

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 separated 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

Please supply us the following documents together with this claim form:-

- i) The copy of driver's driving license. 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 綜合保險 Comprehensive 第三者責任保險 Third Party Legal Liabilities 保單號碼 Policy No.

投保汽車之資料 PARTICULARS OF MOTOR VEHICLE INSURED

Table with 7 columns: Registration Mark, Vehicle Make, Vehicle Model, Type of Body, Year of Manufacture, Engine Number, 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: 電郵地址 e-mail Address:

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.: 駕駛執照號碼 Driving Licence No.: 最初發出日期 Original Date of issue: 職業 / 行業 Occupation / business: 僱主名稱 Employer's Name: 可駕駛何類車輛 Types of Licence Currently held: 發出地點 Place of Issue: 到期日 Date of Expiry: 職位 Position held: 服務年期 Year of Service:

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? 如是 If "yes" 請列 give: 詳細 Full: 資料 details:

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? 自用 Private 商用 Commercial 租賃 Hire 其他 Othe

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:

5. 投保車輛損壞情況

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 在場目擊證人

7. 第三者之車輛損壞情況
 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況
 OTHER PROPERTY DAMAGED (APART FROM VEHICLES)

Name and address owner (if known) 第三者之姓名地址

Name of damage 損壞程度

9. 受傷者之情況
 PERSONS INJURED

Name and address 姓名地址

(state whether driver, passenger and in which vehicle or pedestrian)
 請註明是司機, 乘客或是行人

Apparent injuries 明顯的受傷程度	Taken to hospital 有否被送往醫院
.....	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

Did a traffic or police officer attend the accident? 姓名
 If so, state his name:

警局及檔案號碼

And name of Police Station date & 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?

警方會否控訴該司機

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.

始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

Letter of Authorization

Date:

The Officer-in-Charge

Dear Sirs,

Re : Traffic Accident on
At
Involving Vehicle No.

I was the driver/owner of vehicle no. _____ at the time of the accident. I hereby authorize you to release to **China Ping An Insurance (Hong Kong) Company Limited** a copy of my statement and any information concerning the captioned traffic accident.

Yours faithfully,

Driver's / Owner's Signature

Name in Block Letter

Hong Kong Identity Card Number