



**ZURICH**  
苏黎世保险

**NOTICE OF LOSS (Liability – Export Product Liability)**

To: Zurich Insurance Company Beijing Branch Claims Department

Ref. No.:

Date:

Insured		Accident Site			
Policy No.					
Company	Contact Person	Site	Contact Person		
	TEL		TEL		
	FAX		FAX		
	E-mail		E-mail		
Date of Loss	Date of Receiving Third Party Notification				
Request Items	<input type="checkbox"/> Medical Expenses <input type="checkbox"/> Repair Cost <input type="checkbox"/> Others:				
Course of Loss					
Third Party	Contact Person	Tel	Fax	E-mail	
Third Party Bodily Injury	Name	Sex	Occupation	Injury Description	Estimated Loss (Currency: )
Third Party Property Loss	Owner	Property	Damage Description	Estimated Loss (Currency: )	
Result					
<b>Remarks: The Insured should NOT admit liability for or negotiate the settlement of any claims without prior written consent of Zurich.</b>					

THE CLAIMANT HEREBY DECLARED THAT THE INFORMATION IT MADE IN THIS NOTICE IS TRUE.

\_\_\_\_\_  
(Signature of Claimant)

**Zurich Insurance Company Beijing Branch**

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