

Third Party Liability Report/Claim Form

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This form must be completed truthfully and accurately.

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.

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

Claims Department
Chartis Insurance Hong Kong Limited
46/F, One Island East
18 Westlands Road
Island East Hong Kong
852 2838 9916 Facsimile

Claims Department
Chartis Insurance Hong Kong Limited (Macau Branch)
Unit 506, 5/F, AIA Tower
No 251A-301 Avenida Comercial de Macau
853 2835 5299 Facsimile

Section I - General Information

Policy/certificate no.:	Name of insured:	Name of contact person:
Contact person's e-mail address:	Telephone no. (Office):	Telephone no. (Mobile):
Mailing address of insured:		
Name of agent/broker:	Email address:	Telephone no.:
Please provide full details of all claims made against any insurance company in the past 5 years, if any.		

Section II - Description of Incident

Date of loss (MM/DD/YYYY):	Time of loss:	Place of loss:
Brief description of the circumstances:		
Contact details (including name, address & telephone no.) of witness(es) or person(s) who discovered the loss:		
Name & address of the police station where the incident was reported to, if any:		
Date of report (MM/DD/YYYY):	Time of report:	Report no.:

Section III - Witness

Name of witness:	Telephone no.:
Mailing address:	

Section IV - Third Party

Name of the person injured, or the owner of the damaged property:	Telephone no.:
Mailing address:	
Nature and extent of injury, damage or loss:	
Has any claim been made against you?	Claim amount (Please indicate the currency):
Please give additional information, which would help us in dealing with any claim made against you.	

Remarks : Any communication received regarding the accident should be sent to us immediately.

Section V - Declaration and Authorization

<p>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 Chartis Insurance Hong Kong Limited and/or Chartis Insurance Hong Kong Ltd., (Macau Branch) ("the Company"), (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 Hong Kong, 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.</p> <p>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.</p>	
Signature of insured with company chop:	Date (MM/DD/YYYY):