



Incident Report

事件報告

Please download and fill in the details and email it to Foodpanda-claims@marsh.com. 請下載及填上資料,並電郵予Foodpanda-claims@marsh.com

Mark "X" in applicable box. Please complete the form, and return altogether with all applicable reports, photos in the email, Insurer has the right to reject if the submitted information is not complete. 請填報以下項目的資料,並在適當的空格填上「X」。請連同已填妥的意外報告及相片一併以電郵發送。保險公司有權拒絕接收未填妥之表格。

1. Incident Report 意外報告

Third Party Liability 公共意外責任險

Third Party Property Damage 第三人的財產損失

Third Party Bodily Injury 第三人的身體傷害

2. Details of Freelancer (Mandatory) 受保人資料

Rooster ID Number

Click or tap here to enter text.

Full Name

姓名

Click or tap here to enter text.

Home Address

聯絡地址

Click or tap here to enter text.

Phone Number

聯絡號碼

Click or tap here to enter text.

Email Address

電聯地址

Click or tap here to enter text.

Type

類型

Car

Walker

Bicycle

Motorcycle

3. Details of Third Party (if relevant) 第三方資料 (如適用)

Full Name

姓名

Click or tap here to enter text.

Phone Number

聯絡號碼

Click or tap here to enter text.

Home Address

聯絡地址

Click or tap here to enter text.

Email Address

電聯地址

Click or tap here to enter text.

4. Details of Witness (if any) 目擊證人資料 (如適用)

Full Name

姓名

Click or tap here to enter text.

Phone Number

聯絡號碼

Click or tap here to enter text.

Witness Statement (if yes, please attach a copy) Yes

證人陳述書 (如有, 請提供照片副本)

No

Email Address

電聯地址

Click or tap here to enter text.

5. Details of Incident (Mandatory) 意外資料

Date

意外發生日期

(/ /)
DD日 MM月 YYYY年

Time

意外發生時間

(:) AM 上午
HR時 MIN分 PM 下午

Place of Incident

意外發生地點

Click or tap here to enter text.

Photos Taken at scene (if Yes, Please attach a copy)

現場拍攝的照片 (如有, 請提供照片副本)

Yes

No

Have the police or other authorities been informed? If you, please provide (a) to (d) Yes 有

No 沒有

(a) Date

報案日期

(/ /)
DD日 MM月 YYYY年

(b) Time

報案時間

(:) AM 上午
HR時 MIN分 PM 下午

(c) Name of the police station or authority

(d) Police or authority reference number



報案警署或機構

Click or tap here to enter text.

警方或該機構之檔案 *Click or tap here to enter text.*

N.B. Please provide **ORIGINAL** written report from police, or other authorities as relevant.

請提供警方/該機構之有關報告的正本。

Incident Description in details (Mandatory)

事件詳情

Click or tap here to enter text.

6. Other Insurance Coverage 其他保險資料

Does the Insured have any other insurance policy covering this case? Yes 有 No 沒有

受保人會否就是次索償獲得其他保險賠償？

If “Yes”, please complete below particulars.

若有，請詳細填寫以下資料。

Name of Insurer 投保公司	Policy no. 保單號碼	Benefit type 保障類別	Benefit amount 保障金額
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Claims Document Checklist 索償文件參考表

Please submit the following documents 請提交以下所需文件

- Incident Report issued by relevant authorities and police report (if any)
有關機構及部門發布的事件報告和警方報告 (如適用)
- ID card copy / Passport copy
身份證複印件/護照複印件
- All other relevant documents
所有其他相關文件

***Please attach all medical receipts / certificates / reports in the email. If the required document is missing, your claim will not be entertained. Please also keep all the original medical receipts & certificates as we may request you to send all these to our Hong Kong head office.** 請在電郵中附上所有醫療收據/證明/報告。如果缺少所需的文件，公司有權拒絕受理您的索賠。同時請保留所有醫療收據的正本及證明，因為我們可能會要求您將所有醫療收據和證明寄給我們的香港的總部。

Declaration

I hereby warrant the truth of the above Incident Report and all the provided statements and declare that I have not withheld or misstated any material information connected with this claim

本人/我們謹茲聲明上述所填報之資料皆為確實詳情，並沒有隱瞞或歪曲任何與此索償有關之重要資料。

I consent to your use of any personal information included in this Incident Report in accordance with your Privacy Policy, which is accessible in the policy document.

根據隱私權政策，我同意您使用此事件報告中所包含的任何個人信息，該信息可從政策文件中取得。

I understand that failing to provide such personal information may prevent you from assisting with an insurance claim.



我了解若未能提供此類個人信息可能會阻礙您協助有關的保險索賠。

I accept

Signature of Applicant

申請人簽署

X

Name in BLOCK LETTERS

姓名 (請用英文正楷填寫)

Click or tap here to enter text.

Date

日期

Click or tap here to enter text.