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公眾責任遇事報告書

PUBLIC LIABILITY ACCIDENT REPORT

保戶不論是否被人要求賠償，應請立即準確詳填此表，並請即送回本公司以便處理。
This form should be completed as fully and accurately as possible and returned to the Company immediately whether a claim has been made on the Insured or not.

保戶 Insured	
保戶名稱 Name of Insured	保單編號 Policy No.
地址 Address	聯絡電話 Contact no.
電郵 E-mail	傳真號碼 Fax no.

發生意外之詳情 Full Description Of Accident	
事發日期及時間 Date and time of incident	
事發地點 Place of incident:	
意外描述 Detail description of the incident	
目擊者姓名及聯絡資料(如有) Name and Contact details of witness (if any):	
可有向警方報案？ 如有， 報案警署及編號 Any reported to Police? If so, which Police Station and police report no.	
在事故發生時，是否已作出任何安全措施？ 請提供詳情。 Has any precautionary measures been taken at the time of incident? Please advise in details.	☐ 否 No ☐ 是 Yes
在事故發生後，是否已作出任何應變措施以減低損失？ 請提供詳情。 Following the incident, has any remedy work been taken to minimize the loss? Please advise in details.	☐ 否 No ☐ 是 Yes
以往是否遇過類似性質的事故？ 列明詳情及何時發生。 Have ever experienced similar nature of incident? (Please advise in details and date(s) of incident(s).)	☐ 否 No ☐ 是 Yes

第三者資料 Particulars Of Third Party

姓名 Name:	聯絡資料 (電話 / 電郵 / 傳真) Contact Detail (Tel / Email/ Fax):

地址
Address:

受損或受傷之性質及程度
Nature and extent of damage or injuries:

是否被要求賠償？ 索償金額？
Has claim been made? Claimed amount?

保戶可有就事件作出任何妥協或賠償承諾？如有，請詳述
Any steps been taken to compromise or settle the matter in any way? If so, please advise in details.

總承辦商或承辦商資料，如有：Particulars of Main Contractor or Contractor, if any:

在事故發生時，是否有以合約形式的工作在進行中？如有，請提供詳情。
Is there any work by contract undertaken at the time of incident? If so, please advise in details.
☐ 否 No ☐ 是 Yes

名稱 Name:	**行業** Trade:	**電話 / 電郵** Contact no./Email:

地址
Address

其第三者保險之保險公司資料：
Their respective Third-Party Lability Insurance policy details:

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

聲明及授權書 Declaration & Authorization

1. 本人/我們謹此聲明上述一切陳述, 不論是否本人/我們親手所寫, 均屬正確無誤, 並為本人/我們所知所信之全部, 本人/我們同意任何蓄意欺騙或隱瞞將構成法律責任並導致保單失效。
   I/We hereby declare that all the statements to all questions above, whether or not written by my/our own- hand are to the best of my/our knowledge and belief complete and true. I/We agree that any concealment or misstatement as regards to the amount or otherwise, in connection with this claim may result in prosecution and the Policy will become void.
2. 本人/我們同意任何持有有關於本人/我們或上述受保人記錄或資料之醫生、醫院、藥劑師、保險公司、警署、僱主、或其他機構發放有關本人/我們或上述受保人之病歷、病情之預斷、治療、傷假、或在職、離職詳情、或在其他保障下可獲之保障額、索償金等資料予忠意保險有限公司（「忠意保險」）或其授權之代表. 而在香港私隱專員條例容許之情況下, 本人/我們並同意將個人資料給予其他在港或以外之機構。
   I/We hereby authorize any doctor, hospital, pharmacy, insurance company, police station, employer, or other organization, who has records or knowledge of myself/ourselves or the Insured, to release all information regarding medical history, prognosis, treatment (including drug and alcohol abuse information), sick leave history, employment history, reasons of employment termination, earnings or benefit payable under other insurance coverage to Assicurazioni Generali S.p.A. (hereafter referred to as "Generali") or its authorized representative. In accordance with the provisions of the Personal Data (Privacy) Ordinance of Hong Kong, by signing below, I/We consent that the personal information collected or held by the Company, whether contained in this application or otherwise obtained is provided and may be disclosed to individuals or organizations within or outside Hong Kong.
3. 此授權書之副本亦如正本一樣具同等效力。A photostat copy of this Declaration & Authorization will be valid as the original.
4. 本人/我們同意所有文件及收據予忠意保險將不獲退還。I/We hereby agree that all documents and receipts submitted to Generali will not be returned.
5. 本人/我們確認，本人/我們已獲提供 (https://www.generali.com.hk/EN_US/personal_information) 一份由忠意保險發出的收集個人資料聲明（「該聲明」），本人/我們確認已經閱讀並且明白該聲明，本人/我們同意忠意保險可依照該聲明的條款收集、使用、儲存、披露、轉移及其他方式處理本人/我們的個人資料，本人/我們進一步確認，本人/我們已獲得受保人和任何有關人士（如適用的話）的明示同意，可以按照該聲明所述的用途將他們的個人資料提供給忠意保險，並允許忠意保險可依照該聲明的條款收集，使用、儲存、披露、轉移及其他方式處理該等個人資料。
   I/We acknowledge that I/we have been provided (https://www.generali.com.hk/EN_US/personal_information) with the Personal Information Collection Statement (the "Statement") issued by Generali. I/We confirm that I/we have read and understand the Statement. I/We agree that Generali may collect, use, store, disclose, transfer and otherwise process my/our personal data in accordance with the terms of the Statement. I/We further confirm that I/we have obtained the express consent of the insured(s) and the other relevant individual(s)(where applicable) for providing their personal data to Generali for the purpose stated in the Statement and for allowing Generali to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of statement.

蓋印及簽署
Stamp & Signature _____
保戶 Insured

日期
Date _____