



香港民安保險有限公司

The Ming An Insurance Co. (H.K.) Ltd.

香港銅鑼灣新寧道8號民安廣場19樓
19/F, MING AN PLAZA, 8 SUNNING ROAD,
CAUSEWAY BAY, HONG KONG.
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汽車意外出事報告書

MOTOR VEHICLE ACCIDENT REPORT

保戶 INSURED	姓名 Name		職業 Occupation		保單號數 Policy No.
	地址 Address				電話 Telephone
受保車輛 INSURED VEHICLE	汽車名稱 Make	汽缸容積 Cylinder Capacity	認可車輛總重 Permitted Gross Vehicle Weight	出廠年份 Year of Manufacture	車牌號數 Registration No.
	當失事時該車作何使用 State for what purpose the vehicle was used when the accident happened				
司機 DRIVER	司機姓名 Name of driver			駕駛執照號碼 Licence No.	
	地址 Address			出生日期 Date of Birth	
	電話 Telephone			首次發牌日期 Date of First issue	
	是否受薪司機 Is he your paid driver?	任職幾久 How long has he been in your service?	該司機以前曾否有意外而被控告 Has he been concerned in any previous accident? and, if so, give particulars of any prosecutions for motoring offences. (if any)		
除保戶外，司機是否擁有私家車？若有，請列明車牌號碼及保險公司名稱 If a person other than Insured was driving, does driver also own a car? If so, state car No. & Insurance Co.					
自車損壞 OWN DAMAGE	在何處可檢驗該車 Where the vehicle may be inspected?			曾否因此意外遭警方扣留驗車 Whether the vehicle was detented for inspection by the police.	
	請將估價單擲下經我公司核准後始能進行修理 Estimate must be submitted for company's approval before repairs are carried out.				
第三者 THIRD PARTY	有否損壞他人車輛或其他財物 Damage to other vehicles of properties			有 <input type="checkbox"/> 無 <input type="checkbox"/>	有否傷害他人 Injury to other persons
	車牌號碼 Reg. No.	司機姓名及地址 Name & address of driver	物主/車主姓名及地址 Name & address of owner		受傷程度 Injury sustained
	如接獲任何有關函件請勿作答，必須先交來本公司以便採取適當行動 Any communication or writ you receive about the accident should not be answered but send immediately to the Company				
警察 POLICE	曾有警員記錄此情形否 Did a police officer take particulars?	請告其號數 State his number	此項意外向何警署報案，檔案號碼： Did you or your driver report the accident to police? If so, state which police station and the report No.		閣下或司機曾收到任何傳票或警察控告否 Has any summons been received or any police action taken against you or your driver?
	本欄不必填寫 FOR OFFICE USE ONLY			Insurance Period	A/C No.
			Terms	H/P	
			S/I	Excess	Remarks

以上及背頁所陳述皆為確實詳情
I/We hereby declare the particulars stated hereon and overleaf are true in every respect.

日期
Date

保戶簽章
Insured's Signature and Chop

本公司檔案編號：
Claim File No.

司機簽名
Driver's Signature

證 人 WITNESSES	姓 名 Name	地 址 Address	電 話 Telephone

出事詳情 DETAILS OF ACCIDENT	出事日期及時間 Date and time of accident 日期 時間 上午/下午 Date Time AM/PM		出事地點 Place where accident occurred
	受保車輛出事時之速率 Speed of insured vehicle At time of the accident	該司機曾否發出警告 What warning did your driver give?	你以為失事過失屬何方? In your opinion who was at fault?

請詳述出事時汽車之車速、天氣、路面情況、正確地點及出事過程
stating speed, weather, road conditions, exact place and the process of accident

繪 圖 請繪圖加以說明行車路線、車輛以及行人等情況並以箭咀指示方向。
SKETCH PLAN: Please make a sketch showing road layout, vehicles, pedestrians etc., also indicate direction of movement by arrows.

請附下列文件影印本：
Please submit the following documents copy with this form:

- (1) 所保汽車的車輛登記文件(正反面)
Vehicle registration document of insured vehicle (both sides)
- (2) 司機駕駛執照
Driving licence of the driver
- (3) 警方意外報案紙或警方發出有關文件
Copy of the accident report by police or other concerning documents issued by police
- (4) 如出事地點非在本港，請附海關出入境登記證明文件及出事當地政府/警方的意外報告。
If accident took place outside Hong Kong, please submit copy of document for exit/entry to the territory, and report by police/government authorities at the place of accident.

本公司可能需要保戶或司機提供更多有關意外的資料
This company may request the insured or driver to provide further information about the accident

Date :

The Senior Staff Officer
Hong Kong Police Force
Traffic Investigation Department

Dear Sirs,

Re : Traffic accident on
Inv. vehicle No.

With reference to the above accident, I shall be pleased if you will release my statement together with the sketch plan to my Insurers, The Ming An Insurance Co. (HK) Ltd. of 22/F Ming An Plaza, 8 Sunning Road, Causeway Bay, Hong Kong relating to the above matter as recorded with your office.

Yours faithfully,

(Driver's/Witness Signature)

Name: