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
電郵E-mail: cs@mxic.com.hk

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
macaucs@mxic.com.hk
或傳真: 2830 5600

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 警方 / 消防署檔案號碼
Reported Date: _____ 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 _____

聲明及授權書 Declaration and authorization

1. 本人/吾等謹此聲明，本人/吾等確信，以上所填報之資料及所列各項之事件乃屬完全真確並無對保險公司作任何資料之保留。
   I/We declare that all information and particulars contained above are true and complete to the best of my knowledge and belief and they are made without reservation of any kind.
2. 本人/吾等授權於任何曾替本人/吾等作診療之醫生、醫務人員、醫院或診所提供有關本人/吾等病歷之資料予**閩信保險有限公司**（「**本公司**」）或其代理人。
   I/We hereby authorize any physician, medical practitioners, hospitals or clinics by whom or where I/We have been observed or treated to give full particulars about my/our health to the **Min Xin Insurance Company Limited** (**"Company"**) or its agents.
3. 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.

收集個人資料聲明 Personal Data Collection Statement

1. 閣下提供的資料，為**本公司**提供保險業務所需，並可能使用於下列目的：
   The information you provide to the **Company** is collected 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 alternations, variations, cancellation or renewal of them;
   - 處理任何對客戶的索償、訴訟及/司法程序；以及行使本公司的權利（詳情見適用保單條款所定），包括但不限於代位權；
     To 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;
   - 任何索償或索償分析及可能轉移予現存或不時成立的任何有關的公司或任何其他從事與保險或再保險業務 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或任何保險公司的協會或聯會。
     Any claim or analysis of it. and may be transferred to any related business partners, companies carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time.
2. 所有客戶均有權以書面向**本公司**要求查閱、修正及/或更改由**本公司**所持有有關其本身的任何個人資料。
   All customers have the right to access to, correct, or change any of their own personal information held by the **Company** by request in writing to the **Company**.

_____ _____

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