

Liability Claim Form 责任险索赔申请表

Important: The insured is requested to state as fully and accurately as possible the information asked for hereunder and to return this form immediately to the company via email, address: service.cn@chubb.com **The acceptance of this form is not in itself an admission of liability on the part of the Company.**

重要提示: 请索赔人尽可能全面而准确地填写此表格, 并返还保险公司 (报案邮件地址: suning.lipei@chubb.com)。接受本申请表并不表示本公司已承认赔偿责任。

The Insured 被保险人

Name: 姓名:		Policy No: 保险单号码	
ID Number: 身份证号:		Address: 地址	
Contact Person: 联系人	Tele No.: 电话	Fax No.: 传真	Email: 电邮地址

Are there any other insurance in force which would cover this loss in whole or in part? 有无其他有效保险保障此次事故造成的全部或部分损失?

Yes(是) No(否) If answer is YES, state: 如选‘是’, 请告知:

The Accident 事故详情

Date & Time: 日期/时间	Location: 地点
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Describe in detail how it occurred 陈述事故原因和经过

When did you receive notice of the accident? 您何时收到意外事故的报告?

From Whom? (If written, attach copy) 报告人的名称, 如有书面报告, 请附上

If Yes, by whom and for what amount? 如是, 索赔人的姓名和索赔金额?

Have you admitted responsibility in any way? 您有没有以任何形式承担责任?

The Product - For Products Liability Claim 产品信息 — 适用于产品责任的索赔

Description of Product: 产品名称	When/Where product was sold: 产品销售日期/地点
Model/Ser.No.: 产品型号/序列号	Sales Invoice/Record: 产品销售发票或销售记录

The Claimant 受害人信息

Name and address of every claimant: 请给出受害人的姓名和地址

(1)	Tel.No.:
(2)	Tel.No.:

The Claim 索赔信息

Whether the claimant has filed the formal claim against you? Yes No

受害人是否已正式提出索赔?

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If Yes, provide us with the details? (If written, attach copy) 如是, 请提供索赔详情及资料? 如有书面报告, 请附上

Bodily Injury related claim or not? Yes No

是否是涉及人身伤害的索赔 是 否

If Yes, position and extent of the injury

如是, 请提供受伤的部位和程度

Hospital/Doctor:

就治医院/医生姓名

Property Damage related claim or not? Yes No

是否是涉及财产损失的索赔 是 否

If Yes, name and extent of the damage

如是, 请提供受损财产名称和受损程度

Estimated loss amount:

估计的损失金额

The Witness 目击证人

Name and address of every witness and every other person who was present: 请给出目击证人的姓名和地址

(1) Tel.No.:

(2) Tel.No.:

Anti-Fraud Warning & The Declaration 反保险欺诈提示及被保险人声明

Good faith is the basic principle of insurance contracts. Fraudulent insurance activities may result in the following liabilities
诚信是保险合同基本原则, 涉嫌保险欺诈将承担以下责任:

【Criminal】Fraudulent insurance activities may result in criminal sentence of criminal detention, and fine or confiscation of property. Surveyors or appraisers of insurance accidents, who facilitate others to commit fraud by intentionally providing false evidence, may also be subject to corresponding accomplices of insurance fraud.

【刑事责任】进行保险诈骗犯罪活动, 可能会受到拘役、有期徒刑, 并处罚金或者没收财产的刑事处罚。保险事故的鉴定人、证明人故意提供虚假的证明文件, 为他人诈骗提供条件的, 以保险诈骗罪的共犯论处。

【Administrative】Fraudulent insurance activities which do not constitute a crime may be punished by administrative penalties of detention up to 15 days and/ or a fine up to 5000 RMB. Surveyors or appraisers of insurance accidents, who facilitate others to commit fraud by intentionally providing false evidence, may also be subject to corresponding administrative penalties.

【行政责任】进行保险诈骗活动, 尚不构成犯罪的, 可能会受到 15 日以下拘留、5000 元以下罚款的行政处罚; 保险事故的鉴定人、证明人故意提供虚假的证明文件, 为他人诈骗提供条件的, 也会受到相应的行政处罚。

【Civil】If the insurance applicant fails to perform his information disclosure obligations intentionally or due to gross negligence, the insurance company shall be exempt from the obligations of paying the insurance compensation.

【民事责任】故意或因重大过失未履行如实告知义务, 保险公司不承担赔偿或给付保险金的责任。

I/We hereby declare that I have read and acknowledged the above Anti-Fraud Warning, and I/we have complied with the conditions and warranties of the Policy. I/We declare that all the aforesaid statements are true with no false and omission, and I/we have not concealed any information relating to this claim.

我/我们声明我/我们已经阅读并知晓《反保险欺诈提示》, 并遵守和履行了保单所规定的要求和义务。我/我们所填写的内容全部属实, 没有隐瞒任何与此次损失有关的讯息。

I/We understand that the acceptance of this form is not in itself an admission of liability on the part of the Company.

我/我们明白安达保险有限公司并不因提供或接受此索赔申请表而承认其赔偿责任, 且不因此而放弃保险合同项下应有的权利

Date

日期

Signature of Insured

Company's Stamp 签字并盖公章

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