



THE PACIFIC GROUP

# 太平洋保險有限公司 THE PACIFIC INSURANCE CO., LTD.

(INCORPORATED IN HONG KONG IN 1960)

Official Use:	Claim No.
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## NOTICE OF ACCIDENT UNDER MOTOR POLICY 汽車遇事報告書

Pre Estimate	
OD	
PD	
BI	
SBI	
FC	
CM	
RC	

IN THE EVENT OF ANY OCCURRENCE WHICH MAY LEAD TO A CLAIM PLEASE COMPLETE AND RETURN THIS FORM IMMEDIATELY TO THE COMPANY.

### Particulars of The Insured

受保人資料

Name 名稱	Occupation 職業
Address 地址	Telephone No. 電話號碼

### The Insured Vehicle Involved in the Accident

承保車輛資料

Registered Number 車牌號碼	Policy No. 保單號碼	Make & Model 車廠名及型號
Purpose of use at the time of accident: 發生意外時該車之用途為：		
<input type="checkbox"/> Private 自用 <input type="checkbox"/> Business 營業 <input type="checkbox"/> Test 試車 <input type="checkbox"/> Hire 租賃 <input type="checkbox"/> Others 其他		
Was the vehicle detained for inspection by the police after the accident? 意外後承保車輛有否被拖往政府驗車中心作檢驗?		Yes No <input type="checkbox"/> 有 <input type="checkbox"/> 否
If the vehicle is insured on comprehensive coverage, do you intend to claim against our company? 如是綜合保險單，你是否打算要求本公司賠償承保車輛之修理損失？		Yes No <input type="checkbox"/> 是 <input type="checkbox"/> 否
If 'Yes', where is the location of the vehicle? 如是，該車現在停泊在何處？	Garage/Person and Telephone contacted 車房 / 聯絡人姓名及電話	

### The Person Driving at the Time of the Accident

肇事時之駕駛人

Name 姓名	Age of the Driver 駕駛人之年齡	Occupation 職業
Address 地址	Telephone 電話	
In possession of a valid Driving Licence? 是否持有有效之駕駛執照?	Yes No <input type="checkbox"/> 是 <input type="checkbox"/> 否	When was the licence first issued? 首張駕駛執照是何時發出?
Driving Licence No. of the Driver 駕駛人之駕駛執照號碼	Driving with your full knowledge and consent? 駕駛人是否得車主同意駕駛該車?	
Relation between the Driver and the Insured: 駕駛人與保單持有人的關係：		Yes No <input type="checkbox"/> 是 <input type="checkbox"/> 否
<input type="checkbox"/> Hired 租賃者 <input type="checkbox"/> Chauffeur 受僱司機 <input type="checkbox"/> Employee 僱員 <input type="checkbox"/> Relative 親屬 <input type="checkbox"/> Friend 朋友 <input type="checkbox"/> Others 其他		
Under the influence of intoxicating liquor or drugs? 是否醉酒?	Yes No <input type="checkbox"/> 是 <input type="checkbox"/> 否	Any Police Action being taken against the Driver? 警方曾否指責該駕駛人?
If a person other than the insured was driving, does the Driver also own a private car? 駕駛人並非保單持有人，駕駛人是否也私人擁有另一輛私家車？		Yes No <input type="checkbox"/> 有 <input type="checkbox"/> 否
If 'Yes', please state: 若有，請列明：		
Vehicle No. 車牌號碼	Insurance Co. 保險公司名稱	Policy No. 保單號碼


**Particulars of The Accident**

**意外資料**

Date 日期	Time 時間	Place 地點		
Estimated speed of Vehicle: 過車時該車行駛之速度： 每小時 _____ 公里		Name of Police Station reported 請述明報案之警署	Police report no. 報案號碼	
Immediately after the accident has the Driver paid to any third party? 過事後駕駛人有否付款給第三者?		Yes <input type="checkbox"/> 有	Amount 金額	No <input type="checkbox"/> 否
Immediately after the accident has the Driver received payment from the third party? 過事後駕駛人有否收受第三者的金錢?		Yes <input type="checkbox"/> 有	Amount 金額	No <input type="checkbox"/> 否
Details of the accident 意外詳情				
Please give below a rough sketch of the road indicating the position of any vehicles or persons at the time of the accident 請劃出失事地點之草圖				
Driver's comment on who is to blame for the accident with reasons 駕駛人認為上述意外由誰人引致並申述理由				

**Particulars of Damage to Insured Vehicle**

**承保車輛之損毀情況**

Extent of Damage 損毀程度	Slight <input type="checkbox"/> 輕微	Moderate <input type="checkbox"/> 普通	Serious <input type="checkbox"/> 嚴重	Shade in area damaged by accident 請塗上損毀部份
Please describe 請略述				

**Witnesses**

**證人**

State Names and Addresses of all persons (Other than the Driver) who witnessed the accident at the time of the accident  
請列明目擊証人之姓名及地址 (駕駛人除外)

(1)

(2)

**Particulars of Injured or Deceased**

**傷者或死者資料**

Any casualties involved in the accident and state the number of injured(s) & deceased(s), if any: 請列明此意外是否牽涉死傷者及所牽涉之人數:	Yes (a) Injured(s)	(b) Deceased(s)	No
	<input type="checkbox"/> 是 受傷者 _____ 人	傷重死亡 _____ 人	<input type="checkbox"/> 否

**IF MORE THAN 3 PERSONS WERE INVOLVED, PLEASE PROVIDE THE BELOW INFORMATION IN SEPARATE SHEET.**  
若死傷者多於三人，請另加附頁說明。

Names, Addresses and Occupation 請列明死傷者姓名、職業及地址	Extent of injury the injured sustained (e.g. bruised, scraped, fracture, laceration, sprain, bleeding etc.) as well as part of body injured (e.g. head, neck, hand etc.) 請略述傷者之傷勢 (如：瘀傷、擦傷、骨折、割傷、扭傷、流血等)及受傷之部份 (如：頭、頸、手等。)	Conscious? 是否清醒?	Carried by the stretcher to the ambulance? 是否須用擔架抬上救護車?	Hospitalized? 是否留院?
(1)	Slight Please describe: <input type="checkbox"/> 輕傷 請略述: Serious <input type="checkbox"/> 重傷 Death <input type="checkbox"/> 死亡	Yes <input type="checkbox"/> 是 No <input type="checkbox"/> 否 Unknown <input type="checkbox"/> 不詳	Yes <input type="checkbox"/> 是 No <input type="checkbox"/> 否 Unknown <input type="checkbox"/> 不詳	Yes <input type="checkbox"/> 是 No <input type="checkbox"/> 否 Unknown <input type="checkbox"/> 不詳
(2)	Slight Please describe: <input type="checkbox"/> 輕傷 請略述: Serious <input type="checkbox"/> 重傷 Death <input type="checkbox"/> 死亡	Yes <input type="checkbox"/> 是 No <input type="checkbox"/> 否 Unknown <input type="checkbox"/> 不詳	Yes <input type="checkbox"/> 是 No <input type="checkbox"/> 否 Unknown <input type="checkbox"/> 不詳	Yes <input type="checkbox"/> 是 No <input type="checkbox"/> 否 Unknown <input type="checkbox"/> 不詳
(3)	Slight Please describe: <input type="checkbox"/> 輕傷 請略述: Serious <input type="checkbox"/> 重傷 Death <input type="checkbox"/> 死亡	Yes <input type="checkbox"/> 是 No <input type="checkbox"/> 否 Unknown <input type="checkbox"/> 不詳	Yes <input type="checkbox"/> 是 No <input type="checkbox"/> 否 Unknown <input type="checkbox"/> 不詳	Yes <input type="checkbox"/> 是 No <input type="checkbox"/> 否 Unknown <input type="checkbox"/> 不詳

**Damage to Property of Third Parties**

**第三者損壞之產物**

If available, please state Name, Address and Phone number of the Third Parties, and also describe details of the damage.  
如有，請列明第三者之姓名地址電話及損毀詳情。

Government Property (e.g. lamp post, traffic sign, railing)  
政府財物 (如：燈柱、交通標誌、欄杆)

Third Party vehicle(s) (type and registration mark)  
第三者損毀車輛 (車輛類型及車牌號碼)

Others  
其他

I/We hereby declare the foregoing particulars to be 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. I/We also have read and fully understood the contents printed overleaf and hereby give my/our consent thereto.

吾/吾等謹此聲明以上所列乃屬真實、無重複保險，並願協助辦理一切有關事宜。此外，吾等亦已閱讀及完全明白並同意背頁所列印之內容。

Signature of Insured  
車主簽名

(請依照車輛登記文件之式樣)

Date  
日期

Signature of Driver  
司機簽名

The Officer-In-Charge,  
Accident Investigation Section,  
Traffic

Dear Sir,

Re: Traffic Accident on  
Involving Vehicle No. \_\_\_\_\_

At the time of above accident, I \_\_\_\_\_ was the driver of  
vehicle No. \_\_\_\_\_

The Insurers of this vehicle are anxious to obtain a copy of the statement which I  
made to you following the accident and as I have no objection to this, would you please  
supply The Pacific Insurance Co., Ltd. 10th floor, Dominion Centre, 43-59 Queen's Road  
East, Wanchai, Hong Kong. with a copy of my sketches at the scene of the above accident.

Yours faithfully,

逕啓者：

在此次交通意外發生時本人 \_\_\_\_\_ 為編號 \_\_\_\_\_ 汽車之駕  
駛者，現該車承保之保險公司切望獲得本人曾在該事件發生後在 貴處所提供敘述及有  
關失事地點之略圖副本各一份以便該公司辦理賠償，本人對其要求全無反對特函 貴處  
希將該副本寄交香港灣仔皇后大道東四十三至五十九號東美中心十字樓太平洋保險有  
限公司 為禱

此致

香港交通意外諮詢處

主任先生台照

簽署：