QBE General Insurance (Hong Kong) Limited
Suite 1606-11 16/F Devon House Taikoo Place 979 King's Road Quarry Bay Hong Kong
Claims Hotline: +852 2828 3133 Fax: +852 2537 1384 www.qbegihk.com

昆士蘭保險 (香港) 有限公司
香港鰂魚涌英皇道979號太古坊德宏大廈16樓 1606-11室
賠償部電話: +852 2828 3133 賠償部傳真: +852 2537 1384 www. qbegihk.com

董事及企業管理人員責任索償申請表
DIRECTORS' AND OFFICERS' LIABILITY CLAIM FORM

請在回答問題前，先詳閱此索償申請表。
Please read the claim form fully prior to answering the questions.
此索償申請表必須由保戶之合夥人、董事或委託人填妥並簽署。
The claim form shall be completed and signed by a partner, director or principal of the insured.
所有問題必須盡量回答。如有需要，可附上額外紙張，並請附上相關文件之副本。
All questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documents should be attached.
若閣下對填寫此索償申請表有任何疑問，請與我們聯絡。
If you have any questions in relation to completion of the claim form, please contact us.
請盡快將填妥之索償申請表寄予：
Please send the completed claim form, as soon as possible, to:
賠償部
昆士蘭保險 (香港) 有限公司
香港鰂魚涌英皇道979號太古坊德宏大廈16樓 1606-11室
Claims Department
QBE General Insurance (Hong Kong) Limited
Suite 1606-11,16/F Devon House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong

甲項 通知索償或可能引致索償之受保機構或董事 / 企業管理人員資料
SECTION A PARTICULARS OF THE INSURED COMPANY OR DIRECTORS / OFFICERS GIVING NOTIFICATION OF A CLAIM OR POTENTIAL CLAIM
發出通知之受保機構全名
Full name of the insured company giving notification _____
發出通知之董事 / 企業管理人員全名
Full name of the directors / officers giving notification _____
是次索償或可能引致索償之相關受保人全名
Full name of the insured person(s) who is / are the subject of the claim potential claim _____
發出通知的受保機構或董事 / 企業管理人員地址
Address of the insured company or directors / officers giving notification _____
保單號碼（若知道） 電話號碼 傳真號碼
Policy no. (if known) _____ Tel. no. _____ Fax no. _____

乙項 索償人資料
SECTION B PARTICULARS OF THE CLAIMANT
索償人或可能提出索償的人士（即向保戶索償的人士）全名
Full name of the claimant or potential claimant (i.e. the party making the claim upon the insured) _____
索償人之地址
Address of the claimant _____

丙項 有關工作活動之詳情
SECTION C DETAILS OF THE SUBJECT ACTIVITY
保戶因從事甚麼工作活動而導致是次索償或可能引致索償？
From what activity on the part of the insured does the claim or potential claim arise?

進行或從事此工作活動有否以書面記錄？如有，請附上副本。否則，請提供有關詳情。
Was the performance or undertaking of such activity evidence in writing? If so, please attach a copy. If not, please provide appropriate particulars.

是次引致或可能引致索償的工作活動於何時發生或進行？
When was the activity from which the claim arises or may arise performed or undertaken?

丁項 索償或事件之詳情
SECTION D DETAILS OF CLAIM OR CIRCUMSTANCE
請詳述是次索償（指索償人的指稱）或可能引致索償之事實或事件的確切性質。
What is the precise nature of the claim (i.e. the claimant's allegations) or the fact or circumstance that might give rise to a claim?

閣下於何時首次獲悉此索償或此事實或事件？ 日期：
When did you first become aware of the claim or of such fact or circumstance? Date _____
閣下於何時首次接到索償要求或通知？ 日期：
When was the claim or the intimation of a claim first made against you? Date _____
首次索償通知是以口頭形式還是書面形式發出？（若以書面通知，請附上副本）
Was the first intimation of a claim verbal or in writing? (If in writing, please attach a copy) _____

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若以口頭通知，請以第一身敘述談話內容。
If verbal, please give "first person" account of the conversation.

索償金額（如有）為多少？
What amount, if any, is claimed?

戊項　　受保機構意見詳情
SECTION F　　DETAILS OF THE INSURED COMPANY'S RESPONSE

保戶對於是次索償或可能引致索償之事實或事件有何意見？
What are your comments in response to the claim or the fact or circumstance that might give rise to a claim?

保戶對於索償金額範圍有何意見？同時，保戶估計須對索償人在金錢上負起的責任為多少金額（如有）？
What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any, to the claimant?

保戶是否有其他資料或可讓昆士蘭保險 (香港) 有限公司更了解此事件的其他資料？若有，請提供細節及附上有關證明文件。
Are there any additional details about which you wish to advise, or which may be of interest to QBE General Insurance (Hong Kong) Limited, so that QBE General Insurance (Hong Kong) Limited will have a better understanding of this matter? If so, please provide details along with supporting documents.

聲明及授權
請在簽署前，參閱隨此表格附上的註釋。
本人 / 我等就此聲明：

本人 / 我等在此表格提供的資料全是真實正確無訛。
本人 / 我等就本人 / 我等所知，並未有向昆士蘭保險 (香港) 有限公司隱瞞 / 保留任何有關意外 / 事件資料。
本人 / 我等明白本人 / 我等提供有關意外 / 事件的資料，有可能用作草擬訴狀。在此表格提供的資料如有所失實，將可能影響此等訴訟案件及損害本人 / 我等就保險單索償的權利。
本人 / 我等明白「屬實申述」是代表本人 / 我等簽署如基於本人 / 我等提供非真實或不正確的資料，本人 / 我等明白本人 / 我等將可能被視作為蔑視法庭及遭受法庭的懲處。
本人 / 我等明白並同意昆士蘭保險(香港)有限公司，在要求本人 / 我等完成及提交此表格，及在要求本人 / 我等聲明及授權，是不會構成其放棄保險單內條款和條件及一般法例權益。

DECLARATION & AUTHORIZATION
Please read the explanatory notes to this form before signing.
I / We hereby declare that:

1. The information provided by me / us in this form is true and correct in every aspect.
2. I / We have not withheld from QBE General Insurance (Hong Kong) Limited. any information within my / our knowledge connected with the accident / incident.
3. I / We understand the information herein provided by me / us is provided on the basis that the same may be used to draw up pleadings on my / our behalf in the event that court proceedings are resulted from the accident / incident concerned. Any false or incorrect information provided by me / us in this form may prejudice the conduct of such proceedings and also my / our entitlement to be indemnified under the Policy.
4. I / We understand where a Statement of Truth is signed on my / our behalf based on false or incorrect information provided by me / us may subject me / us to being found in contempt of court and I / we will be subject to punishment by the Court.
5. I / We understand and agree that QBE General Insurance (Hong Kong) Limited, by requesting me / us to submit and complete this form, and by requesting me / us to make the declaration and give the authorization herein, does not constitute a waiver of its rights entitled under the terms and conditions under the Policy and the law in general.

授權
在提交此表格，本人 / 我等授權保險公司及其法律代表，代表本人 / 我等簽署一份，就有關法庭訴訟，根據本人 / 我等提供的事實而立的「屬實申述」。

AUTHORIZATION
By submitting this form, I / we authorize the insurance company and its legal representative to sign on my / our behalf, in any related court proceedings, a statement of truth relating to the facts provided by me / us.

簽署Signature　　職位全寫 print position in full
全名 print name in full ：

如屬法團請蓋章 Please sign with company chop, if incorporated　　日期 Date

QBE General Insurance (Hong Kong) Limited - Personal Information Collection Statement

QBE General Insurance (Hong Kong) Limited ("the Company") may use the personal data the Company collect about you for the following purposes:

Insurance Services (mandatory)

1. processing and assessing of applications for any insurance products and daily operation of the related services;
2. administering your insurance policy and providing services in relation to your insurance policy;
3. any alterations, variations, cancellation or renewal of any insurance and related services;
4. investigating, analyzing, processing and paying claims made under your insurance policy;
5. invoicing and collecting premiums and outstanding amounts from you;
6. exercising any right under the insurance policy including right of subrogation, if applicable;
7. complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies and court order.
8. contacting you for any of the above purposes;
9. other ancillary purposes which are directly related to the above purposes;

The information you provide to the Company may be provided or transferred to the following parties in Hong Kong or overseas for the purposes set out in the above paragraph:

a. any agent, advisor, contractor or third party service provider who provides administrative, telecommunications, computer, payment, debt collection, security, data processing or storage or related services 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;
b. any association, federation or similar organization of insurance companies ("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;
c. any members of the Federation by the Federation for any of the above or related purposes;
d. regulators;
e. lawyers;
f. auditors; and
g. other insurance companies within the QBE Group which have undertaken to keep such information confidential and solely for the purposes set out in the above paragraph.

If you do not agree to the use of your personal data for above purposes, it would not be possible for the Company to process your application and render the services.

Direct Marketing of Products and Services

To provide a more comprehensive range of financial and insurance services, the Company may use your name, mobile phone number, residential phone number, office phone number, residential address, correspondence address, email address, age, gender and occupation (the "Marketing Personal Data") in direct marketing. Save in the circumstances exempted in the Personal Data (Privacy) Ordinance, the Company cannot so use your Marketing Personal Data without your consent (which includes an indication of no objection). In this connection, please note that the Company may use your Marketing Personal Data for the following purposes:

1) any sales or direct marketing of insurance, banking, financial services, provident schemes products or related services of the Company or of the financial services providers engaged by the Company.
2) to conduct research, insurance survey and analysis for the purpose of product design and development and improvement of our services to you and such data may be transferred to third party service provider in Hong Kong or overseas who provides administrative, data processing, marketing services, consulting services and storage services.

You have the right to ascertain the Company policies and practices in relation to personal data, obtain access to and to request correction of any personal information concerning yourself held by the Company subject to payment of an administrative fee. Requests for such access or correction can be made in writing to the Data Protection Officer, QBE General Insurance (Hong Kong) Limited, Suites 1606-11, 16/F, Devon House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. Fax: (852) 3607 0391.
If you do not want to receive any sale or marketing of any of the products or services from the Company at any time, you may also contact the Company's Data Protection Officer.

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昆士蘭保險（香港）有限公司 - 收集個人資料聲明

昆士蘭保險（香港）有限公司（本公司）將所收集閣下的個人資料，可能用作下列的用途：

保險服務 (強制)

1. 處理及評估任何保險產品之申請，及有關服務之日常運作；
2. 管理閣下的保單及為閣下的保單提供相關服務；
3. 有關保險產品及服務的任何更改、變更、取消或續保；
4. 閣下保單索償的調查、分析、處理及賠償;
5. 保費通知、收集保費和款項；
6. 行使有關保險單賦予的任何權利包括代位權，如適用；
7. 遵守及乎合任何法例及條例規定的要求、行業手則、指引，監管機構、相關行業認可機構、政府機構及法庭頒令的要求；
8. 為上述任何用途與閣下聯絡；
9. 與上述用途直接有關之其他附帶的目的。

閣下向本公司提供的資料可能會提供或轉送予下列各方在香港或海外單位作前段所述的用途：

a. 任何代理人、顧問、諮詢人、承辦商或提供行政、電訊、電腦、付賬、債務追討、保安、數據處理或儲存或有關服務的第三者服務供應人或任何其他從事與保險或再保險業務有關的公司，或中介人，或索償或調查或其他提供與保險業務有關的服務供應人，以達到任何上述或有關的用途；
b. 現存或不時成立的任何保險公司協會或聯會或類同組織（聯會），以達到任何上述或有關的用途，或以便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；
c. 或透過聯會提供予任何聯會的會員，以達到任何上述或有關的用途；及
d. 監管機構;
e. 執業律師;
f. 認可核數師及
g. 昆士蘭保險集團內的其他保險公司已承諾將資料保密並純粹用作上述的用途。

如果閣下不同意本公司使用閣下的個人資料於上述用途上，本公司可能不能處理閣下之申請及為閣下提供服務。

直接市場推廣產品及服務

為提供更全面的金融和保險服務，本公司可能會使用閣下的姓名、手提電話號碼、家居電話號碼、辦公室電話號碼、居住地址、郵寄地址、電子郵件地址、年齡、性別及職業（「市場推廣用途的個人資料」）作直接促銷。除非本公司已取得閣下的同意（包括表示不反對），否則本公司不可以如此使用閣下的市場推廣用途的個人資料，但個人資料（私穩）條例下所指明的豁免情況除外。就此，本公司可能會使用閣下的市場推廣用途的個人資料作下列用途：

1. 任何銷售或市場推廣有關本公司或本公司之業務伙伴的保險、銀行、金融服務、公積金計劃或有關服務。
2. 進行研究、保險調查及分析以供產品設計及發展及提升本公司提供予閣下的服務質素的用途上，閣下該等資料將轉移到香港或海外的第三方的服務供應商以提供行政、資料處理、市場推廣、諮詢及儲存服務。

閣下有權查明本公司就個人資料的政策和實務，並有權要求查閱及更正由本公司持有有關閣下的個人資料，並需支付行政費用。
有關查閱或更正的要求，可致函香港鰂魚涌英皇道979號太古坊德宏大廈16樓1606-11室，傳真：(852) 3607 0391 向昆士蘭保險（香港）有限公司資料保護主任提出。
如閣下於任何時間不欲收取本公司的任何產品或服務的任何銷售或推廣，閣下亦可聯絡上述資料保護主任。

[中文譯本僅供參考，文義如與英文本有歧異，概以英文版為準。]

2015年 4月

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