

CONTRACTOR ALL RISKS INSURANCE CLAIM FORM

This Form is issued without prejudice to any of the Stipulations or Constitution of the Company's Policy, and is not to be taken as an admission of liability on the part of the Company. This Form should be completed and returned within **SEVEN** days of its receipt by the insured. It is essential that each Question should be answered as fully accurately as possible

PARTICULARS OF CLAIM

1.0 一般資料 GENERAL INFORMATION

- | | |
|-------------------------------|-----|
| 1.1 (a) 保單號碼 Policy Number: | (a) |
| (b) 保險期限 Period of Insurance: | (b) |
| (c) 被保險人 Name of the Insured: | (c) |
| (d) 電話 Telephone Number: | (d) |
| (e) 傳真 Facsimile Number: | (e) |
| (f) 聯繫人 Person to contact: | (f) |

2.0 出險情況 CONTRACT WORKS LOSS

- 2.1 承辦商或二判有否涉及其他契約 Contractor or Sub-Contractor involved and type of sub-contract form applicable:

- | | |
|--|-----|
| 2.2 (a) 出險時間 Time of occurrence (24-hour clock): | (a) |
| (b) 出險日期 Date of Loss: | (b) |
| 2.3 (a) 出險地點 Location of Loss: | (a) |
| (b) 出險種類 Type of Loss: | (b) |
| (c) 損失情況 Extent of Loss: | (c) |
| (d) 出險原因 Cause of Loss: | (d) |
| (e) 建設性的改善方式 Proposed Remedial Method: | (e) |
| (f) 估計損失 Estimated Cost of Repair/Loss: | (f) |

3.0 第三者損失情況 THIRD PARTY LIABILITY CLAIMS

- 3.1 出險性質 Nature of Loss (e.g. damage to services, property, motor vehicle, personal accident, other):

- 3.2 第三者姓名 Name of third party/parties:

- 3.3 第三者顧問 Third party advisers (if applicable or known):

(Please complete the back of this form)



中国人民保险(香港)有限公司

The People's Insurance Company of China (Hong Kong), Ltd

香港干諾道中 148 號粵海投資大廈 15 字樓

15/F., Guangdong Investment Tower, 148 Connaught Rd. C., H. K.

電話(TEL): 2517 2332 傳真(FAX): (852)2540 6260 2540 6377

3.4	(a) 詳述損傷 Description of damage/injury: (b) 損毀財物的製造年份 Age of damaged item(s): (c) 其他涉及者 Name of other person(s) involved: (d) 出險原因 Cause of damage/injury: (e) 損失情況 Extent of damage/injury: (f) 估計損失 Estimate of damage/loss:	
3.5	合約關係/責任 Contractual relationship/obligations - if any	

吾等聲明上述的口供均屬真實及事實之全部 I/We hereby declare that to the best of my/our knowledge and belief, the above statements are fully and truly made.

日期 DATE

投保人簽署及蓋章 AUTHORIZED SIGNATURE
(Please chop if applicable)

備註 N.B.:

(1) 所有與賠案相關的文件需遞交承保人考慮。 Photographs, Eye Witness Reports/Police Statements and other relevant documents in support of the claim should be submitted to the Company for consideration.

(2) 上述的中文註解祇供參考用途, 如有爭議以英文為準。 The above Chinese Version is for reference only. Any disputes on interpretation, English Version should prevail.