

## Public & Products Liability

### Important Notice

Please read this Claim Form prior to answering the questions.

ALL questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentations should be attached.

If you have any questions in relation to completion of the Claim Form, please contact your insurance advisor or broker.

Please send the completed Claim Form, as soon as possible, to your insurance advisor or broker.

Appointment of legal representation should not occur without the prior consent of Liberty.

You are reminded that in no circumstances should you admit any liability or make any offer of settlement or enter into any correspondence without prior consent from Liberty.

# Claim form



## 1. POLICY HOLDER

Name of insured

Address

Email

Telephone

---

## 2. REPORT OF INJURY AND/OR DAMAGE

Particulars of occurrence likely to or has resulted in personal injury or property damage or loss claim:

Date and time of occurrence

Exact place of occurrence

What happened and how did it occur?

Was the accident due to:

Any individuals

Property

Plant or equipment

Motor vehicle

Please give details:

**Witness name**

**Address**

**Relationship**

Name and address of the police station where the incident was reported to, if any:

Date and time of report

Police report number, if any

Name and address of person injured or owners of property damaged.

# Claim form



State nature of personal injury or property damaged or loss sustained.

With regard to damaged property or loss, has any estimate of cost become available?

Yes

No

If so, please give details.

---

### 3. CLAIM

Has a report of personal injury, property damage or loss been made to you by a third party claimant?

Yes

No

If so, by whom and when?

Has any demand for injury, property damage or loss been made against you?

Yes

No

If so please give details and attach any correspondence/documentation.

# Claim form



## 4. SIGNATURE

I/We (print name in full)

(position)

hereby declare that the foregoing particulars are true and correct to the best of my/our knowledge and belief.

Signature

Date

Signature

Date

NB. Please be reminded that in no circumstances should you admit any liability or make any offer or enter into any settlement with respect to any incident which may result in a claim under your policy. Please keep us immediately informed of any demand letters, writ of summons and/or any notices relating to any occurrence likely to result in personal injury and/or property loss or damage claim. Please cooperate with us throughout the claim process.

### Privacy Notice

Liberty International Insurance Limited (UBI 03967394) (Liberty) is part of the Liberty Mutual Group headquartered in the United States.

We collect personal information to provide insurance products and services, manage claims and support related business operations. This may include information collected from insurance brokers, intermediaries, or directly from you. If you do not provide the personal information requested, we may be unable to offer the appropriate type or level of service.

If you provide Liberty with personal or sensitive information about other individual, you must ensure they are aware of this notice and have consented to the disclosure. If you have not done so, please inform Liberty before sharing their data.

Your personal information may be disclosed to Liberty's related entities, reinsurers, insurance intermediaries, loss adjusters, legal and professional advisors and other service providers. We may also store your information with third party cloud or electronic storage providers.

Some recipients may be located overseas in the United States, Canada, United Kingdom, European Union, India, China, Australia, Singapore and Malaysia. Where reasonably necessary, your information may be transferred to countries without comparable data protection laws to deliver the services you request. By engaging with Liberty, you consent to these cross-border transfers unless you notify us otherwise in writing.

We are committed to protecting your privacy and ensuring transparency in how we use your personal information. As part of this commitment, we confirm Liberty does not currently use automated decision-making (ADM).

You may access or seek correction of your personal information, make a privacy complaint, or raise any queries by contacting Liberty's Privacy Officer: [privacy.officer.ap@libertymutual.com](mailto:privacy.officer.ap@libertymutual.com). If you require a physical mailing address, please contact the Privacy Officer via email.

For more information, and to view the relevant privacy policy for your jurisdiction, visit: Hong Kong Privacy Policy. [Hong Kong Privacy Policy](#)