

Third Party Liability Claim Form 第三者責任保障索償申請表

Please submit your claim with the below-listed documents within 30 days from the date of occurrence or discovery. If insufficient space is provided for your answers, please continue on a separate sheet.

請於發生意外或發現損失的 30 天內，提供以下列出的證明文件，並遞交索償申請。如空位不足，請自備補充頁填寫。

PART I – General Information 第一部份 一般資料

Name of Policyholder 保單持有人姓名	Policy No. 保單號碼
Policyholder's Home & Correspondence Address 保單持有人的住所及通訊地址	
Name of Claimant (If different from policyholder) 索賠人姓名 (如與保單持有人姓名不同)	
Claimant's Home & Correspondence Address 索賠人的住所及通訊地址	
Phone No. 電話	Relationship With Policyholder 與保單持有人的關係

Bank Account Information Registered Under Claimant's Name

索賠人名下的銀行賬戶資料

Bank Name 銀行名稱			
Bank Account Holder's Name in English 銀行賬戶持有人的英文姓名			
Bank Account No. (Bank Code, Branch Code & Account No.) 銀行賬戶號碼 (銀行編號, 分行編號, 賬戶號碼)	Bank Code 銀行編號	Branch Code 分行編號	Account No 賬戶號碼
	-	-	
	-	-	

PART II – Details of Incident & Loss 第二部份 意外發生或損失詳情

1. Date, Time & Location of Incident

意外發生日期, 時間及地點

Date 日期	Day 日	Month 月	Year 年	Time 時間	Hour 時	Minute 分
	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Location of Incident 意外發生地點						

Description of Incident
意外發生經過

2. Whose negligence caused the incident?

由何人之疏忽引致是次意外？

Name 姓名	Address 地址	Phone No. 電話

3. Are you making any other insurance claim as a result of this incident?

閣下有否為是次意外於其他保險公司索賠？

Yes 是 No 否, If yes please provide 如是，請提供以下資料：

Insurance Company 保險公司名稱	Policy Type & Number 保險類別及保單號碼	Name of Policyholder 保單持有人姓名

Has the said insurance company rejected this claim?

該保險公司有否拒絕閣下的索賠？

Yes 是 No 否

If yes, please provide reason:

如是，請提供原因：

If no, please provide the amount and itemized details paid by the said insurance company and their claims statement

如否，請提供該保險公司的賠償金額、賠償明細及理賠報告

PART III – Details of Injured Person(s) 第三部份 傷者詳情

Name 姓名	Phone No. 電話
Address 地址	
Nature & Extent of Injuries 受傷的性質及程度	
Relationship between You and the Injured Person(s) 閣下與傷者的關係	

PART IV – Details of Damaged Property of Others 第四部份 損害第三者財物的詳情

Full Description of Item 受損物品的詳情
Owner's Name 物主名稱
Owner's Address 物主地址

Estimate Cost of Repair/
Damaged Items (HKD)
估計維修費用/受損物品價
值 (港幣)

PART V – Witness Information 第五部份 證人資料

Name 姓名	Phone No. 電話
Address 地址	
Relationship between You and the Witness 閣下與證人的關係	

PART VI – Details of Police Report 第六部份 警察報告

Have police or other authorities been informed?

閣下有否向警方或其他機構備案？

Yes 是 No 否, If yes please provide 如是，請提供以下資料：

Name of Police Station/Person- In-Charge of Management Office 報案警署/部門負責人名稱	Report Reference Number 案件編號			
Report Date 報案日期	Reported Time 報案時間			
Day 日	Month 月	Year 年	Hour 時	Minute 分
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Declaration & Authorization 授權及聲明

I / We declare that all information given is accurate and true to the best of my knowledge.

本人/我們聲明本人/我們於索償申請書中的每一項答案為所知及所信之全部事實。

I/We confirm that I/We have read the Personal Information Collection Statement which is made available at <https://odhk.blob.core.windows.net/common/Personal-Information-Collection-Statement.pdf> and agreed to collection and use of personal information by OneDegree Hong Kong Limited (the "Company").

本人/我們確認已閱讀有關個人資料收集聲明之詳情，並同意OneDegree Hong Kong Limited(「貴公司」)收集及使用個人資料。該個人資料收集聲明詳載於<https://odhk.blob.core.windows.net/common/Personal-Information-Collection-Statement.pdf>。

I/We hereby authorize any physician, medical practitioners, hospitals or clinics by whom or where I/we have been observed or treated to give full particulars about my/our health or provide the relevant report or document to the Company or its authorised representative, for the purpose of assessing my claim request(s).

本人/我們授權於任何曾替本人/我們作診療之醫生、醫務人員、醫院或診所提供有關本人/我們病歷之資料，或提供有關的報告或文件予貴公司或其授權代表作評估索償申請之用途。

I/We hereby authorize any parties, including but not limited to police and government authorities, airlines, travel agents, insurance companies, etc. who are in possession of my/our insurance proposal information, claim information or any related information to release part or all of the information about me/us or related incidents of injury, loss or damage to the Company or its authorised representative.

本人/我們授權持有本人/我們投保資料、索償紀錄或任何有關資料之一方，包括但不限於警方及政府機構、航空公司、旅遊公司、保險公司等任何有關人士或組織，將部份或全部有關本人/我們是次受傷、損失或損毀的相關資料提供予貴公司或其授權代表。

A photocopy of this authorisation shall have the same effect as the original.

此授權書之正本及副本皆具同等效力。

Please sign here 請在此簽署：

Day 日	Month 月	Year 年
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Claimant 索償人簽署

Date Signed 簽署日期

PART VII – Document Checklist 第七部份 所需文件指引

- Completed Claim Form 填妥索償申請表
- Copy of Policyholder and Claimant's HKID card 保單持有人及索賠人的香港身份證副本
- Copy of Claimant's ATM card or bank statement to confirm bank account number 索賠人的銀行卡或月結單副本 (以確認賬戶號碼)
- Colour photos showing the scene of accident, the extent of injury and damaged properties 意外發生現場、受傷程度及受損財物的彩色照片
- Copy of treatment record/medical report with the name of third party, date of treatment, diagnosis 載有第三者姓名、治療日期及診斷結果的治療紀錄/醫療報告副本
- Copy of invoice(s) of medical expenses with the name of third party, date of treatment, diagnosis 載有第三者姓名、治療日期及診斷結果的醫療費用發票副本
- Copy of claimed item's purchase invoices/receipts and replacement invoices/receipts 索賠物品的購買發票/單據及重購發票/收據副本
- Quotations/invoices/receipts from contractors 承包商發出的報價單/發票/收據
- Police report/police statement/witness statement/incident report provided by any authorities 警察報告/證人報告/由任何機構提供的意外報告
- Copy of writs of summons/legal documents/correspondence you received from third party 傳票/法律文件/由第三者發出任何與索償有關的函件副本
- Copy of your pet's identity proof – dog license/vaccination record/pedigree certificate/veterinary receipt if applicable
閣下寵物的身份證明副本 – 狗牌/疫苗注射紀錄/血統證明書/獸醫收據 (如適用)

Note 注意事項

- ***In the event of any accident involved injured person and/or loss due to theft, burglary or robbery, report to the Police within 24 hours and retain a copy of the Police Report***
所有涉及傷者及/或盜竊、爆竊或搶劫所導致的損失，需於 24 小時內報警及保留警察報告副本
- ***Do not dispose of any damaged items prior our inspection and approval. The disposal of damaged items without our authorization may result in rejection of your claim***
在我們調查及許可之前，請勿棄置任何損毀物品。未經我們同意而棄置損毀物品可能會使閣下的索賠被拒絕
- ***No liability should be admitted or offered or promise of payment made to the third party without our prior approval***
在我們許可之前，不應承認、提出或承諾支付第三者款項