附頁之第三者傷亡附加頁 (如適用);
   Completed attached Third Party Bodily Injury Questionnaires (if any);
5. 任何第三者索償文件。
   Any correspondences received from the third party.

注意：在沒有本公司書面同意的情況下，不得作出任何責任承認、提議或承諾付款。如收到任何第三者的通告、傳票或書面命令，請不要回覆，並立即提交給本公司。
Note: Please do not admit any liability, offer or promise payment without the Company's prior written consent. If received any communication, summons or writs should be forwarded to the Company immediately unanswered.

保戶 INSURED

姓名
Name: _____ 保單號碼 Policy No. _____
地址
Address: _____
聯絡電話號碼
Contact Telephone No. _____ 電郵地址 E-mail Address: _____

意外詳情 DETAILS OF ACCIDENT

意外日期 / 時間
Date / time of accident: _____ 意外地點 Location of accident: _____
意外之起因
Cause of the accident: _____

_____

_____

請詳述意外發生情況
Describe the accident in details _____

_____

_____

_____

此意外由誰人引致？
Who cause the accident? _____
何時及何人向你報告此宗意外
When, and by whom was the accident reported to you? _____
在此意外發生前，有否收到有關是次意外之投訴? ☐ 有 ☐ 否
Has any previous complaint been made regarding the property concerned in this accident? ☐ Yes ☐ No
如有，請提供詳情
If yes, please give full particulars. _____

_____

警方 / 消防署 / 物業管理處
POLICE AUTHORITIES / FIRE SERVICE DEPARTMENT / PROPERTY MANAGEMENT

有否通知警方或消防署或物業管理處?　☐ 有　☐ 否
Have the Police Authorities / Fire Service Department / Property Management been informed?　☐ Yes　☐ No

警署 / 消防署 / 物業管理處名稱
Name of Police Station / Fire Station / Property Management: _____

報案日期
Reported Date: _____

警方 / 消防署檔案號碼
Police / Fire Report No. _____

物業管理處聯絡人及電話號碼
Contact Person & telephone no. of Property Management: _____

證人 WITNESSESS

姓名 Name	聯絡電話號碼 Contact telephone no.	地址 Address

受傷者情況 INJURED PERSON

此意外是否涉及第三者人身傷亡　是☐ 否☐　所涉及死者 / 傷者數目
Is any third party death or bodily injury involved?　Yes☐ No ☐ No(s) of deceased / injured person _____

保戶與傷者的關係？
Relationship between the Insured and the injured person? _____

注意：如涉及傷亡者請填寫附加頁。若涉及多名傷者，則每一名傷者填寫一份附加頁。
NOTE: If the accident caused third party death or injury, please fill the attached "Third Party Bodily Injury Questionnaire". If more than one deceased or injured person, each "Bodily Injury Questionnaire" for one injured person.

第三者財物之損毀情況 DAMAGE TO PROPERTY OF OTHERS

物主姓名 Name of property owner	聯絡電話 Contact telephone no.	財物之種類 Kind of property	損害之性質及範圍 Nature and extent of damage	估計修理費 Estimated cost of Repairs

第三者之索償 THIRD PARTY CLAIM

閣下有否被要求賠償?　☐ 有　☐ 否　如有，要求賠償若干
Has claim been made upon you?　☐ Yes　☐ No　If yes, for what amount _____

要求賠償者是否有投購保險　☐ 是　☐ 否　如是，保險公司名稱
Is claimant insured?　☐ Yes　☐ No　If yes, Name of Company _____

閣下有否向索償者承認責任?　☐ 有　☐ 否
Have you in any way admitted liability to the claimant?　☐ Yes　☐ No

如有, 請提供有關資料 / 文件
If yes, please give detailed information / document _____

聲明及授權 DECLARATION & AUTHORIZATION

本人/吾等在此聲明本人/吾等已盡一切能力保證上述各節均屬實情，及在此次意外中，本人/吾等並無得到其他保險賠償.
本人/吾等亦同意，如以上或將來提供之資料有虛假成分或有隱瞞，此保險單將被作廢，而一切索償權利亦將喪失。
I/We declare that, to the best of my/our knowledge, the above statements are true and correct and I/We have no other insurance policy indemnifying me/us in respect of this accident. I/We hereby further agree if I/We have made or shall make any false statement or concealment, the Policy shall be void and all rights of recovery under the Policy shall be forfeited.

本人/吾等現授權**閩信保險有限公司 (**「**本公司**」**)** 由現存或不時成立的任何保險公司的協會或聯會或類同組織 (以下簡稱「聯會」) 從保險業內收集的資料中查閱及/或核對本人/吾等之任何資料。
I/we hereby authorize **Min Xin Insurance Company Limited ("Company")** to obtain access to and/or to verify any of my/our data with information collected by any association, federation or similar organization of insurance companies the exists or is formed from time to time (the "Federation") from the insurance industry.

本人/吾等授權持有本人/吾等投保資料，索償紀錄或任何有關資料之一方，包括但不限於警方及政府機構，保險公司等任何有關人士或組織，可以將部份或全部有關本人是次或相關事件等資料提供**貴公司**或其代理人。
I/We hereby further authorize any parties, including but not limited to police and government authorities, insurance companies etc. who are in possession of my insurance proposal information, claim information or any related information to release part or all of the information about the subject or related incidents of injury, loss or damage to the **Company** or its agents.

個人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT

由**本公司**收集所得或持有閣下之個人資料(該等資料可能在此表格提供或從其他途徑得到)可被用於**強制性**用途，如閣下不能提供有關個人資料，**本公司**將不能向閣下提供服務。
Your personal information collected or held by the **Company (**whether contained in this Application or otherwise obtained) may be used for below **obligatory purposes**. Failure to supply the required information may result in the **Company** unable to provide services to customers.

閣下提供的資料，為**本公司**提供業務所需，並可能使用於下列目的 :
The information you provide to the **Company** is collected to enable the **Company** to carry on insurance business and may be used for the purpose of:
- 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 ;
  any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service;
- 任何索償、訴訟或該等索償的調查或分析 ;
  any claim, action and/or proceedings or investigation or analysis of such claim; and
- 行使任何代位權 ; 及
  exercising any right of subrogation; and

可能轉移予 :
may be transferred to:
- 任何有關的公司，或任何其他從事與保險或再保險有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的 ;
  any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service providers providing services relevant to insurance business 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類同組織「聯會」，以達到任何上述或有關目的，或以便「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
- 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
- 透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的。
  any members of the "Federation" by the "Federation" for any of the above or related purposes.

閣下有權查閱及要求更正由**本公司**持有有關閣下的個人資料，如有需要，請以書面向**本公司**個人資料保護主任提出。
You have the right to obtain access to and to request correction of your personal information held by the **Company** by request in writing to Personal Data Protection Officer of the **Company**.
根據私隱條例，**本公司**有權收取合理費用，藉以處理任何資料的查閱要求。
In accordance with the Ordinance, the **Company** has the right to charge a reasonable fee for processing any data access request.
此授權書之影印本亦屬有效。
A photocopy of this authorization shall be considered as effective and valid as the original.

_____ _____

保戶簽署 (如屬公司請印章) 日期
Signature of Insured (with Company chop if applicable) Date