



重要事項
IMPORTANT

Claims Department
8/F 118 Connaught Road West H.K.
Tel: 3606 9193 Fax: 2810 7756

汽車遇事報告書
MOTOR VEHICLE ACCIDENT

FOR OFFICE USE ONLY

Claim No.
HP:
Excess:
Expiry:
A/C:

1. 請詳細填報本表格上每一項目可避免延誤處理台端之賠償事宜。
To avoid delay in the execution of your claim it is imperative that each question on this report form be fully answered.
2. 台端日後如接獲有關之一切文件及法律書信應儘速遞交敝公司辦理。
If you receive any legal documents/communications in any way connected with the accident please forward them to the company immediately.

保單號碼

Policy No.

保戶 INSURED	保戶姓名 Policy Holder		職業 Occupation	
	地址 Address		住宅/ 辦公室電話號碼 Home/ Office Telephone	
		電郵地址 Email Address		
受保車輛 INSURED VEHICLE	註冊號碼/車牌 Registration Number/License Number	廠名及款式 Make and Model	年份 Year	保額 Insured Amount
車輛用途 USE OF VEHICLE	車輛當時之正確用途 For what exact purpose was the vehicle being used?			
	是否已得閣下之同意使用該車 Was it used on your order or with your permission?			
駕駛人資料 PARTICULARS OF DRIVER	姓名 Name		電話號碼 Tel. No.	出生日期 Date of Birth
	地址 Address			
	電郵地址 Email Address			
	司機是否	車主	受薪司機	車主之親屬或朋友
	Is driver: I) (a) Owner?	(b) Owner's paid driver?	(c) Owner's relative or friend?	
	II) 是否醉酒? Under the influence of intoxicating liquor or drugs?			
	駕駛執照號碼 Driving Licence No.	到期日期 Expiry Date	考驗及格日期 Date passed test	
	正式 / 臨時 Full/Provisional (Delete in appropriate)	正式駕駛車類 Classification Code		
	警方曾否控訴該司機? Is any Police Action being taken against the Driver in respect of the alleged accident?			
	以前曾否發生交通意外事件 有 / 無 如有, 講述日期情況 Is previously involved in an accident? YES/NO (If YES, give particulars and dates)			
司機是否另持有第三者保險? 請列明其保險公司, 保單號數, 車牌及車主等等。 Does the person who was driving (other than the Insured) hold any other policy of indemnity against liability to Third Parties?				
意外詳情 DESCRIPTION OF ACCIDENT	日期 Date	時間 Time	地點 Place	
	天氣 Weather	路面情況 Condition of Road Surface		車速 Speed
	請詳述遇事過程地點位置等並附草圖標明路面情況如路闊, 交通燈, 交通標誌, 讓線等等。 Give full details of occurrence and make a rough sketch where appropriate showing road widths, traffic lights, signs, warnings, etc.			
	指示車輛方向以箭頭。 Indicate directions of vehicles with an arrow.			
Description of accident				
.....				
.....				
.....				
.....				

<p>警察報告 POLICE REPORT</p>	<p>閣下曾否向警方報告此次意外事件？ 有 / 無 Did you report this accident to the police? YES/NO</p> <p>如有，請指明何處警署及其他有關之記錄 If YES, indicate station concerned and any other relevant information</p> <p>閣下曾否向警方投訴對方？ 有 / 無 Have you lodged a complaint to the police against the other party? YES/NO</p>			<p>警方報告 Police Report No. (請附上口供及警方草圖副本) (Please attach statement and police sketch copies)</p>														
<p>證人/ 乘客 WITNESSES/ PASSENGERS</p>	<p>證人/ 乘客中是否有閣下之僱員 Are any of the passengers in your employ?</p> <table border="1" data-bbox="300 376 1544 593"> <thead> <tr> <th>姓名 Name</th> <th>聯絡電話 Telephone Number</th> <th>地址 Address</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			姓名 Name	聯絡電話 Telephone Number	地址 Address												
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<p>受保車輛之 損毀情況 DAMAGE TO INSURED VEHICLE</p>	<p>損毀部份 Damaged portion</p> <p>損毀程度 Extent of damage</p> <p>損毀車輛尚可供使用 <input type="checkbox"/> The damaged vehicle can still be driven for use.</p> <p>損毀車輛已拖 / 送往修理 <input type="checkbox"/> The damaged vehicle was towed/delivered for repair.</p> <p>可往下述地點檢查該車 The damaged vehicle can be inspected at</p> <p>聯絡人 Contact person.....</p> <p>電話 Tel. No.</p> <p>修理費估價 Estimated repair charges.....</p> <p>該車是否被拖往政府驗車中心接受驗車？ Has the vehicle ever been inspected by the Government Vehicle Examination Centre? 有 / 無 YES/NO</p> <p>如有，何處驗車中心？ If YES, which Centre?</p> <p>驗車結果 Outcome of inspection</p>																	
<p>第三者財物 損失情況 INJURY OR DAMAGE TO OTHER PARTY</p>	<p>物主姓名 Name of vehicle/Property Owner</p> <p>地址 Address</p> <p>電話 Tel. No.</p> <p>司機姓名 Name of Driver</p> <p>地址 Address</p> <p>電話 Tel. No.</p> <p>第三者之保險公司名稱及受保範圍 Name of Third Party's Insurers, and cover</p> <p>汽車號碼或其他損壞物件名稱 Damaged Property:</p> <p>損壞情況 Nature of damage</p>																	
<p>傷者情況 PERSON(S) INJURED INCL. VEHICLE OCCUPANTS</p>	<p>是否有人受傷？ 是 / 否 Is there any person(s) injured? YES/NO</p> <p>人數 Number</p> <table border="1" data-bbox="300 1420 1544 1637"> <thead> <tr> <th>姓名 Name</th> <th>性別 Sex</th> <th>年齡 Age</th> <th>受傷情況 Nature of Injuries</th> <th>地址 / 聯絡電話 Address/Tel.No</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			姓名 Name	性別 Sex	年齡 Age	受傷情況 Nature of Injuries	地址 / 聯絡電話 Address/Tel.No										
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<p>司機意見 DRIVER'S OPINION</p>	<p>以司機之意見，認為誰人導致及需要對此次交通意外負責？ In driver's opinion, which party should be held responsible for causing this accident?</p> <p>.....</p> <p>.....</p> <p>.....</p>																	
<p>與他人達成 之協議 AGREEMENT MADE WITH OTHER PARTY</p>	<p>閣下或司機 Has the policyholder &/or driver</p> <p>曾否與對方達成任何與此意外有關之協議 (i) made any agreement with the other party in connection with this accident? 是 / 否 數目 YES/NO AMOUNT:</p> <p>曾否收受或給予對方任何賠償 (ii) made or received any compensation to or from the other party? 是 / 否 數目 YES/NO AMOUNT:</p>																	

亞洲保險有限公司
-收集個人資料聲明
ASIA INSURANCE
COMPANY
LIMITED -
PERSONAL
INFORMATION
COLLECTION
STATEMENT

亞洲保險有限公司（本公司）將所收集閣下的個人資料，可能用作下列的用途：

1. 處理及評估任何保險產品之申請，及有關服務之日常運作；
2. 管理閣下的保單及為閣下的保單提供相關服務；
3. 閣下保單索償的調查、分析、處理及賠償；
4. 行使有關保險單賦予的任何權利包括代位權，如適用；
5. 遵守及合乎任何法例及條例規定的要求、行業手則、指引，監管機構、相關行業認可機構、政府機構及法庭頒令的要求；
6. 為上述任何用途與閣下聯絡；
7. 與上述用途直接有關之其他附帶的目的。

閣下向本公司提供的資料可能會提供或轉送予下列各方在香港或海外單位作前段所述的用途：

- (a) 任何代理人、顧問、諮詢人、承辦商或提供行政、電訊、電腦、付賬、債務追討、保安、數據處理或儲存或有關服務的第三者服務供應商或任何其他從事與保險或再保險業務有關的公司，或中介人，或索償或調查或其他提供與保險業務有關的服務供應商，以達到任何上述或有關的用途；
- (b) 現存或不時成立的任何保險公司協會或聯會或類同組織（聯會），以達到任何上述或有關的用途，或以便聯會執行其監管職能，或其他基於保險業或任何聯會會員的利益而不時在合理要求下賦予聯會的職能；
- (c) 或透過聯會提供予任何聯會的會員，以達到任何上述或有關的用途；及
- (d) 監管機構；
- (e) 執業律師；
- (f) 認可核數師及
- (g) 亞洲保險有限公司已承諾將資料保密並純粹用作上述的用途。

如果閣下不同意本公司使用閣下的個人資料於上述用途上，本公司可能不能處理閣下之索償申請及為閣下提供服務。

閣下有權查明本公司就個人資料的政策和實務，並有權要求查閱及更正由本公司持有有關閣下的個人資料，並需支付行政費用。有關查閱或更正的要求，可致函香港德輔道中19號環球大廈16樓亞洲保險有限公司的個人資料保護主任提出。

Asia Insurance Company Limited ("the Company") may use the personal data the Company collect about you for the following purposes:

1. processing and assessing of applications for any insurance products and daily operation of the related services;
2. administering your insurance policy and providing services in relation to your insurance policy;
3. investigating, analyzing, processing and paying claims made under your insurance policy;
4. exercising any right under the insurance policy including right of subrogation, if applicable;
5. complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies and court order.
6. contacting you for any of the above purposes;
7. other ancillary purposes which are directly related to the above purposes;

The information you provide to the Company may be provided or transferred to the following parties in Hong Kong or overseas for the purposes set out in the above paragraph:

- (a) any agent, advisor, contractor or third party service provider who provides administrative, telecommunications, computer, payment, debt collection, security, data processing or storage or related services or any other company carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to insurance business, for any of the above or related purposes;
- (b) any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
- (c) any members of the Federation by the Federation for any of the above or related purposes;
- (d) regulators;
- (e) lawyers;
- (f) auditors; and
- (g) other insurance companies within the Asia Insurance Company Limited which have undertaken to keep such information confidential and solely for the purposes set out in the above paragraph.

If you do not agree to the use of your personal data for above purposes, it would not be possible for the Company to process your application and render the services.

You have the right to ascertain the Company policies and practices in relation to personal data, obtain access to and to request correction of any personal information concerning yourself held by the Company subject to payment of an administrative fee. Requests for such access or correction can be made in writing to the Personal Data Protection Officer, Asia Insurance Company Limited, 16/F, Worldwide House, 19 Des Voeux Road Central, Hong Kong SAR.

聲明及授權書 DECLARATION AND AUTHORIZATION	<p>本人／我們謹此授權任何持有受保人或本人／我們之任何記錄或資料的醫院、醫生、人士、有關人等、及/或有關當局，向亞洲保險有限公司(「貴公司」)或其授權代表提供任何或所有有關受保人或本人/我們之損失、損傷、病歷、口供或任何相關資料作評估賠償申請之用途。此授權書之正本及副本皆具同等效力。</p> <p>本人／我們謹此聲明，上述所有問題的答案包括所有資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的。本人／我們並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知貴公司任何有關此索償申請之重要資料，將可能導致貴公司不能接受或處理此索償申請及喪失所有追討保單權益之權利。本人/我們明白此索償申請表之發出及填妥並不代表貴公司確認責任或保證賠償。</p> <p>本人／我們確認已閱讀及明白並同意所有聲明、條款及細則及隨本表格附上有關貴公司的收集個人資料聲明。</p> <p>I/We hereby authorise any hospital, physician, person, party and/or authority that has any records or is holding any information of the insured person or me /us to disclose to Asia Insurance Company Limited ("the Company") or its authorised representative, any and all information with respect to the insured person' s or my/our loss, disability, medical history, police statement made and the like for the purpose of assessing my/our claim request(s). A photocopy of this authorisation shall have the same effect as the original.</p> <p>I/We hereby declare that all the above information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this request or inform the Company of all material information may render the Company unable to accept or process this request and all rights to recover under the Policy shall be forfeited. I/We understand that the issuance or completion of this application does not constitute admission of liability or guarantee payment of the claim on behalf of the Company.</p> <p>I/We confirm having read and understand and agreed to all the Declarations, terms and conditions and the Company' s Personal Information Collection Statement as accompanied with this form.</p> <p>(中文譯本內容如與英文本有歧異，一概以英文為準。) (If any conflict or inconsistency between the English and Chinese versions, the English version shall prevail.)</p> <p>保戶簽字蓋章 INSURED SIGNATURE</p> <p>駕駛者簽字 DRIVER SIGNATURE</p> <p>日期 DATE</p> <p>日期 DATE</p>
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請填妥汽車遇事報告書連同以下所需文件交回

Please submit the completed Motor Vehicle Accident Report Form with the following required documents

索償所需文件 Supporting Documents:			
所需文件 Document Required	綜合保險 Comprehensive Insurance	第三者責任保險 Third Party Legal Liabilities Insurance	擋風玻璃損毀保障 Windscreen Damage Protection
完整之汽車遇事報告書正本 Original Completed Motor Vehicle Accident Report Form	✓	✓	✓
駕駛人已簽署的授權書正本 (一式二份) Original Letter of Authorization duly signed by the driver (in duplicate)	✓	✓	
駕駛人的身份證及駕駛執照副本 Copy of driver' s Identity card and driving licence;	✓	✓	
受保車輛之有效登記文件正背頁及行車證副本 Copy of Vehicle Registration Document (both sides) and vehicle licence	✓	✓	✓
呼氣測試報告 Breath test report	✓	✓	
警方口供紙及調查報告 Police statement and investigation result	✓	✓	
肇事車輛損毀及意外現場之彩色相片 Color Photographs taken at the scene	✓	✓	✓
肇事車輛行車記錄儀 Dash cam	✓	✓	
報價單 (適用於綜合保障之自車損毀索償) ** 港幣5,000元以上的維修，得本公司同意方可進行修理 Repair quotation (for comprehensive coverage only) **If the repair costs over HK\$5,000.00, Insured should seek our consent prior to the commencement of repairs	✓		
維修發票及收據正本 (適用於擋風玻璃損毀索償) Original Repair invoice and receipt (for windscreen damage only)			✓

*如有需要，我們會要求閣下提供進一步資料以處理您的索償申請。

*If need, we may require you to provide more information to handle the claim.

草圖
SKETCH

授權書
Letter of Authorization

意外日期

Date of Accident : _____

意外地點

Location of Accident : _____

牽涉車輛

Involved Vehicle(s) : _____

本人授權 亞洲保險有限公司向貴 司/署索取有關本人之任何資料，以作保險索償評估用途。

本人已閱讀過以上內容及明白此授權書，並簽名作實。

I hereby authorize Asia Insurance Company Limited to access and obtain all of my information from any person, company, authority, and/or legal entity for the purpose of assessment of an insurance claim.

I have read the above authorization and confirm my understanding and consent by signing below.

司機簽署

Signature by Driver : _____

姓名(正楷)

Name (in Block Letter) : _____

香港身份證

HKID : _____

日期

Date : _____

授權書
Letter of Authorization

意外日期

Date of Accident : _____

意外地點

Location of Accident : _____

牽涉車輛

Involved Vehicle(s) : _____

本人/公司授權 亞洲保險有限公司向貴 司/署索取有關本人/公司之任何資料，以作保險索償評估用途。

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I have read the above authorization and confirm my understanding and consent by signing below.

保戶簽署

Signature by Insured : _____

姓名(正楷)

Name (in Block Letter) : _____

香港身份證

HKID : _____

日期

Date : _____