


汽車意外報告書
CLAIM FORM - MOTOR VEHICLE ACCIDENT

- 注意 : 1. 此表僅供審核之用未能視作承擔責任之根據。
 2. 填報此表務須詳盡以免阻延。
 3. 保戶或駕駛人如收到警署或第三方面之函件請即寄交本公司。

- IMPORTANT : 1. No liability is admitted by issuing this form.
 2. Insured is requested to answer all questions fully in order to avoid unnecessary delay in the settlement of claim.
 3. Insured is requested to forward to the Company all communications, or copies thereof, which you or the driver may received from the police and/or third party in connection with this accident.

 保單號碼 :
 Policy No. :

保戶 INSURED	姓名 : Name :				
	地址 : Address :				
	電話 : Tel. No. :		職業 : Occupation :		
肇事車輛詳情 PARTICULARS OF INSURED VEHICLE CONCERNED IN ACCIDENT	牌照號碼 Registered Number	汽缸容量 Cubic Capacity	車輛名稱 Make	出廠年份 Year of Manufacture	時值若干 Approx. Value of Vehicle at the time of Accident
	肇事時該車輛作何用途 ? For what purpose was the Vehicle being used ?				
	當時該車是否妥當 ? Was the Vehicle in a safe and roadworthy condition ?				
	肇事期間, 保戶或駕駛人是否有另購其他保險? 如有, 請述詳情及承保之公司名稱 : Do you or the Driver hold in respect of the above Vehicle any other policy of insurance of any kind at date of this Accident ? If so, give particulars and name of the insurance company :				
	肇事期間, 保戶是否有其他車輛在使用中, 如有, 請述該車之名稱及牌照號碼 : Have you any other vehicle is in use at the same time ? If so, give make and registration Number :				
駕駛人 (請附上駕駛執照 及身份證副本) DRIVER (Please submit copy of driving licence and Identity Card.)	肇事時駕駛人之姓名 : Name of Driver at the time of Accident :			年齡 : Age :	
	地址 : Address :			電話 : Tel :	
	有效駕駛執照首次發出日期 Date of first issue of valid driving licence			執照號碼 : Driving license No. :	
	駕駛經驗 Driving Experience			執照期滿日期 : Date of expiry :	
	該執照會否被批註 ? 如有, 請述詳情 : Is the driving license endorsed ? If so, give particulars of endorsements :				
	該駕駛人過去三年會否涉及其他車禍 ? 如有, 請述詳情 : Has the Driver perviously been involved in an accident over the past 3 years ? If so, give Particulars :				
	該駕駛人是否得保戶之許可駕駛肇事之車輛 ? Was the Driver driving with the Insured's knowledge and consent ?				
	駕駛者於意外發生前十二小時內所飲酒或服藥之數量為 : State quantity of intoxication liquor or drugs consumed by the driver during 12 hours prior to accident :				
	該駕駛人之身份為 (a) 車主 (b) 受薪司機 (c) 親友 : State whether the Driver is (a) Owner (b) Paid Driver or (c) Relative or Friends of the Insured :				
	如屬受薪司機, 則屬何人所僱用及僱用之時間多久 ? If Paid Driver, in whose employment is he and how long has he been in employer's service ?				
証人 WITNESSES	請列舉其他証人之姓名及地址 : State names and addresses of all Witnesses of Accident :				
	肇事車輛之乘客 : Passengers in your Vehicle :				
警署報告 POLICE REPORT	當值警員有否在場錄案 ? 如有, 請述該警員編號 : Was the Accident witnessed by Police Constable ? If so, give his number :				
	曾否向警署報告此次意外事件 ? 如有, 請述警署名稱及檔案編號 : Was the Accident reported to Police Station ? If so, state the name and report number of Police Station :				

受保車輛 之損壞詳情 DAMAGE TO INSURED VEHICLE	請列舉受保車輛之損壞詳情及盡速將修理估價單呈交本公司： State full particulars of damage and FORWARD AN ESTIMATE for the cost of necessary repairs AS SOON AS POSSIBLE：	
	請述修理商之名稱及地址： State the name and address of repairer：	
	受保車輛是否自行駛離或被拖離現場？ Was the Vehicle driven or towed from the scene of Accident？	
受保車輛之司機或乘客 之受傷詳情 INJURY TO DRIVER OR PASSENGERS OF INSURED VEHICLE	受保車輛之司機或乘客有否受傷？如有，請詳述之： Was any injury sustained by the Driver or Passengers of your Vehicle？ If so, state fully extent thereof：	
第三者 損傷詳情 PARTICULARS OF THIRD PARTY	對方車輛資料 OTHER VEHICLE, PROPERTY & BODILY INJURY, DAMAGE 地址： Address：_____	車主： Owned by：_____
	司機姓名： Other driver's name：_____	地址： Address：_____
	廠名種類： Make, Type and Model of other vehicle：_____	投保公司： Name of Insurers：_____
	請詳述對方之損毀：- Give particulars of damage to other：-	車牌號碼： Reg. No.：_____
	(a) 車輛 Vehicles：_____	
	(b) 財物 Property：_____	
	(c) 第三者受傷 Injured Third Parties：_____	
	注意 - 任何對方要求賠償之書信文件必須交由保險公司作答。 NOTE - Written communications claiming damages are to be forwarded to this company for reply.	
意外詳情 PARTICULARS OF ACCIDENT	肇事日期： Date of Accident：_____	時間： Time：_____
	肇事時該車之時速為： Estimated speed of your Vehicle at time of Accident：_____	哩 m.p.h.
	請詳述遇事之情形： Give a short description of how the Accident occurred：	
	_____ _____ _____ _____ _____	
圖解 SKETCH	請作圖解顯示遇事地點並指出有關車輛及行人位置另以箭咀顯示行駛方向： Please draw a rough plan of the scene of the Accident showing positions of Vehicles and Persons concerned at the time of Accident An arrow should indicate the direction in which they were moving	
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以上填報各節均屬實情並無隱隱或虛報，本人並願協助公司方面辦理一切所需手續。

I hereby declare the foregoing particulars to be true in every respect, and that I have withheld no information material to the claim.

I undertake to render the Company every assistance in my power in dealing with the matter.

本人確認貴保險公司會依靠本人 / 保單持有人 / 保戶所提供的資料 (該等提供的資料本人誠實地相信是真實和正確的)，作為將來進行或辯護任何索賠及訴訟程序之用。如貴保險公司要求，本簽署人 / 保單持有人 / 保戶將會及必定同意簽署任何有關倚靠該等資料所準備之法律文件。

I acknowledge that Insurers will rely upon the information supplied by me / the policyholder / the Insured, which I verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory / the policyholders / Insured under this policy, if so required by the Insurers, will be asked and are bound to sign any court documents on the basis of information provided herein.

駕駛人簽署
Signature of Driver _____

保戶簽署
Signature of Insured _____

日期
Date _____