



Third Party Liability Report/Claim Form

第三者責任遇事報告 / 索償申請表

This form must be completed truthfully and accurately. If the space is not enough or no applicable field available, please supplement information by attachment.
請正確填寫此申請表。如果表格空間不足或沒有適用之欄位，請以附件補充資料。

The list of documents required is not exhaustive and we reserve our right to request from you any additional information/documentation, as necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.
各部份之「所需文件」只是概括要求，本公司保留權利在有需要時要求閣下提供更多文件以處理有關的索償申請。如所遞交的索償申請表未填妥或有關資料或文件不足，閣下的索償申請有可能會受延誤或被拒絕。

The completed form should be returned to us together with all supporting documents as soon as possible at the following address:

請填妥索償申請表並連同所有有關文件盡快寄回以下地址：

AIG Insurance Hong Kong Limited (Macau Branch)

Claims Department

Unit 506, 5/F, AIA Tower, No 251A-301 Avenida Comercial de Macau

Facsimile: 853 2835 5299

Telephone: 853 2835 5602 / 6321 3633

Email address: claim.mo@aig.com

www.aig.com.hk/macau

美亞保險香港有限公司（澳門分行）

賠償部

澳門商業大馬路251A-301號友邦廣場5樓506室

傳真：853 2835 5299

電話：853 2835 5602 / 6321 3633

電郵地址：claim.mo@aig.com

www.aig.com.hk/macau

Section I - General Information 第一部份 一般資料

Policy/certificate no. 保單號碼：	Name of insured 保戶名稱：	Name of contact person 聯絡人姓名：
Contact person's e-mail address 聯絡人電郵地址：	Telephone no. (Office) 電話號碼(辦公室)：	Telephone no. (Mobile) 電話號碼(手提電話)：
Mailing address of insured 保戶聯絡地址：		
Name of agent/broker 經紀姓名：	Agent / broker's email address 經紀電郵地址：	Agent / broker's telephone no.(Mobile) 經紀電話號碼(手提電話)：
Please provide full details of all claims made against any insurance company in the past 5 years, if any. 於過去五年內，閣下有否向任何保險公司申請索償？如有，請詳細說明。		

Section II - Description of Incident 第二部份 事件發生詳情

Date of loss 損失發生日期： DD 日 MM 月 YYYY 年	Time of loss 時間： ☐ ☐ A.M. / P.M. 上午 / 下午	Place of loss 地點：
Full description of the incident 詳述事件發生的經過：		
Contact details (including name, address & telephone no.) of witness(es) or person(s) who discovered the loss 發現此事者或證人的聯絡資料(包括姓名、聯絡地址及電話號碼)：		
Name & address of the police/fire station where the incident was reported to, if any 報案警署 / 消防局名稱及地址(如適用)：		
Date of report 報案日期： DD 日 MM 月 YYYY 年	Time of report 報案時間： ☐ ☐ A.M. / P.M. 上午 / 下午	Report no. 案件編號：

Section III - Witness 第三部份 證人

Name of witness 證人姓名：	Telephone no. 電話號碼：
Mailing address 聯絡地址：	

Section IV - Third Party 第四部份 第三者

Name of the person injured, or the owner of the damaged property 傷者或受損財物物主姓名：	Telephone no. 電話號碼：
Mailing address 聯絡地址：	
Nature and extent of injury, damage or loss 受傷/損毀/損失的性質及程度：	
Has any claim been made against you 閣下有否收到索償？	Claim amount (Please indicate the currency) 索償金額 (請註明貨幣)：
Please give additional information, which would help us in dealing with any claim made against you 如有任何補充資料，請提供：	
Remarks : Any lawsuit, demand, claim or proceeding of any types relating to the incident of which becomes aware of, and received from the third party claimant, should be immediately forwarded to us without acknowledgement. 備註 : 如收到任何第三者對有關事件的索償要求、法庭傳票、通告及書面命令，或涉及任何法律訴訟，切勿自行處理，應立即通知及提交本公司處理 未得到本公司事先同意前，不要向第三者承認任何責任或達成和解或付款承諾	

Section V - Declaration and Authorization 第五部份 聲明及授權

I/WE HEREBY DECLARE that to the best of my/our knowledge and belief, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind. I/We agree that any of my/our/the insured's personal information collected or held by AIG Insurance Hong Kong Limited (Macau Branch) ("AIG Macau Branch"), (whether contained in this claim form or otherwise obtained) is provided and may be held, used and disclosed by the Company to individuals/ organization associated with the Company or any selected third party (within or outside Macau, including reinsurance and claim investigation companies and industry associations/ federations and other service provider providing services relevant to insurance business) for the purpose of processing this claim. I/We understand that the furnishing of this notification form is not an admission of liability on the part of the Company.

I/We further authorize any individual or entity holding any records including any statements taken or knowledge of me/us which is/are relevant to the settling of this claim and/or the insurer's right of recovery thereunder to furnish such records or knowledge to the Company or its authorized representatives. A photocopy of this authorization shall be considered as effective and valid as the original.

本人 / 我們謹此聲明上述所申報的一切資料均屬正確無誤，並無任何保留。本人 / 我們同意如為處理有關本案事宜，美亞保險香港有限公司（澳門分行）（“美亞保險澳門分行”），可以使用所收集及持有關於本人/我們/受保人的個人資料（包括在此索償申請表內或其他地方之資料）或將該等資料給予有關承保公司、人士或機構（包括在澳門境內或境外之再保公司、賠償調查公司、保險業協會 / 聯會及其他提供保險業有關服務之公司等）。本人/我們明白呈遞此表格並不代表貴公司承認任何責任。

本人/我們並授權持有本人 / 我們的任何記錄或資料之人士或團體，向貴公司或其代理人，提供與本案索償事宜或與保險公司的追償權有關之記錄或資料。此授權信之影印本將與正本具有同等效力。

Signature of insured with company chop 保戶簽署及蓋章：	Date 日期： DD 日 MM 月 YYYY 年
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