



MSIG

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Public Liability Report Form 公共責任意外報告書

THIS FORM IS ISSUED WITHOUT ADMISSION OF LIABILITY. PLEASE COMPLETE AND RETURN THIS FORM TO OUR CLAIMS DIVISION IMMEDIATELY AFTER THE OCCURRENCE IN THE EVENT OF ANY CLAIM OR POTENTIAL CLAIM UNDER THE POLICY. 提供此報告書予閣下不應被視為本公司的賠償承諾。於事故發生後，如已確實發生或可能發生索償事件，閣下必須填妥此報告書內有關項目並立即交回本公司理賠部。

Insured's / Policyholder's Information 受保人或保單持有人資料

Policy Number 保單號碼 _____

Name of Insured 受保人姓名 _____

Contact Person 聯絡人 _____ Contact Tel. No. (day time) 日間聯絡電話 _____

Correspondence Address 通訊地址 _____

Accident 意外事故資料

Date and Time 事故發生日期及時間
Date 日期 _____ Time 時間 _____

Exact Place of Accident 事故發生地點 _____

1. When and by whom was it first notified to you?
事件在何時及由何人報告? _____

2. Detail of description of incident and cause of incident:
事件發生之詳情及事件之原因: _____

3. A copy of the Incident Report, if there is any
如閣下備有事故報告，請提供副本

4. Has any precautionary measure been taken
at the time of incident?
在事故發生時，是否已作出任何安全措施？
If "Yes", please give details.
如果「是」，請提供詳情

5. Following the incident, has any remedy work
been taken?
在事故發生後，是否已作出任何應變措施？
If "Yes", please give details.
如果「是」，請提供詳情

6. Name(s), Address(es), and Telephone No(s).
of witness(es) of incident, if any
目擊證人之姓名、地址及電話號碼

7. Was the incident reported to the police?
If so, at which station.
事件有否報案及在何處報警？

8. Please state your own view on liability
請說明閣下對是次事故責任問題上的意見

Particulars of Main Contractor or Contractor 總承建商或承建商資料

Is there any work by contract undertaken at the time of incident? Yes No if "Yes", please give details as below:
在事故發生時，是否有以合約形式的工作進行中？ 是 否 如「是」，提供詳情如下：

Name _____ Trade _____ Contact Tel. No. _____
名稱 _____ 行業 _____ 聯絡電話 _____

Address _____
地址 _____

Is the main contractor or contractor entitled to claim under
their respective insurance policy in respect of this incident? Yes No if "Yes", please give details as below:
總承建商/ 承建商是否就是次事故向其保險公司索償？ 是 否 如「是」，提供詳情如下：

Name of insurance company _____ Policy No. _____
保險公司名稱 _____ 保單編號 _____

Is there any contractual agreement made with the Main Contractor/ Contractor?
是否已與總承建商/ 承建商定立任何合約上的協議？ Yes No
 是 否

If "Yes", who shall be responsible for the insurance coverage against liability for third parties?
如「是」，根據協議書由誰負責投購第三者保險？ _____

* **IMPORTANT** – Please forward to us all correspondence directly relating to the third party claim and do not admit any liability to third party

* **重要事項** – 如收到第三者的索償，請勿私下作出回覆。閣下必須將該等信件交予本公司。

Declaration & Authorisation 聲明及授權書

1. I/ We declare that the above information is in all respect true and complete to the best of my/ our knowledge and belief;
我/ 我們就此作出聲明，以上所述事項均根據我/ 我們所知及所信的情況下提供，並且為正確及並無遺漏。
2. It is agreed that upon request by MSIG Insurance (Hong Kong) Limited. I/ We shall make a statutory declaration to re-affirm the genuineness of all the information contained in this report form; and
若 MSIG Insurance (Hong Kong) Limited 提出有關要求，我/ 我們將同意作出重申本索償申表內資料均屬真確的法定聲明；及
3. I, the undersigned claimant, hereby authorise any party concerned to disclose to MSIG Insurance (Hong Kong) Limited or its representative any and all information with respect to my claim in relation to the accident a photostat copy of this authorisation shall be as effective and valid as the original.
本人為下方簽署之索償人。本人現授權有關人士向 MSIG Insurance (Hong Kong) Limited 或其代表提供任何一切本人於上述意外索償的資料記錄。本授權書之影印本的法律效力等同正本。
4. I believe that the facts stated in this claim form are true and correct. I acknowledge that the Insurers will rely upon the information supplied by me / the policyholder / the insured, which I verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory / the policyholders / insured under this policy, if so required by the Insurers, will be asked and are bound to sign any court documents on the basis of information provided herein.
本人確認此索償申請書內之事實均為真實及正確。本人確認貴保險公司會依靠本人／保單持有人／受保人所提供的資料（該等提供的資料本人誠實地相信是真實和正確的），作為將來進行或辯護任何索賠及訴訟程序之用。如貴保險公司要求，本簽署人／保單持有人／受保人將會及必定同意簽署任何有關倚靠該等資料所準備之法律文件。

Signature of Insured (with company chop if applicable)
受保人簽署 (如屬公司請蓋章)

Date
日期