

第三者責任遇事報告書 THIRD PARTY 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.

保單持有人 POLICYHOLDER	姓名 Name	保單號碼 Policy no.
	住址 Home address	住宅電話 Home phone no.
	辦公室地址 Business address	辦公室電話 Business phone no.
發生意外之時間及地點 TIME AND PLACE OF ACCIDENT	時間 Time	上午 / 下午 a.m. / p.m.
	日 Day	月 Month
	年 Year	
	發生意外之地點 Exact place of accident	
	意外事故在何時及由何人報告 When, and by whom was the accident reported to you	
	閣下是否物主、承租人、住客或承辦人 Are you the owner, lessee, tenant or contractor	
發生意外之詳情 FULL DESCRIPTION OF ACCIDENT	發生意外之起因及情況 Cause and manner of occurrence	
	意外事件之發生是否由受傷者之疏忽所致 Was accident due to want of care upon part of injured person ?	
	若是, 如何發生? If so, how ?	
	由何人之疏忽而引致意外之發生 Whose negligence caused the accident ?	
	受傷者在發生意外之屋宇有何權利 What right did the injured party have on the premises ?	
受傷者情況 PERSONS INJURED	姓名 NAME	地址 ADDRESS
	受傷之性質及程度 Nature and extent of injuries	
	如曾接受醫藥治療, 請列報醫生之姓名 If medical aid was rendered, give name of doctor	
	受傷者現被送往何處 Where were the injured taken	

損害第三者之財物情形 DAMAGE TO PROPERTY OF OTHERS	物主姓名 Name of owner	
	地址 Address	
	財物之種類 Kind of property	
	損害之性質及範圍 Nature and extent of damage	
	估計修理費用若干 Estimated cost of repair	
	是否被要求賠償 Has claim been made ?	
要求賠償者是否有投購保險 Is claimant insured ?		
	接受保險之公司 (Name of company)	
証人 WITNESSES	請盡可能詳記所有証人, 旁觀者, 或出事地點附近之目擊者及其他路聽此次意外事件者之姓名及地址 Whenever possible please obtain names and address of witnesses, bystanders of persons in the immediate vicinity who may have seen the accident or heard statements made by any of the persons involved	
	<table border="0"> <tr> <td style="width: 50%;">姓名 NAME</td> <td style="width: 50%;">地址 ADDRESS</td> </tr> </table>	姓名 NAME
姓名 NAME	地址 ADDRESS	
意外發生時有無警察在場 POLICEMAN IF ANY AT THE SCENE OF ACCIDENT	警員姓名 Name	
	警員號碼 Number	
	警員所屬警署 Attached to which police station	
	

聲明及授權

本人 / 我們聲明所填報的資料就本人 / 我們所知所信, 全部真實無訛。

本人 / 我們授權持有本人 / 我們記錄或資料 (包括本人 / 我們之口供) 之人士或團體, 向法國敬邦保險或其認可代理人, 提供與本索償事宜或與保險人之追償權有關之記錄或資料。此授權書影印本之效力等同正本。

本人確認貴保險公司會依靠本人 / 保單持有人 / 保戶所提供的資料 (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 / 保戶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。

Declaration & Authorisation

I / We declare that the information given in this form is true and complete to the best of my/our knowledge and belief.

I / We further authorise any individual or entity holding any records (including any statements taken) or knowledge of me/us which is/are relevant to the settling of this claim and/or the Insurer's rights of recovery thereunder to furnish such records or knowledge to **GAN Assurances** or its representatives. A photocopy of this authorisation shall be considered as effective and valid as the original.

I acknowledge that 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.

日期
Date _____

保戶簽署
Signature of Insured _____