

建築工程一切險出險通知書
CAR / EAR Insurance Claim Form

| 保戶資料 THE INSURED DETAILS | |
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| 保戶姓名 Name | |
| 保單號碼 Policy No. | |
| 地址 Address | |
| 傳真號碼 Fax No. | |
| 電子郵箱 E-mail Address | |
| 投保人的聯絡代表之姓名 Name of the insured's representative | |
| 投保人的聯絡代表之電話 Telephone no. of the insured's representative | |
| 投保人的聯絡代表之手機號碼 Mobile Phone No. of the Insured's representative | |

請轉下頁
Please Turn Over

第一節： 工程
Section I : Works

| | |
|---|---------------------------------|
| 意外發生日期及時間 Date and Time of Incidents | 日期 On _____ , _____ 上午/下午 AM/PM |
| 天氣情況 Weather conditions | |
| 意外發生地點 Location of Incident | 在 At |
| 有關分判公司名稱 Name of Sub-contractor Involved | |
| 請詳述遇事經過 State fully what happened | |
| | |
| | |
| 出險項目：工程／機械／物料 (請將不適用者刪去) Type of Damage: Works/Plant/Materials (Delete as necessary) | |
| 出險原因 Cause of Damage | |
| 損毀情況 Description of Damage | |
| 損毀機械類別 Items of Plant Damage | |
| 機械型號及機身號碼 Plant Identification No. | |
| 自擁／租賃機械 (請將不適用者刪去) (注意：如是租賃機械， 請提供租用合約副本) Own/Hired in plant (Please delete as appropriate) (N.B. If hire in plant is involved, please provide copy of hire contract) | |
| 第三者之公司名稱／姓名 Name of Third party/ies (if any) | |
| 第三者之地址 Address of Third Party/ies | |
| (請將所有有關文件遞交 · Please attach original of any correspondence) | |
| 估計損失 Estimate of Loss (approximately) | |
| 工人 Labour | |
| 機械 Plant | |
| 物料 Materials | |
| 合計 Total | |
| (請附上有關的報價單／發票／相片等 · Please attach copies of quotation / invoice / photos if available) | |

| 第二節： 第三者責任 Section II : Third Party Liability | |
|--|--|
| 意外發生日期及時間 Date and Time of Incidents | 日期 On _____ , _____ 上午/下午 AM/PM |
| 意外發生地點 Location of Incident | 在 At _____ |
| 詳述損毀/受傷細節 State details of damage/injury | |
| 第三者之姓名及地址 Name & Address of Owners / Third parties | |
| 意外是否由機械運作所引起，如是，請列出 What plant or equipment, if any, caused the accident? | |
| 在場目擊證人之姓名，聯絡電話及地址 Name & Address of all witnesses | 1. _____ 2. _____ 3. _____ |
| 當時有沒有警方在場處理此事? Were particulars taken by a Policeman? | 有/無 如有請填寫那一區警員及警方檔案號碼： _____ Yes / No If Yes, which Police station and Reference No.: _____ |
| 如知悉，請填寫第三者之僱主名稱 If know state name of Third Party's Employer | |
| 有沒有收到任何口頭或書面索償的要求，請詳述細節 Has any claim, verbal or written been made upon you? If yes, please provide full particulars | |
| 如接獲有關任何函件，請勿作答，必須先交來本公司以便採取適當行動 (Any communication that you receive about the accident should not be answered but sent to CHINA PING AN INSURANCE (HK) CO., LTD. immediately) | |
| 今次事件有否涉及地底設施資料（如電話線，水管，煤氣喉等），如有，請詳述 Does the incident of loss involve an underground utility? | |
| 在遇險前，有否索取有關地底設施資料 Was a utility drawing requested? | 有/無 （如有，請附上有關地底設施圖） Yes / No If so, please provide a copy |

簽名（請蓋公司印）
Signed (with Company chop): _____

姓名
Name: _____

日期
Date: _____