

太阳联合保险(中国)有限公司
Sun Alliance Insurance (China) Limited
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SunAlliance Insurance plc. Shanghai Branch Liability Claim Form

All communications relating to the accident must be immediately forwarded unanswered to the insurers.

Policy No. _____ Expiry Date _____

Insured _____ Phone _____

Address _____ Fax _____

Claim Details

Address of premises or place
where accident occurred

Date and time accident occurred

By whom discovered

Description of Accident

Name(s) and Address(es) of
Third party sustaining injury

Nature of Injuries

Name(s) and Address(es) of
Damaged property

Nature of Damage

Claims from the third party

Access to Court? Yes ρ No ρ

If YES, Name and address
Of the court

Object of action

No. of the file

Name of Judge

Police report No.

Attention: If a claim in writing has been received, please forward such claim unanswered. If a verbal claim only has been made, give full details.

Documentation

- Please tick the name of each document attached to this form.*
- Copy of the policy
 - Written accident report/ Survey Report
 - Witness' testimony in writing
 - Claim in writing from the third party
 - Police Report (if applicable)
 - Writ, summons, or other court documents (if applicable)
 - Other relevant documents

Declaration

| | |
|--|--------------------|
| I/We declare that the answers given above and overleaf are true and correct and I/we have not withheld any information or details of previous claims or any other material fact likely to affect acceptance of this claim. | |
| Signature of Claimant _____ | Date / / |