

教育局綜合保險計劃 - 公眾責任保險索償表格
EDUCATION BUREAU BLOCK INSURANCE POLICY – PUBLIC LIABILITY INSURANCE CLAIM FORM

請注意：

1. 根據保單條款，校方不論是否被要求賠償，此索償表格應詳細填妥並立即送回本公司處理。
2. 本公司收取索償表格並不表示本公司已承認賠償責任。
3. 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本公司。
4. 未經本公司同意，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、要約、承諾或賠付。
5. 請將索償表格傳真至3906 9942 或電郵至claimsedb_ins@bocgroup.com。

Please note:

1. Pursuant to Policy Conditions, this claim form should be fully completed and returned to our Company immediately regardless of whether a claim has been made against the insured or not.
2. Receipt of this Claim Form does not render our Company in admission of policy liability.
3. Any letter, claim, writ, summons shall be notified or forwarded to our Company immediately on receipt.
4. 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 our Company.
5. Please submit this Claim Form by Fax (Fax No. 3906 9942) or by E-mail (E-mail address : claimsedb_ins@bocgroup.com).

請填報以下項目資料，並在適當的空格填上☐，如有變更必須通知本公司。

Please answer items below and tick the boxes where appropriate ☐ and inform our Company if any of them has been altered.

A. 學校詳情 PARTICULARS OF SCHOOL	
保單編號： Policy No.:	PLI/15-02120007
學校名稱： Name of School:	
學校財政類別： Finance Type of School:	<input type="checkbox"/> 資助 Aided <input type="checkbox"/> 按額津貼 Caput
學校類別： Level of School:	<input type="checkbox"/> 小學 Primary <input type="checkbox"/> 中學 Secondary <input type="checkbox"/> 特殊學校 Special
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:

B. 意外詳情 DETAILS OF ACCIDENT								
日期： Date:	年 Year	月 Month	日 Day	時間： Time:	<input type="checkbox"/> 上午 a.m.	<input type="checkbox"/> 下午 p.m.	時 Hour	分 Minute
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:	年 Year	月 Month	日 Day	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?								
意外發生之起因及詳情(包括處理過程) Cause and details of accident (including the handling process):								
*請提供內部意外調查報告(如有)。 Please provide your internal accident investigation report (if any).								

意外的發生是由何人疏忽所引致？請詳述： Whose negligence caused the accident? Please specify:		
是否有閉路電視拍下意外經過？ Did closed circuit television record the accident?	<input type="checkbox"/> 是 (請提供有關錄像影碟) Yes (please provide)	<input type="checkbox"/> 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?	<input type="checkbox"/> 是 (請提供詳情) Yes (please give details)	<input type="checkbox"/> 否 No
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:	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
在事故發生時，是否已作出任何安全措施？ Has any precautionary measures been taken at the time of accident?	<input type="checkbox"/> 是 (請提供詳情) Yes (please give details)	<input type="checkbox"/> 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?	<input type="checkbox"/> 是 (請提供詳情) Yes (please give details)	<input type="checkbox"/> 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?	<input type="checkbox"/> 是 (請提供有關合約) Yes (please provide the contract)	<input type="checkbox"/> 否 No

C. 意外現場狀況 CIRCUMSTANCE AND CONDITION OF THE ACCIDENT PLACE				
意外當天之天氣狀況： Weather condition:	<input type="checkbox"/> 晴天 Fine	<input type="checkbox"/> 密雲 Cloudy	<input type="checkbox"/> 雨天 Rainy	<input type="checkbox"/> 其他: Others:
意外現場地面狀況： Floor condition:	<input type="checkbox"/> 乾爽 Dry	<input type="checkbox"/> 油漬 Greasy	<input type="checkbox"/> 濕滑 Wet	<input type="checkbox"/> 其他: Others
	<input type="checkbox"/> 平坦 Flat	<input type="checkbox"/> 凹凸 Bumpy	<input type="checkbox"/> 其他: Others	
光線情況： Lighting condition:	<input type="checkbox"/> 光 Bright	<input type="checkbox"/> 暗 Dim	<input type="checkbox"/> 黑 Dark	

D. 第三者財物之損毀 DAMAGE TO OTHER PROPERTY(IES)	
意外是否涉及第三者財物之損毀？如“是”，請填寫下列資料： Is / Are any third party property damage involved? If “yes”, please provide the information in this section:	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
(i) 索償人姓名： 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:	

E. 受傷者 / 死者 INJURED(S) / DECEASED(S)	
意外是否涉及有人受傷或死亡？如“是”，請填寫下列資料： Is / Are any person(s) injured or dead? If “yes”, please provide the information in this section:	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 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:	<input type="checkbox"/> 受傷者(人數)： Injured(s): <input type="checkbox"/> 死者(人數)： Deceased(s):
(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:	

(iii) 身份(例如：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)： Please describe the 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.):			
(v) 是否清醒？ Conscious?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No	<input type="checkbox"/> 不詳 Unknown
(vi) 是否由救護車送院？ Sent to Hospital by ambulance?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No	<input type="checkbox"/> 不詳 Unknown
(vii) 是否留院？ Hospitalized?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No	<input type="checkbox"/> 不詳 Unknown

F. 證人 WITNESS(ES)	
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 one witness were involved, please provide the above information on separate sheet.	

G. 警方報告 POLICE REPORT	
已向何處警署報案？ At which Police station was the accident reported?	
報案日期(日/月/年)： Date of Report (dd/mm/yyyy) :	警方報案編號： Police Report Number:
*請夾附口供及草圖副本 * Please attach statement and police sketch copies.	

聲明 DECLARATION

本人/我們謹茲聲明上述所填報之資料皆為確實詳情，並沒有隱瞞任何與此索償有關之重要資料。
I/We hereby warrant the truth of the above statements and declare that I have not withheld any material information connected with this claim.

聲明及授權 Declaration and Authorization	
本人聲明上述資料完整及正確無訛，並無隱瞞任何重要資料。	
本人明白本人提供的資料，為中銀集團保險有限公司(“貴公司”)提供保險業務所需，並可能使用於下列目的：(i) 分析或調查、處理及支付本人保單有關的索償；(ii) 任何與保險有關的產品或服務的任何更改、變更、取消或續期；(iii) 就以上用途聯絡本人；(iv) 貴公司行使任何代位權；(v) 其它與上述用途有直接關係的附帶用途；及(vi) 遵循適用法律，條例及業內守則及指引。	
貴公司亦可因應上述用途將本人的個人資料移轉予下列各方：(a) 就上述用途，向 貴公司提供行政、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)；(b) 處理索賠個案的理賠師、理賠調查員及醫療顧問；(c) 索償代理；(d) 保險資料服務公司；(e) 再保公司及再保經紀；(f) 本人的保險經紀(若有)；(g) 貴公司的法律及專業業務顧問；(h) 貴公司的關連公司(以《公司條例》內的定義為準)；(i) 現存或不時成立的任何保險公司協會或聯會或類同組織(“聯會”)及其會員，以達到任何上述或有關目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；(j) 透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的；(k) 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；(l) 保險索償投訴局及同類的保險業機構；及(m) 法例要求或許可的政府機關。	
本人在此授權 貴公司可向「聯會」從保險業內收集的資料中查閱及/或核對本人任何資料。此外，經本人同意，貴公司可能會以其它方式使用及披露本人的個人資料。本人有權查閱及要求更正由 貴公司持有有關本人的個人資料。如有需要，可向 貴公司法律與合規部提出(電話：2867 0888，傳真：3906 9939)。	
I declare that the above information is complete and true to the best of my knowledge and belief and I have not withheld any material information connected with this claim.	

I understand that the information I provide to Bank of China Group Insurance Company Limited ("the Company") is collected to enable the Company to carry on insurance business and may be used for the purpose of: (i) analysis or investigating, processing and paying claims made under my insurance policy;(ii) any alterations, variations, cancellation or renewal of any insurance related product or service;(iii) contacting me for any of the above purposes;(iv) exercising any right of subrogation;(v) other ancillary purposes which are directly related to the above purposes; and (vi) complying with applicable laws, regulations or any industry codes or guidelines.

The Company may disclose my 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);(b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;(c) recovery agents;(d) insurance reference bureaus;(e) reinsurers and reinsurance brokers;(f) my insurance broker (if I have one);(g) the Company's legal and professional advisors;(h) the Company's related companies (as that term is defined in the Companies Ordinance);(i) any association, federation or similar organization of insurance companies ("Federation") and its members that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;(j) any member(s) of the "Federation" by the "Federation" for any of the above or related purposes;(k) any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;(l) the Insurance Claims Complaints Bureau and similar industry bodies; and (m) government agencies and authorities as required or permitted by law.

The Company is hereby authorized to obtain access to and/or to verify any of my data with the information collected by the Federation from the insurance industry. Moreover, the Company may also use and disclose my personal data otherwise with my consent. I have the right to obtain access to and to request correction of any personal information concerning myself held by the Company. Requests for such access can be made to the Company's Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).

日期： _____
Date (日/月/年 dd/mm/yyyy)

學校代表簽署及學校蓋章： _____
Signature of School Representative with School Chop