

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

香港銅鑼灣新寧道8號中國太平大廈19字樓
19/F, China Taiping Tower, 8 Sunning Road, Causeway Bay, 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

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，投保人不論是否被要求賠償，此報告書應詳細填妥並立即送回保險公司處理。
- 保戶收到任何信件、索賠要求、告票、傳票及訴訟書時須即時通知或送交本公司。
- 未經本公司同意，保戶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。

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 insured 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 Insured 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.

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 answer items below and tick the boxes where appropriate and inform Co. 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.:	060112092013002117		
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 Aided	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?								
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 specify:

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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).		

D. 意外現場狀況 CIRCUMSTANCE & CONDITION OF THE ACCIDENT PLACE				
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	濕滑 Wet	
光線情況: Lighting condition:	光 Bright	暗 Dim	黑 Dark	

E. 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“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:		

F. 受傷者 / 死者 INJURED(S) / DECEASED(S)		
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.			

G. 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 1 witness were involved, please provide the above information on separate sheet.			

H. 警察報告 POLICE REPORT	
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)： Police Report Number (Please attach statement and police sketch copies):	

收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

閣下提供的資料，為本公司提供保險業務所需，並可能使用於下列目的：

- 任何與保險或其他保險有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；
- 任何索償，或該等索償的調查或分析；及本公司行使任何代位權。

上述資料可能移轉予：

- 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；
- 現存或不時成立的任何保險公司協會或聯會或類同組織（統稱為「聯會」），以達到任何上述或有關目的，或以使「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；及
- 或透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的。

此外，在此授權本公司可向「聯會」從保險業內收集的資料中查閱及/或核對 閣下任何資料。閣下有權查閱及要求更正由本公司持有有關 閣下的個人資料。如有需要，請以書面形式向本公司總經理辦公室經理提出，地址為香港銅鑼灣新寧道8號中國太平大廈19字樓。

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of -

- any insurance or other insurance related product or service or any alterations, variations, cancellation or renewal of such product or service;
- any claim or investigation or analysis of such claim; and exercising any right of subrogation.

The said information may be transferred to -

- any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
- any association, federation or similar organization of insurance companies (collectively called "the Federation") 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, and
- any members of the Federation by the Federation for any of the above or related purposes.

Moreover, the Company is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right to obtain, to access to and to request correction of any personal information concerning yourself held by the Company. Requests for such access can be made in writing to our Manager of the Office of the General Manager at 19/F., China Taiping Tower, 8 Sunning Road, Causeway Bay, Hong Kong.

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 : _____