



大新保險有限公司

Dah Sing Insurance Company Limited

(Incorporated in Bermuda with limited liability)

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MOTOR ACCIDENT REPORT FORM

汽車失事報告表

It is important that a complete answer be given to every question. If insufficient space is provided for your answers, please continue on a separate sheet.

請詳細填報申請表格上每一項目，若有需要，請加附頁以完成各項。

Insured or Policyholder 保險單持有人

Policy Number

保單號碼

Full Name 姓名

Private Address 住宅地址

Tel No. 電話

Business Address 公司地址

Tel No. 電話

Occupation/Business 商業 / 職業

Vehicle 汽車之細節

Registration No. 車牌號碼

Make/Model 廠名及款式

Cubic Capacity 馬力

Year of Make 年份

Carry Capacity 載客人數

Value before accident 意外前之價值

Is the vehicle under a hire purchase or loan agreement?

YES/NO*

該車輛是否由分期付款或貸款合約下購買？

是 / 否

If YES, state name of the finance or lending company, their address and agreement number

若“是”，請提供有關財務或貸款公司名稱、地址及合約號碼

State fully the purpose for which the vehicle was being used. 該車於意外時作為何種用途

Number of trailers attached to the vehicle

該車是否連接有拖車？如是，請詳述細節

Value of trailers before accident

意外前之拖車價值

Were goods being carried? 是否載有貨物？

YES/NO* 有 / 沒有

If YES, state (a) description

如“是”，請(a)說明貨品種類

(b) owner

物主

Weight of load on: (a) vehicle

該貨物總重量: (a) 受保汽車上

(b) trailers

拖車上

Additional Questions for Motor Cycles or Scooters only 如車輛是電單車，請回答以下問題

Was a sidecar attached? 有否連接側車？

YES/NO* 有 / 沒有

Was a pillion passenger being carried? 有否載有乘客？

YES/NO* 有 / 沒有

* DELETE AS REQUIRED

Damage to insured vehicle 保單持有人之車輛損壞情形

What is the extent of damage to the insured vehicle? 保單持有人之車輛損壞情度 _____

Repairer's name 修理廠名稱 _____

Address 地址 _____

Tel. No. 電話 _____

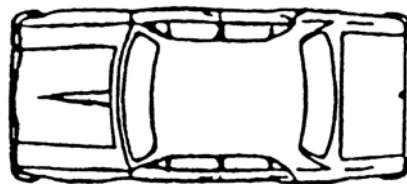
Is the vehicle at the repairers' premises? 現該車是否在修理廠? YES/NO* 是/否

If not, when will it be taken in for repair?

如"否", 將會在何時送往修理廠? _____

In all cases where your vehicle is damaged and you are entitled to claim under the policy; please send an estimate for repairs to the Company immediately.

任何情形下, 如閣下打算從由保單獲得賠償, 請附上估價單。



Driver 司機之細節

Note: All the questions should be answered, whether or not the Insured was driving.

注意: 不論保單持有人是否駕駛遇事車輛, 必須回答以下各項問題。

Name 姓名 _____

Identity Card No. 身份証號碼 _____

Address 地址 _____

Tel. No. 電話 _____

Occupation 職業 _____

Date of Birth 出生日期 _____

Is the driver employed by you? 司機是否受僱於閣下?

YES/NO* 是 / 否

Was the vehicle being driven with your permission? 在駕駛該車前, 司機有否徵求閣下同意

YES/NO* 有 / 沒有

Has the driver been convicted for any offence in connection with any motor vehicle?

司機有否曾經觸犯交通條例?

YES/NO* 有 / 沒有

If YES, give details including dates 如"有", 請寫上事情細節及日期 _____

Has the driver ever been refused motor vehicle insurance or continuance thereof?

司機有否曾經被任何保險公司拒保?

YES/NO* 有 / 沒有

Does the driver own a motor vehicle? 該司機是否擁有任何車輛?

YES/NO* 是 / 否

If YES, give name and address of his insurer as well as the Policy No.

如"是", 請寫上其保險公司名稱、地址及保單號碼 _____

Was the driver licensed to drive the vehicle? 該司機是否擁有駕駛車輛之執照?

YES/NO* 是 / 否

If YES, was the licence full / provisional? 如"是", 駕駛執照是 正式 / 臨時?

Licence No. 執照號碼 _____

How long has the driver held a full licence?

Expiry Date

司機擁有正式執照之時間? _____

到期日 _____

Police 警方

Were particulars taken by or reported to the police? 當時有否警方到場處理此事?

YES/NO* 有 / 沒有

If YES, 如"有", (a) give name of Station 請註明警署名稱 _____

(b) attach a copy of Police Statement 請附上口供副本

(c) Policy Report No. 警署檔案編號 _____

Has any person been or may any person be charged with any offence arising from the accident?

有否任何人因這次意外受到檢控?

YES/NO* 有 / 沒有

If YES, 如"有", (a) give name of person 請提供其姓名 _____

(b) offence 所受檢控 _____

Was the driver of the Insured Vehicle tested for alcohol or drugs? 保單持有人之司機有否接受酒精測試? YES/NO* 有/否

If YES, what was the result? 如"有", 請提供測試結果 _____

Accident 意外發生情況

Date 日期 _____ Time 時間 _____ A.M./P.M. 上午 / 下午

Place 地點 _____

Weather 天氣情況 _____ Visibility 視野 _____

What lights were lit on the vehicle ?

汽車當時亮起何種燈光？ _____

Speed (a) before the accident

意外前之車速 _____ Km/h

(b) at the moment of the accident

意外時之車速 _____ Km/h

Speed limit on the road

該段道路之時速限制為： _____ Km/h

Was the insured in or on the vehicle ?

保單持有人是否在車上？ YES/NO*
是 / 否

Condition and type of road surface 道路情況 _____

Distance from the nearside at moment of accident 受保車輛與路邊之距離 _____ Meters 米

State fully what happened 請詳述遇事經過 _____

Please sketch below plans of the accident and indicate: 請在下面空白處畫一草圖，包括

(a) the names and approximate widths of roads 街道名稱及闊度

(b) position and direction of progress (by means of arrows) of all vehicles and persons concerned.

意外中牽涉之車輛及第三者之位置及方向 (請用箭咀指明)

Positions just before the accident

意外發生前之位置

Positions at the moment of the accident

意外發生時之位置

State names and address of all 請在以下各項填上姓名及地址

(a) Passengers 乘客 _____

(b) Independent Witnesses 在場目擊證人 _____

Other vehicles involved 第三者之車輛損壞情況

Name 第三者之姓名 _____ Registration No. 車牌號碼 _____

Address 地址 _____

Insurers and Policy No. 保險公司名稱及保單號碼 _____

Apparent damage 明顯之損壞情況 _____

Name 第三者之姓名 _____ Registration No. 車牌號碼 _____

Address 地址 _____

Insurers and Policy No. 保險公司名稱及保單號碼 _____

Apparent damage 明顯之損壞情況 _____

Other property damaged (apart from vehicles) 第三者之財物損壞情況

Name and address of owner (if know) 物主之姓名及地址 _____

Nature of damage 損壞情況 _____

Name and address of owner (if know) 物主之姓名及地址 _____

Nature of damage 損壞情況 _____

Persons injured 受傷者之情況Name and address
(State whether driver or passenger and in which vehicle or pedestrian)
姓名及地址 (請註明是司機、乘客或是行人)Apparent injuries
明顯受傷程度Taken to hospital
有否被送往醫院

YES/NO* 有/否

YES/NO* 有/否

YES/NO* 有/否

If a front seat passenger was injured, was he/she wearing a seat belt ?

如車頭乘客受傷，他/她 有否配戴安全帶

YES/NO* 有/否

If a motor cyclist or his passenger was injured, was he/she wearing a safety helmet ?

如電單車司機或乘客受傷，他/她有否配戴頭盔

YES/NO* 有/否

Any communications you receive about the accident should not be answered but sent immediately to the Company
如接獲有關任何函件請勿作答，必須先交來本公司以便採取適當行動。

Declaration 聲明

I/We declare that these particulars are true to the best of my/our knowledge and belief.

本人/吾等聲明已盡一切能力保證上述各節均屬實情。

Signature 保單持有人簽署 _____ I/D No. 身份証號碼 _____ Date 日期 _____

LETTER OF CONSENT

Date :

To Whom it may concern

Dear Sir/Madam

Re : Traffic accident on
Involving vehicle(s)

I hereby give my consent for you to release to Dah Sing Insurance Co Ltd. &/or Dah Sing Insurance Agency Ltd. the outcome of your investigation in which I involved in the above case.

Yours faithfully,

Signature : _____

Name :

I D No. :

(Driver of vehicle No. _____)