

The forwarding of this form for completion is not an admission of liability on the part of the Company.
 發出此通知書不能作為保險公司已經承認賠償之責任

MOTOR VEHICLE INSURANCE CLAIM FORM 汽車保險意外報告書

It is important that a complete answer be given to every question. If insufficient space is provided for your answer please continue on a separate sheet. No admission, offer, payment or indemnity should be made in respect of liability for bodily injury, death or property damage without the written consent of the Company. Please return this form within 7 days.
 請詳細填報本表格上每一項目及於七天內交回本公司，在未得到本公司書面認許之前，不得作出或承擔任何有關人身傷亡或財物損毀賠償之責任。

IMPORTANT NOTICE 重要通告

Please supply us the following documents together with this claim form:- 請提交以下文件連同本報告書：—

- i) The copy of driver's driving licence. 司機之駕駛執照副本
- ii) The copy of driver's identity card. 司機之身份證副本
- iii) Copy of Vehicle Registration Document (both sides) 車輛登記證（雙面）副本
- iv) If driver has over 2 years driving experience, please provide supporting document 如司機擁有兩年或以上駕駛經驗，請提出證明

1. 投保項目 Operative Insurance Cover	<input type="checkbox"/> 綜合保險 Comprehensive	<input type="checkbox"/> 第三者責任保險 Third Party Legal Liabilities	保單號碼 Policy No.
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投保汽車之資料 PARTICULARS OF MOTOR VEHICLE INSURED

車輛登記號碼 Registration Mark	車輛製造商 Vehicle Make	車輛型號 Vehicle Model	車身類型 Type of Body	製造年份 Year of Manufacture	引擎號碼 Engine Number	車身底盤號碼 Chassis Number

2. 投保人姓名 NAME OF INSURED: 職業 Occupation:

地址 Address: 工作地點 Place of employment:

住宅電話 Home Tel. No.: 公司電話 Bus. Tel. No.: 手提電話/傳呼機 Mobile/Pager

3. 司機姓名 DRIVER'S NAME: 年齡 Age:

聯絡地址 Place of Contact: 住宅電話 Home Tel No. 手提電話/傳呼機 Mobile/Pager

駕駛執照號碼 Driving Licence No.: 可駕駛何類車輛 Types of Licence Currently held:

最初發出日期 Original Date of issue: 發出地點 Place of Issue: 到期日 Date of Expiry:

是否曾被停牌 Has the Driver's Licence ever been endorsed or cancelled?
 三年內有否交通意外 Has the Driver been involved in previous accidents over the past 3 years?
 失事前12小時曾否喝酒或食藥 Had the Driver consumed any intoxicating liquor or taken any drugs during 12 hours prior to accident?

如司機並非車主 If the Driver was not the owner:
 車主是否知道車輛被用 Was vehicle being used with the owner's knowledge and consent?
 司機與車主有何關係（如親戚、朋友、僱員、租賃） State relationship to owner (i.e. relative, friend, employee, hirer)
 司機是否擁有私家車，如有，車牌號碼 Does Driver own a car himself? If yes, vehicle no. 有否投保（保險公司名稱） with whom is it insured?

4. 發生意外經過及草圖 PARTICULARS OF ACCIDENT: 日期、時間 Date, Time: 請說明過失在那方 Please state which party should be at fault:

Description of accident stating speed, weather and road conditions and exact place 詳情包括車速，天氣，路面情況及地點：

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5. 投保車輛損壞情形
PARTICULARS OF DAMAGE TO INSURED'S VEHICLE

是否需要拖車 拖車公司名稱
Did vehicle require towing? If so, by whom?
被損車輛現時地點
Where is the damaged vehicle now?
修理車房 地址
Name of repair Garage: Address:
何時 預算花費 (如有估價單請附上)
When? Estimated cost: (Attach quote if available)

**NOTE:- NO REPAIRS TO BE COMMENCED WITHOUT THE WRITTEN CONSENT OF THE COMPANY OR THE ASSESSORS APPOINTED
(FOR COMPREHENSIVE COVER ONLY)**

注意-必須經本公司或授權之公證行批准方可進行修理(只適用於綜合保險)

6. 請在以下各項填上姓名及地址
STATE NAMES AND ADDRESS OF ALL:

(a) Passengers 乘客
.....
(b) Independent Witnesses 在場目擊目證人
.....

7. 第三者之車輛損壞情形
OTHER VEHICLES INVOLVED:

Name and address of driver and/or owner 第三者之姓名地址
Name 姓名 Registration No. 汽車登記號碼
Address 地址
Insurers and Policy No. 保險公司名稱及保單號碼
Apparent damage 明顯之損壞程度

8. 第三者之財物損壞情形
OTHER PROPERTY DAMAGED (APART FROM VEHICLES)

Name and address owner (if known) 物主之姓名及地址
.....
Nature of damage 損壞程度
.....

9. 受傷者之情況
PERSONS INJURED

Name and address 姓名地址	Apparent injuries 明顯的受傷程度	Taken to hospital 有否被送往醫院
(state whether driver, passenger and in which vehicle or pedestrian) 請註明是司機, 乘客或是行人		YES/NO* 有/否*
.....	YES/NO* 有/否*
.....	YES/NO* 有/否*
.....	YES/NO* 有/否*
.....	YES/NO* 有/否*

10. 有否交通警察到場 姓名

Did a traffic or police officer attend the accident? If so, state his name:
警局名稱及檔案號碼
Name of Police Station, Date and Case No:
是否有人被控受酒精或藥物影響
Was it alleged that anyone was under the influence of liquor or drugs?
姓名
If So, who?
警方曾否控訴該司機
Is any Police Action being taken against the Driver in respect of the alleged accident?

Any communications including summons you receive about the accident should not be answered but sent immediately to the Company. If the accident did not involve injury and was caused by the other party, complaint shall be made by the driver regarding the driving manner of the opposite driver so that police can carry out further investigation and may assist recovery.

如接獲有關任何函件包括告票請勿作答必須先交來本公司以便採取適當行動。如接獲有關如意外中並無傷亡而肇事由對方引致, 司機應於意外起十天內向警方投訴對方司機之駕駛態度, 以便警方作進一步調查及有助向對方追索賠償。

DECLARATION 聲明

I/We hereby declare the foregoing particulars are true in every respect and that I/we have no other policy of insurance indemnifying me/us in respect of this accident and I/we undertake to give the Company all assistance in my/our power in dealing with the matter.

以上所列乃屬真實並無重複保險且願協助公司辦理一切。

Chop
公司蓋章

Signature of Insured Signature of Driver Date
保單持有人簽名 司機簽名 日期