



保險公司填寫 For Office Use

Claim Ref. No.

Received Date

公眾責任保險賠償報告書
Public Liability Insurance Claim Form

| | |
|--------------------------------|--------------------------------|
| 保戶姓名 Name of Insured | |
| 保單號碼 Policy No. | |
| 地址 Address | |
| 電話 Telephone No. | |
| 傳真號碼 Fax No. | |
| 職業/行業 Occupation/ Trade | |
| 出事性質 Nature of Loss | |
| 發生日期及時間 Occurred at about | 日期 On _____, _____ 上午/下午 AM/PM |
| 發生地點 Place of Accident | 在 At _____ |
| 出事詳細情形,意外如何發生 Circumstances | |

請劃出意外發生之草圖

Please draw a rough sketch illustrating the circumstances of the accident

警方報告
Police Report

1. 在何處報警
Where made? : _____ 報案號碼 Report No. : _____ 日期 Date : _____
2. 警方曾採取何種行動?
Any police action taken? _____

如在意外中,有人受傷或物件損壞,請填寫本欄 Third Party Information

誰人疏忽而引起此意外?
Whose negligence caused the accident?

傷者為何出現在現場？
What right did the injured party have on the premises?

傷者之年歲，姓名，地址及職業
Name, age, address and occupation of the injured person

傷者之受傷程度
Extent of injury to the injured person

建築物有否損壞？ 如有，請填寫損失明細表；
Any damage to property? If so, please complete Details of loss;

有否收到賠償要求？有/無，如有，請述細節 有/無
Has any claim been made upon you? Yes/No. If yes, give particulars Yes/No

請詳述証人姓名及地址
Name and address of witness

工程開始前，曾否索取地下電線喉管總管道之平面圖？ 有 / 無
Have you obtained a plan of existing Underground Cable/Pipes/Main before commencing works? Yes / No

如有，該損壞之電線，喉管，總管道是否顯示在圖內？ 有 / 無
If answer is Yes, is the damaged Cable/Pipe/Main indicated in the Plan? Yes / No

(如有收到任何有關這次意外之信件請勿作答並立即交與保險公司處理)
(Any communication that you receive about the accident should not be answered but sent to the Insurance Company immediately.)

損失明細表
Details of loss

| 物件名稱 Description of Articles | 物主姓名及地址 Name and address of owner | 購買日期 Date acquired | 確實價值 Actual Cost | 損壞程度 Extent of Damage | 折舊多少 Depreciation | 損壞/損失時之價值 Value at the Time of Loss/Damage | 要求賠償之淨額 Net Amount of Claim |
|---------------------------------|--------------------------------------|-----------------------|---------------------|--------------------------|----------------------|---|--------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

如建築物或物件受到損壞，請詳述及列出其修理之約數
If any damage to property or premises was caused by this occurrence, please describe and give an estimated cost of repairs :

聲明及授權書 DECLARATION AND AUTHORIZATION

(1) 本人/本公司藉此鄭重聲明上述各項全部屬實及本人/本公司並無其他保單補償或保障本人/本公司因此意外引起之損失。同時，本人/本公司明白及同意供給此表格本人/本公司並不構成保險公司放棄保單上條例所授予之權利。I/We hereby declare that the foregoing particulars are true in every respect, and that I/We have no other policy indemnifying me/us in respect of this loss or accident. It is also understood and agreed that the furnishing of this form to me/us shall not constitute a waiver of any of the conditions of the policy.

(2) 本人/我們確認本人/我們已閱讀並明白收集個人資料的聲明。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀該聲明，而本人/我們已詳細閱讀該聲明對貴公司所收集或持有之本人/我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人/我們特此確認並同意中國交銀保險有限公司根據該聲明使用及轉移本人/我們的個人資料。I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement ("PICS"). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by China BOCOM Insurance Co., Ltd. in accordance with the PICS.

日期 _____ #投保人索償申請人簽署
Date _____ #Signature of Insured/Claim Applicant

#If the Insured/applicant is a corporation, company's chop is required 若投保人是公司，必須在投保申請人簽署部分蓋上公司印章。

In the event the Insurance claims application consisting of personal information, such application will not be processed unless this personal information collection statement is duly read and signed by the Policyholder/Insured Person.

PERSONAL INFORMATION COLLECTION STATEMENT ("PICS")

COLLECTION AND USE OF PERSONAL DATA

China BOCOM Insurance Co., Ltd. (hereafter called "the Company") may use the personal data collects from you (whether contained in this application or otherwise) for the purposes of

- (i) investigating, processing and paying claims made under your insurance policy;
- (ii) collecting deductibles for claim settlement and/or any outstanding amounts from you;
- (iii) conducting market research for statistical or other purposes;
- (iv) matching any data held which relates to you from time to time for any of the purposes listed herein;
- (v) conducting identity and/or credit checks and/or debt collection;
- (vi) carrying out other services in connection with the operation of the Company's business;
- (vii) contacting you for any of the above purposes;
- (viii) other ancillary purposes which are directly related to the above purposes; and
- (ix) complying with applicable laws, regulations or any industry codes or guidelines.

Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

The Company may disclose your personal data for the above purposes to the following classes of transferees:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist the Company to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers, bank for executing direct debit payment and data processors);
- (b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- (c) in the event of default, debt collectors and recovery agents;
- (d) insurance reference bureaus or credit reference bureaus;
- (e) reinsurers and reinsurance brokers;
- (f) your insurance broker (if you have one);
- (g) our legal and professional advisors;
- (h) our related companies;
- (i) the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- (j) the Insurance Claims Complaints Bureau and similar industry bodies; and
- (k) government agencies and authorities as required or permitted by law.

The Company may also use and disclose your personal data otherwise with your consent.

"Related companies" in this form means the holding company of the China BOCOM Insurance Co., Ltd (Bank of Communications Co., Ltd.) which includes branches, subsidiaries, representative offices and/or any corporations or legal entity under the effective management control by the Bank of Communications Co., Ltd. and/or any subsidiaries and/or representative offices of China BOCOM Insurance Co., Ltd, wherever situated.

DIRECT MARKETING

Unless with your consent, the Company MAY NOT use any extra information obtained under this form for any direct marketing purpose except for those information obtained from you before for processing the insurance application. In the event you **DO NOT WISH** the Company and/or its affiliated companies to use your personal data in direct marketing and receive the direct marketing materials, you may inform us in writing to the address in the section on "**ACCESS AND CORRECTION OF PERSONAL DATA**". The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

ACCESS AND CORRECTION OF PERSONAL DATA:

Under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"), you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it. Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to: **Data Privacy Officer of China BOCOM Insurance Co., Ltd. 18/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong.**

保單持有人/受保人必須閱讀及簽署此收集個人資料聲明後有關的索償申請將會被處理

收集個人資料的聲明

收集及使用個人資料

中國交銀保險有限公司(下稱"本公司")可能會使用客戶提供的個人資料(不論是否此表格所載或從其他途徑所取得)作以下用途:

- (i) 調查、處理及支付閣下保單有關的索償;
- (ii) 向閣下收取自負額及欠款;
- (iii) 為統計或其他目的進行市場研究;
- (iv) 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料;
- (v) 進行身份和/或信用核查和/或債務追收;
- (vi) 開展與本公司業務經營有關的其他服務;
- (vii) 就以上用途聯絡閣下;
- (viii) 其它與上述用途有直接關係的附帶用途;及
- (ix) 遵循適用法律,條列及業內守則及指引。

本公司僅將為合法和相關的目的收集個人資料,並將採取一切切實可行的步驟,確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟,確保個人資料的安全性,及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

本公司亦可因應上述用途披露閣下的個人資料予下列各方:

- (a) 就上述用途,向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問(包括:醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商、執行直接付款方式繳付保費之銀行及數據處理服務商);
- (b) 處理索賠個案的理賠師、理賠調查員及醫療顧問;
- (c) 追討欠款的收數公司或索償代理;
- (d) 保險資料服務公司及信貸資料服務公司;
- (e) 再保公司及再保經紀;
- (f) 閣下的保險經紀(若有);
- (g) 本公司的法律及專業業務顧問;

CLM-PUL-07-202410

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- (h) 本公司的關連公司;
- (i) 香港保險業聯會（或同類的保險公司聯會）及其會員;
- (j) 保險索償投訴局及同類的保險業機構;
- (k) 法例要求或許可的政府機關。

經閣下同意，本公司可能會以其它方式使用及披露閣下的個人資料。

“關連公司”是指本公司的控股公司『交通銀行股份有限公司』其中亦包括交通銀行股份有限公司屬下之分行、附屬公司及代表處及/或任何被交通銀行股份有限公司在管理上控制的公司及/或中國交銀保險有限公司的附屬公司及代表處，不論其所在地。

直銷促銷

若非經閣下同意，本公司不可能使用閣下在索償申請書中提供的額外聯絡資料用作任何直接促銷用途。這並不包括早前在投保申請處理時提供的資料。若閣下**不願意**本公司及與本公司關聯的公司使用及將閣下的個人資料提供予其他人士作任何形式的直接促銷用途。請閣下請發信至下文“**個人資料的查閱和更正**”部份所列的地址通知本公司。本公司會在不收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。

個人資料的查閱和更正

根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：**中國交銀保險有限公司位於香港中環紅棉路8號東昌大廈18樓個人資料保護主任收。**