

# 中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

香港北角京華道18號15樓

15/F., 18 King Wah Road, North Point, Hong Kong

Tel: (852) 2815 1551 Fax: (852) 2541 6567 E-mail: info@hk.cntaiping.com Website: www.hk.cntaiping.com Customer Service Hotline: (852) 3716 1616

由本公司填寫 Office Use Only

立案號碼  
Claim No.

## 教育局綜合保險計劃 - 公眾責任保險意外報告書

## EDUCATION BUREAU BLOCK INSURANCE POLICY - PUBLIC LIABILITY INSURANCE ACCIDENT REPORT

### 謹此聲明：

- 根據保單條款，校方不論是否被要求賠償，此報告書應詳細填寫並立即送回保險公司處理。
- 校方收到任何信件、索賠要求、告票、傳票及訴訟書時須即時通知或送交保險公司。
- 未經保險公司同意，校方或任何被要求索賠之人仕不得對索賠要求作出任何承認、提議、承諾或賠款。
- 呈遞此報告書，並不表示保險公司承擔賠償責任。
- 請將此報告書電郵至edbclaims@hk.cntaiping.com。

### Please Note that:

- Pursuant to Policy Conditions, this Accident Report should be fully completed and returned to the Company immediately regardless of whether a claim has been made against the school or not.
- Any letter claim writ summons shall be notified or forwarded to the Company immediately on receipt.
- No admission offer promise or payment shall be made by or on behalf of the school or any person claiming to be indemnified without the written consent of the Company.
- By submitting this Accident Report, the Company makes no admission of liability.
- Please submit this Accident Report by E-mail (E-mail address: edbclaims@hk.cntaiping.com).

請填報以下項目資料，並在適當的空格填上☑，如有變更必須通知保險公司

Please fill in the items below and tick the boxes where appropriate ☑ and inform the Company if any of them has been altered.

### A. 保單資料 POLICY DETAILS

保戶名稱： Name of Insured:		教育局 Education Bureau	
保單號碼： Policy No.:		060112092021002678	
學校名稱： Name of School:			
地址： Address:			
電話號碼： Tel. No.:		傳真號碼： Fax No.:	
聯絡人姓名： Name of Contact Person:		職位： Position:	
聯絡電話： Contact Tel. No.		電郵地址： E-mail Address:	
學校財政類別： Finance Type of School:	資助 Aide	按額津貼 Caput	
學校類別： Level of School:	小學 Primary	中學 Secondary	特殊學校 Special

### B. 意外發生之時間及地點 TIME & PLACE OF ACCIDENT

日期： Date:	年 Year	月 Month	日 Day	時間： Time:	上午 a.m.	下午 p.m.	時 Hours	分 Minutes
意外地點： Place of Accident:								
* 請提供意外現場之地圖 / 平面圖 / 相片。 Please provide map / floor plan / photographs of the accident scene.								
意外事故在何時及由何人報告？ When and by whom was the accident reported to you?				日期： Date:		身份 / 姓名： Identity / Name:		
閣下是否物主、承租人、住客或承辦人？ Are you the owner, lessee, tenant or contractor?								

### C. 意外發生之詳情 DETAILS OF THE ACCIDENT

發生意外之起因及詳情 (包括處理過程)： Causes and details of the accident (including the handling process):
意外的發生是由何人疏忽所引致？請詳述： Whose negligence caused the accident? Please specific:

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是否有閉路電視拍下意外經過? Did closed circuit television record the accident?	有, 請提供 Yes, please provide	否 No
就是次意外曾否向其他保險公司索償? Are you entitled to claim under other insurance policies in respect of this accident?	是 Yes	否 No
你以往是否遇過類似的事故? 如“是”, 請列明何時發生及詳情: Have you encountered similar nature of accident? If “yes”, please provide date(s) of accident(s) and details:	是 Yes	否 No
在事故發生時, 是否已作出任何安全措施? Had any precautionary measures been taken at the time of accident?	是 Yes	否 No
在事故發生後, 是否有作出任何改善措施? Has any remedial work been taken after the accident?	是 Yes	否 No
在事故發生時, 是否有以合約形式的工作進行中? Is there any work by contract undertaken at the time of accident?	是 Yes	否 No
* 如有內部意外調查報告, 請提供。 Please provide your internal accident investigation report (if any).		
<b>D. 意外現場狀況 CIRCUMSTANCE &amp; CONDITION OF THE ACCIDENT PLACE</b>		
意外當天之天氣狀況: Weather condition:	晴天 Fine	密雲 Cloudy
		雨天 Rainy
		其他: Others:
意外現場地面狀況: Floor condition:	乾爽 Dry	油漬 Greasy
	平坦 Flat	凹凸 Bumpy
	其他: Others:	
光線情況: Lighting condition:	光 Bright	暗 Dim
		黑 Dark
<b>E. 第三者財物之損毀 DAMAGE TO OTHER PROPERTY(IES)</b>		
意外是否涉及第三者財物之損毀? 如“有”, 請填寫下列資料: Is / Are any third party property damage involved? If “yes”, please provide the information in this section:	是 Yes	否 No
(i) 索賠人姓名: Name of Claimant:		
(ii) 聯絡地址: Contact Address:		
(iii) 聯絡電話: Contact Tel. No.:		
(iv) 財物種類、損害之性質及程度、估計損失金額: Kind, nature and extent of damage, estimated loss amount of properties:		
<b>F. 受傷者/死者 INJURED(S) / DECEASED(S)</b>		
意外是否涉及有人受傷或死亡? 如“有”, 請填寫下列資料: Is / Are any person(s) injured or dead? If “yes”, please provide the information in this section:	是 Yes	否 No
(i) 請列明此意外牽涉死傷者及所牽涉之人數: No. of casualties involved in the accident:		
(a) 受傷者(人): Injured(s):		
(b) 死者(人): Deceased(s):		
* 若死傷者多於一人, 請另加附頁說明。 If more than 1 person were involved, please provide the following information on separate sheet.		
(ii) 請列明死傷者姓名、性別、年齡、職業及聯絡方法: Name, Sex, Age, Occupation and Contact Details of the injured / deceased:		

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(iii) 身份(如：訪客、承辦商僱員)： Identity(e.g. visitors, contractor's employee):			
(iv) 請略述傷者之傷勢(如：瘀傷、擦傷、骨折等)及受傷部位(如：頭、手、腳等)： Extent of injury the injured sustained (e.g. bruised, scraped, fracture etc.) as well as part of body injured (e.g. head, hand, foot etc.):			
輕微 Slight	重傷 Serious	死亡 Death	
請略述： Please describe:			
(v) 是否清醒？ Conscious?	是 Yes	否 No	不詳 Unknown
(vi) 是否由救護車送院？ Sent to Hospital by ambulance?	是 Yes	否 No	不詳 Unknown
(vii) 是否留院？ Hospitalized?	是 Yes	否 No	不詳 Unknown
* 上述資料是根據目擊者觀察所見意外發生後所涉及之傷者情況。 The above information is entirely in the opinion of the witness of the accident based on observation only.			

<b>G. 證人WITNESS(ES)</b>			
如有證人，請提供證人資料如下： If there is any witness, please provide the information as follows:			
(i) 姓名： Name:			
(ii) 與投保人關係： Relationship with the insured:			
(iii) 地址： Address:			
(iv) 聯絡電話 Contact Tel. No.:			
* 若證人多於一人，請另加附頁說明。 If more than 1 witness were involved, please provide the above information on separate sheet.			

<b>H. 警察報告 POLICE REPORT</b>			
曾向何處警署報案？ At which Police station was the accident reported?			
報案日期：(日/月/年) Date of Report: (dd/mm/yyyy)			
警方報案號碼(請附上口供及草圖副本)： Police Report Number (Please attach statement and police sketch copies):			

## 收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

中國太平保險(香港)有限公司(下稱“保險公司”)明白其在《個人資料(私隱)條例》下就個人資料的收集、持有、處理或使用所負有的責任。閣下提供此報告書要求的個人資料(包括信用資料和以往申索記錄)，是為了保險公司提供保險業務所需，保險公司並可能使用閣下的個人資料作以下用途：

- (i) 任何與保險有關的產品或服務(包括處理及審批閣下索償、結清申索、保單相關行政、財務工作、索償調查或分析、偵測和防止欺詐行為(無論是否與就此申請而發出的保單有關)及其它相關的服務)，或該等產品或服務的任何更改、變更、取消或續期；
- (ii) 保險公司行使任何代位權
- (iii) 就以上用途聯絡閣下；
- (iv) 其它與上述用途有直接關係的附帶用途；及
- (v) 遵循適用法律、條例及業內守則及指引。

保險公司亦可因應上述用途披露/轉移閣下的個人資料予下列各方，而他們只能在有合理需要履行上述目的之情況下才可收集和處理這些資料：

- (a) 向保險公司提供行政、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，或任何從事與保險或再保險業務有關的公司，或閣下的保險中介人(若有)、保險理算人或索償調查員/公司，或其他保險業務有關的服務提供者；
- (b) 僱主；醫護專業人士；醫院；會計師；財務顧問；律師；整合保險業申索和承保資料的組織；防欺詐組織；其他保險公司(無論是直接地，或是通過防欺詐組織或本段中指名的其他人士)；警察；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)；
- (c) 保險公司的關連公司(以《公司條例》內的定義為準)；
- (d) 政府及市場認可的保險業監管機構；保險投訴局及同類的保險業機構、香港保險業聯會(或同類的保險公司聯會)及其會員；
- (e) 法例要求或許可的政府機關包括運輸署。

閣下的個人資料可能因上述用途提供給以上任何機構(在香港境內或境外)，而就此而言，閣下同意將閣下的資料轉移至香港境外。

閣下可有權隨時查閱及/或更正由保險公司持有有關閣下的個人資料。如有需要，請以書面形式向保險公司的總經理辦公室提出，地址為香港北角京華道18號15樓或電郵info@hk.cntaiping.com。另保險公司私隱政策的全文已上載於www.hk.cntaiping.com，歡迎查閱。

保險公司為預防保險詐騙偵測系統成員，詳情請參閱www.hkfi.org.hk/ifpcd/en/index.html。本聲明中英文版本如有任何歧異或不一致，概以英文版為準。

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China Taiping Insurance (HK) Company Limited (the "Company") understands its responsibilities to the collection, retention processing or use personal data under the Personal Data (Privacy) Ordinance. The personal data you provided in this form (including credit information and claims history) is collected to enable the Company to carry on insurance business. The Company may also use your personal data for the following purposes:

- (i) any insurance related product or service (include processing and evaluating your insurance claim, settling claims, providing administration, financing, claim investigation or analysis work, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application) and other services in relation to your insurance policy), or any alterations, variations, cancellation or renewal of such product or service;
- (ii) exercising any right of subrogation;
- (iii) contacting you for any of the above purposes;
- (iv) other ancillary purposes which are directly related to the above purposes; and
- (v) complying with applicable laws, regulations or any industry codes or guidelines.

The Company may disclose / transfer your personal data to the following persons who may collect and use this data only as reasonably necessary to carry out the purposes described above:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services, or any company carrying on insurance or reinsurance related business or your insurance intermediary (if you have one) or claim or investigation adjusters/companies, or other service provider providing services relevant to insurance business;
- (b) employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information;
- (c) the Company's related companies (as that term is defined in the Companies Ordinance);
- (d) Government and industry recognized insurance regulatory bodies: the Insurance Complaints Bureau and similar insurance industry bodies, the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members ; and
- (e) government agencies and authorities as required or permitted by law including the Transport Department.

Your personal data may be provided to any of the above organizations, located in Hong Kong or outside of Hong Kong, for the above purposes, and in this regard you consent to the transfer of your data outside of Hong Kong.

You have the right to access and/or request correction of any personal data concerning yourself held by the Company. Requests for such access can be made in writing to Office of the General Manager at 15/F, 18 King Wah Road, North Point, Hong Kong or email to [info@hk.cntaiping.com](mailto:info@hk.cntaiping.com). Moreover, the full version of the Company's Data Privacy Policy can be found at [www.hk.cntaiping.com](http://www.hk.cntaiping.com).

The Company is a member of the Insurance Fraud Prevention Claims Database, please go to website [www.hkfi.org.hk/ifpcd/en/index.html](http://www.hkfi.org.hk/ifpcd/en/index.html) for details.

In the event of any discrepancy or inconsistency between the English and Chinese versions of this statement, the English version shall prevail.

**聲明 DECLARATION**

以上所列乃屬真實並願協助中國太平保險(香港)有限公司辦理一切有關事宜。

I/We hereby declare the foregoing particulars to be true in every respect and I/we undertake to give the Company all assistance in my/our power in dealing with the matter.

日期 :  
Date :

(日/月/年 dd/mm/yyyy)

校方代表簽署及學校蓋章：

Signature of School's

Representative with School Chop: \_\_\_\_\_

請述明簽署者姓名及職位：

Please provide the name and  
position of the signatory: \_\_\_\_\_