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| <b>THE PRODUCT<br/>- For Products<br/>Liability Claim</b><br><br><b>产品信息 - 适用于<br/>产品责任险的<br/>索赔</b> | Description of Product : _____<br>产品名称  | When/Where product was sold : _____<br>产品销售日期/地点 |  |
|  | Model/Ser. No.: _____<br>产品型号/序列号   | Sales Invoice/Record: _____<br>产品销售发票或销售记录       |  |
|  | The Insured is: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Supplier <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Others _____<br>被保险人的身份是    制造商    供应商    批发商    零售商    其它 - 请注明 |  |  |
|  | Whether the product is manufactured/supplied by others? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>产品是否由其它方制造/提供    是    否   |  |  |
| If Yes, by whom? _____<br>如是, 由谁制造/提供?   |   |  |  |

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| <b>THE CLAIMANT</b><br><br><b>受害人信息</b> | Name and address of every claimant:<br>请给出受害人的姓名和地址 |                 |
|   | (1) _____   | Tel. No.: _____ |
|   | (2) _____   | Tel. No.: _____ |

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| <b>THE CLAIM</b><br><br><b>索赔信息</b>   | Whether the claimant has filed the formal claim against you? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>受害人是否已正式提出索赔?    是    否 |  |
|   | If Yes, provide us with the details? (If written, attach copy) _____<br>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? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>是否是涉及人身伤害的索赔    是    否                           |  |
|   | If Yes, position and extent of the injury _____ Hospital/Doctor: _____<br>如是, 请提供受伤的部位和程度    就医医院/医生姓名   |  |
|   | Property Damage related claim or not? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>是否是涉及财产损失的索赔    是    否                         |  |
| If Yes, name and extent of the damage _____ Estimated loss amount: _____<br>如是, 请提供受损财产名称和受损程度    估计的损失金额 |  |  |

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| <b>THE WITNESS</b><br><br><b>目击证人</b> | Name and address of every witness and every other person who was present:<br>请给出目击证人的姓名和地址 |                 |
|                                       | (1) _____  | Tel. No.: _____ |
|                                       | (2) _____  | Tel. No.: _____ |

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| <b>ANTI-FRAUD<br/>WARNING &amp;<br/>THE<br/>DECLARATION</b><br><br><b>反保险欺诈提示<br/>及声明</b> | <b>Good faith is the basic principle of insurance contracts. Fraudulent insurance activities may result in the following liabilities</b><br><b>诚信是保险合同基本原则, 涉嫌保险欺诈将承担以下责任:</b>  |  |
|   | <b>【Criminal】</b> 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 constitute accomplices of insurance fraud.<br><b>【刑事责任】</b> 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。   |  |
|   | <b>【Administrative】</b> 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.<br><b>【行政责任】</b> 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。 |  |
|   | <b>【Civil】</b> 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.<br><b>【民事责任】</b> 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。  |  |
|   | <b>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.</b>   |  |
|   | <b>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</b>  |  |

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|  | <p>全部属实，没有隐瞒任何与此次损失有关的讯息。</p> <p><b>I/We understand that the acceptance of this form is not in itself an admission of liability on the part of the Company.</b></p> <p>我/我们明白 Chubb 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。</p><br><p>Signature of Insured _____ Position _____ Date _____</p> <p>Company's stamp 签字并盖公章                      职位                      日期</p> |
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