



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 聯絡地址	Full Name 姓名										
Home Address 聯絡地址	Phone Number 聯絡號碼										
Email Address 電聯地址	<table border="1"> <tr> <th>Type</th> <th>Car</th> <th>Walker</th> <th>Bicycle</th> <th>Motorcycle</th> </tr> <tr> <td>工作類型</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Type	Car	Walker	Bicycle	Motorcycle	工作類型	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type	Car	Walker	Bicycle	Motorcycle							
工作類型	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

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

Full Name 姓名	Phone Number 聯絡號碼
Home Address 聯絡地址	Email Address 電聯地址

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

Full Name 姓名	Phone Number 聯絡號碼
Witness Statement (if yes, please attach a copy) <input type="checkbox"/> Yes 證人陳述書 (如有, 請提供照片副本) <input type="checkbox"/> No	Email Address 電聯地址

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 (HR時 : MIN分) <input type="checkbox"/> AM 上午 <input type="checkbox"/> PM 下午
Place of Incident 意外發生地點	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) <input type="checkbox"/> Yes <input type="checkbox"/> 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 (HR時 : MIN分) <input type="checkbox"/> AM 上午 <input type="checkbox"/> PM 下午
(c) Name of the police station or authority 報案警署或機構	(d) Police or authority reference number 警方或該機構之檔案



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**。

Accident Description in details (Mandatory)

意外詳情

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 Personal Information Collection Statement, which is enclosed in this Incident Report.

根據附在於事件報告中的個人資料收集聲明，我同意您使用此事件報告中所包含的任何個人信息。

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	Date 日期
X <hr/>	
Name in BLOCK LETTERS 姓名 (請用英文正楷填寫)	

Personal Information Collection Statement

It is often necessary for our current or prospective individual clients, or, where our clients are corporate or business entities, their individual representatives and employees (collectively referred to as "clients" and otherwise referred to as "client", "you" or "your") to provide to **Marsh (Hong Kong) Limited*** (hereinafter referred to as "MARSH", "we", "our" or "us", and references to Marsh include the appropriate Marsh Affiliate(s)) personally identifiable data about yourselves ("**Personal Information**") in connection with our business process execution, including delivery of services and/or products, preparation of proposals,



provision of quotations, arranging insurance cover, managing claims, client relationship management and conducting internal conflicts checks. Such Personal Information may include information or data provided by you or other parties or from other source, and may include, but is not limited to, historical or existing data and/or data to be collected in the future. Such Personal Information may be subject to applicable data protection, privacy and other similar laws and may include copies and other details of identity documents, proof of address and other contact details, religious, philosophical or political affiliations, information concerning age, marital status, racial or ethnic origin, education, genetic or sexual life, physical or mental health or medical condition/diagnosis, dietary preference, commission or alleged commission of any offence or proceedings for any offence committed or alleged to have been committed, the disposal of such proceedings or the sentence of any court in such proceedings.

When you provide MARSH with Personal Information relating to your employees, dependents and/or other individuals that you represent, you will observe the provisions of any data protection or privacy legislation as applicable from time to time the extent applicable to this Agreement. This includes, without limitation: (i) an obligation, if any, for you to obtain any required consent(s) in respect of the transfer of information to MARSH by the provider or any third party relating to an identified or identifiable individual that is subject to applicable data protection, privacy or other similar laws and (ii) any obligation with respect to the use, disclosure and transfer by MARSH of personal information as necessary to carry out its obligations under this Agreement.

2. Personal Information you provide will be collected, used and otherwise processed by MARSH for the following purposes:
 - 2.1 client relationship management procedures, including any potential conflict checks as may be required;
 - 2.2 the delivery of services or products to the client;
 - 2.3 Claims handling, investigation and analysis;
 - 2.4 those purposes specifically provided for in any particular service or product offered by MARSH;
 - 2.5 conducting marketing and client profiling activities in connection with insurance and related services and products (including those provided by MARSH, its Affiliates and selected third parties for the purpose of improving our services to the client or that we think may interest the client);
 - 2.6 credit assessments and other background checks of the client as MARSH may determine to be necessary or appropriate;
 - 2.7 MARSH's internal record-keeping;
 - 2.8 collection of outstanding payments from clients;
 - 2.9 prevention of crime (including but not limited to fraud, money-laundering, bribery);
 - 2.10 meeting any legal or regulatory requirements relating to MARSH's provision of services and products and to make disclosure under the requirements of any applicable law, regulation, direction, court order, by-law, guideline, circular, code applicable to MARSH or its Affiliates; and
 - 2.11 purposes ancillary or relating to any of the above (including but not limited to research, benchmarking and statistical analysis).
3. MARSH may provide or disclose this Personal Information to its Affiliates for the purposes stated in paragraph 2 above.

Collection and Disclosure

4. Personal Information provided to MARSH will generally be kept confidential but you hereby consent and authorize MARSH to collect, provide or disclose your Personal Information for the purposes stated in paragraph 2 above from or to:
 - 4.1 any person to whom MARSH is compelled or required to do so under law or in response to a competent or government agency;
 - 4.2 relevant parties arranging insurance or providing claims services or benefits administration services or wellness



- services such as insurance companies (in particular, Allied World Assurance Company, Ltd), health maintenance organizations, agents and service providers (including but not limited to consultants, market research and quality assurance companies),
- 4.3 Marsh's Affiliates;
 - 4.4 government agencies and industry regulators;
 - 4.5 MARSH's auditors, accountants, lawyers or other financial or professional advisers; and
 - 4.6 such sub-contractors or third party service or product providers as MARSH may determine to be necessary or appropriate, in accordance with paragraph 2 and paragraph 7.
 - 4.7 such person(s) as you may instruct or require.
 5. You further consent to provide, and for your employer, insurer(s), health maintenance organizations, agents and/or third party service or product provider(s) to provide to MARSH your Personal Information for the purposes set out in paragraph 2 above.
 6. Failure to provide such Personal information may result in MARSH being unable to provide clients and you with the services and/or products requested.

Safeguards

7. MARSH confirms that MARSH has implemented the appropriate administrative and security safeguards and procedures in accordance with the applicable laws and regulations to prevent the unauthorized or unlawful processing of your Personal Information and the accidental loss or destruction of, or damage to, your Personal Information.

Data Transfer

8. Where MARSH considers it necessary or appropriate for the purposes of data storage or processing or providing any service or product on our behalf to you, we may transfer your Personal Information to an Affiliate or third party service or product providers within or outside the country in which MARSH is established, under conditions of confidentiality and similar levels of security safeguards.

Your Rights of Access and Correction

9. You have the right to request access to and correction of information about you held by MARSH and you may:
 - 9.1 check whether MARSH holds or uses your Personal Information and request access to such data;
 - 9.2 request that MARSH correct any of your Personal Information that is inaccurate, incomplete or out-of-date;
 - 9.3 request that MARSH specify or explain its policies and procedures in relation to data and types of Personal Information handled by MARSH; and
 - 9.4 communicate to MARSH your objection to the use of your Personal Information for marketing purposes whereupon MARSH will not use your Personal Information for these purposes; and
 - 9.5 withdraw, in full or in part, your consent given previously, in each case subject to any applicable legal restrictions, contractual conditions, reasonable internal policies/procedures, a reasonable time period (in accordance with applicable laws) as well as, in the case of an access request, a reasonable fee (where permitted under applicable laws and as MARSH may notify you in writing upon receipt of your request).
10. Written requests for access to Personal Information or correction and/or deletion of Personal Information or for information regarding policies and procedures and types of Personal Information handled by MARSH may be sent to privacycoordinator@marsh.com