

Motor Accident Report Form 汽車失事報告表

IMPORTANT NOTES 重要告示

- It is important that a complete answer is given to every question. If insufficient space is provided for your answers, please continue on a separate sheet. 請詳細填報本申請表格上的每一項目，若有需要，請另紙書寫。
- Please return this report form together with the following documents. 呈交此報告申請表時，請一併遞交以下文件。
 - Original letter of consent to the Police duly signed by the driver (template on the last page of this form)
司機正式簽署之警察授權書正本（列於本表格最後一頁）
 - Copy of Vehicle Registration Document of insured vehicle (both sides)
受保車輛之車輛登記文件副本（正面及背面）
 - Copy of Motor vehicle license of insured vehicle
受保車輛之行車證副本
 - Copy of driver's Hong Kong Identity Card and driving license
司機之香港身份證及駕駛執照副本
 - Copy of police statement
口供副本
 - Copy of Breath Screening Test Report, if any
酒精測試報告副本（如適用）
 - Copy of Repairer's quotation to insured vehicles, if any (for comprehensive cover only)
受保車輛之維修報價單副本（如適用）[只適用於綜合保險(全保)]
 - Color Photos of the accident scene and involved vehicles, if any
意外現場及牽涉車輛之彩色照片（如適用）
 - Car camera record, if any
行車記錄儀紀錄（如適用）
- Any communications including letters, claims, writs, summons and legal documents you receive about the accident should not be answered, but sent immediately to Dah Sing Insurance Company (1976) Limited ("The Company"). 如接獲任何有關此意外之信件、索償、令狀、傳票或法律文件等，請勿自行回覆，必須先交予大新保險（1976）有限公司（本公司），以便採取適當行動。
- The issue of this report form is not an admission of liability by the company. 發出此報告申請表並不代表本公司承認任何責任。

Insured Details 受保人資料

Surname 姓氏（英文）	<input type="text"/>																			
Given Name 名字（英文）	<input type="text"/>																			
HKID No. / BR No. 香港身份證號碼/ 商業登記證號碼	<input type="text"/>																			
Policy Number 保單編號	<input type="text"/>																			
Tel. No. 聯絡電話	<input type="text"/>																			
Email 電郵	<input type="text"/>																			
Correspondence Address 通訊地址	<input type="text"/>						<input type="text"/>						<input type="text"/>							
	室 Flat/Room						樓 Floor						座 Block/Tower							
	<input type="text"/>																			
	<input type="text"/>																			
	大廈/屋苑名稱 Name of Building/Estate																			

Details of Driver 司機資料

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

注意：不論受保人是否駕駛遇事車輛，必須回答以下各項問題。

Surname

姓氏 (英文)

Given Name

名字 (英文)

Occupation

職業

HKID / Passport No.

香港身份證號碼/

護照號碼

Date of Birth

出生日期

(DD/MM/YYYY)

Correspondence

Address

通訊地址

室 Flat/Room

樓 Floor

座 Block/Tower

大廈/屋苑名稱 Name of Building/Estate

門牌號數及街道 (或鄉村) 名稱 Number and Name of Street (or Village)

地區 District

香港 Hong Kong

九龍 Kowloon

新界 New Territories

Telephone No.

電話

Email

電郵

Relationship with the

Insured

與受保人之關係

Same Person

屬同一人

Friend/Relative

朋友 / 親屬

Employee

僱員

Hirer

出租

Other (please state):

其他 (請說明):

Was the vehicle being driven with insured's permission? 在駕駛該車前，司機有否得到受保人同意？

YES

是

NO

否

How long has the driver been holding a full license?

司機擁有正式執照之時間？

Learner's license

學習執照

Probationary license

暫准執照

0 - 2 years

0 - 2年

2 - 10 years

2 - 10年

Over 10 years

超過10年

Driving and Insurance History 駕駛及保險記錄

Any driving-offence point, police enquiries or prosecution pending in connection with the use of a motor vehicle in the past 3 years?

最近三年是否曾經因使用車輛而被扣分或正接受警方調查或被檢控?

NO
否

If YES, Please provide details including the offence and date 如「是」者，請提供詳情(包括涉及之罪行及日期)

NO
否

If YES, Please provide details including the offence and date 如「是」者，請提供詳情(包括涉及之罪行及日期)

Any accident, loss or claim in connection to the use of vehicle during the past 3 years?

是否曾經在最近三年因使用車輛而發生意外,引致損失或要求賠償?

NO
否

If YES, Please provide accident details, vehicle registration no. and name of insurance company involved

如「是」者，請詳述意外情況，車輛登記號碼及保險公司名稱

NO
否

If YES, Please provide accident details, vehicle registration no. and name of insurance company involved

如「是」者，請詳述意外情況、車輛登記號碼及保險公司名稱

Have you ever been declined, refused to renew or renewed but subjected to special terms or conditions for motor insurance policy?
曾否於申請汽車保險時被拒投保、拒絕續保、或續保時被附加特別條款

YES	NO
是	否

YES	NO
是	否

Date 日期
(DD/MM/YYYY)

--

Time 時間
(HH:MM A/PM)

	:		
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Place
地點

Speed
速度

at the moment of the accident
意外時之車速

| | | | km/h

Please state fully what has happened 請詳述遇事經過

[illegible]

Details of the Accident (Cont.) 意外發生情況(續)

Please sketch below plans of the accident and indicate: 請在下面空白處描畫草圖，包括：

- (a) the names of roads 街道名稱
- (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)

* Please give details in a separate paper if necessary.

* 如有需要，請另附紙張詳細說明。

<p>Positions just before the accident 意外發生前之位置</p>	<p>Positions at the moment of the accident 意外發生時之位置</p>
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Please state the name, telephone no. & address of the following (if known) 請在以下各項填上姓名,電話及地址 (如知悉)

- (a) Passengers 乘客

Registration No. 車牌號碼	Name 姓名	Tel No. 電話	Address 地址

- (b) Independent Witnesses 在場的目擊證人

Name 姓名	Tel No. 電話	Address 地址

Police 警方

Did the police arrived at the accident scene to handle the case? 當時有否警方到場處理此事?

NO

否

- a) Name of Police Station 請註明警署名稱

[illegible]

- b) Police Report No. 警察報告編號

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Personal Information Collection Statement ("PICS") 個人資料收集聲明

1. **Purpose:** Your personal data (including credit information and claims history) are collected by Dah Sing Insurance Company (1976) Limited ("Company") for the purpose of: **目的:** 大新保險 (1976) 有限公司 (以下簡稱「本公司」) 為以下目的收集閣下之個人資料 (包括信用資料和以往申索紀錄):

- (i) processing, administering, implementing and effecting the requests indicated in this document or any documents that you may submit to the Company from time to time; 處理、管理、落實及實行閣下提交予本公司的本文件或不時提交的任何其他文件中所表明的申請;
- (ii) providing all services related to this document (and the relevant insurance policy), including (but without limitation) promoting and improving such services or related services provided by the Company or its subsidiaries and affiliates; 提供與本文件 (和有關保單) 相關的一切服務, 包括 (但不限於) 推廣及改善本公司或其子公司及關聯公司提供的有關本次申請的服務或相關服務;
- (iii) communicating with you in relation to administrative purposes; 就行政目的與閣下聯絡;
- (iv) investigating, processing and paying claims made under your insurance policy and detect and prevent fraud (whether or not relating to the policy issued in respect of this application); 調查、處理及繳付閣下保單的索償申請以及偵測和防止欺詐行為 (無論是否與就此申請而發出的保單有關);
- (v) co-operating with any investigation and meeting any disclosure requirements imposed by any legal, regulatory, governmental, tax, law enforcement or other authorities, or regulatory or industry bodies within or outside the Hong Kong Special Administrative Region ("HKSAR"); 依照在香港特別行政區境內或境外任何法律、監管、政府、稅務、執法或其他機關, 或監管機構或行業組織的要求, 配合調查及作出披露;
- (vi) transferring your personal data to any federation or similar organisation of insurance companies ("Federation") and any members of the Federation to carry out its regulatory functions and/or in the interest of insurance industry or any members; 將閣下的個人資料發送給任何保險公司聯會或類似組織 (以下簡稱「聯會」) 以及聯會的任何成員, 以供其履行其監管職能及 / 或為保險行業或聯會的任何成員的合理利益所需的其他職能;
- (vii) statistical or actuarial research; and 統計或精算研究; 及
- (viii) other ancillary purposes which are directly related to the purposes set out above. 其他直接與以上目的相關的目的。

The failure to provide the personal data by you may result in the Company being unable to provide products and services, assess your policy application, process claims under insurance policies issued by the Company, or process any other requests, enquiries, or complaints from you.

未能提供所需的個人資料可能導致本公司無法為閣下提供產品及服務、評估閣下的保單申請、處理保單索償、或處理任何閣下提出的要求、查詢或投訴。

2. **Transfer:** Personal data provided by you to the Company will be kept confidential but it may be transferred to parties mentioned below for the aforementioned purposes: **轉移:** 閣下提供的個人資料將保密處理, 惟會因以上所述之目的將此等資料轉移給以下各方:

- (i) any related company(ies), including subsidiaries or affiliates of the Company; 本公司的任何成員公司, 包括附屬公司及聯屬公司;
- (ii) any other unrelated company engaging in the business of insurance, financial services intermediaries or reinsurance; 任何其他從事保險、金融服務中介團體或再保險相關業務的非本公司成員公司;
- (iii) financial service intermediaries that are authorised by the Company for the distribution of products and services provided by the Company; 獲本公司授權以分銷本公司所提供之產品及服務的金融服務中介團體;
- (iv) claims, investigation or other services provider providing services relevant to your insurance policies; 提供與閣下的保單有關的索償、調查或其他服務的提供者;
- (v) insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; banks; financial institutions; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases (including but not limited to the Insurance Fraud Prevention Claims Database ("IFPCD") by the Hong Kong Federation of Insurers ("HKFI") or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information, who may collect and use this information only as reasonably necessary to carry out the purposes for detecting and preventing fraud (whether or not relating to the policy issued in respect of this application) as described above; 保險理算人、代理和經紀、僱主、醫護專業人士、醫院、會計師、財務顧問、銀行、財務機構、律師、整合保險業申索和承保資料的組織、預防欺詐組織、其他保險公司 (無論是直接地, 或是通過預防欺詐組織或本段中指名的其他人士)、警察, 以及保險業就現有資料而對所提供的資料作出分析和檢查的數據庫 (包括但不限於香港保險業聯會 (「保險聯會」) 的保險欺詐預防索償資料庫) 或登記冊 (及其運營者), 而他們只能在有合理需要履行偵測和防止欺詐行為 (無論是否與就此申請而發出的保單有關) 承上述目的之情況下, 才可收集和使用這些資料;
- (vi) relevant industry association and Federation that exist or are formed from time to time; 現有或不時成立的相關行業協會及聯會;
- (vii) any person (including agent, contractor or third-party service provider) who provides administrative, telecommunication, computer, payment, data processing or other services in connection with the operation of the Company's business and provision of products and services to you; 就本公司之營運及向閣下提供之產品及服務而為本公司提供相關的行政、電訊、電腦、付款、數據處理或其他服務的任何人士 (包括代理商、承包商或第三方服務提供者);

Personal Information Collection Statement ("PICS") (cont.) 個人資料收集聲明(續)

- (viii) any legal, regulatory, governmental, tax, law enforcement or other authorities, or regulatory or industry bodies within or outside HKSAR; 於香港境內或境外任何法律、監管、政府、稅務、執法或其他機關、或監管機構或行業組織；
- (ix) any third-party in connection with a transfer or a potential transfer of all or part of the business of the Company and some of the transferees may be located within or outside HKSAR; and 與本公司業務的轉讓或擬議轉讓有關的任何第三方，當中部分受讓方或位於香港境內或境外；及
- (x) Your insurance agents, intermediaries or referrer. 閣下的保險代理人或中介人或介紹人。

3. **Access:** You have the right to ascertain what type of personal data the Company holds, whether the Company holds your personal data and, if so, the right to request access to and correction of any such personal data. Such request can be made to the Data Protection Officer of the Company at 2703, 27/F, Island Place Tower, 510 King's Road, North Point, Hong Kong. The Company has the right to charge a reasonable fee for processing a request to access your personal data. **查閱：**閣下有權查明本公司持有個人資料的類別、本公司是否持有閣下的個人資料。如持有，閣下有權要求查閱本公司持有涉及閣下的個人資料以及對該等資料作出更正。閣下可向本公司的資料保障主任提出此等要求，其地址為香港北角英皇道510號港運大廈27樓2703室。本公司有權為處理閣下的個人資料查閱要求而收取合理費用。

Amendment to the PICS 個人資料收集聲明的修訂

The Company reserves the right to, at any time with or without notice, amend the PICS by publishing such amendments on the website of the Company. However, the Company may (but is not obliged to), in addition to the aforesaid, notify you in writing of such amendment. Should there be any amendment to the PICS, such amendment will become effective with immediate effect. 本公司保留權利可隨時且在無須通知的情況下通過在本公司的網站上發佈修訂本個人資料收集聲明。然而，雖然如上所述，本公司可能（但沒有義務）以書面形式知會閣下相關修訂。任何有關個人資料收集聲明的修訂將在刊登後即時生效。

Declaration & Authorisation 聲明及授權

1. I/we hereby declare that the information given above is true and correct to the best of my/our knowledge and believe that all material facts affecting the assessment of this claim have been disclosed.

本人 / 我們聲明在本表格內所填報的資料均盡本人 / 我們所知為屬實及正確，並確信已披露所有足以影響評估本索償的重要事項。

2. I/we have been duly authorised by the person mentioned in this form to make the following declarations for and on his/her behalf.

本人 / 我們已獲列於本表格上的人士授權代他 / 她作出以下聲明。

3. I/we have read the PICS and agreed that all personal information about me/us collected by the Company may be held and disclosed within or outside Hong Kong.

本人 / 我們已細閱個人資料收集聲明並同意所有 貴公司所收集有關本人/我們的個人資料可在香港或香港以外地區持有及披露。

4. I/we understand that providing the personal data requested on this form is mandatory, and failure to provide all the requested data may mean the Company is unable to process my/our claim.

本人 / 我們明白提供本表格上要求的個人資料是必需的，未能提供所需資料可導致 貴公司不能處理本人 / 我們的申請。

5. I/we understand that I/we have the right to seek access to and to request correction of any personal information about me/us held by the Company by writing to the Data Privacy Officer of the Company at 2703, 27/F Island Place Tower, 510 King's Road, North Point, Hong Kong.

本人 / 我們明白本人 / 我們有權查閱及更正任何 貴公司持有有關本人 / 我們的個人資料，並以書面形式通知 貴公司的資料私隱主任（地址為香港北角英皇道510號港運大廈27樓2703室）。

6. I/we hereby agree to authorise any regulator or authority as required or permitted by law, police, Fire Services Department, insurance companies, any hospitals, physicians, medical practitioners, or other organizations, institutions or persons, that have any records or knowledge of me/us to disclose such information to The Company or its representative any and all information with respect to the accident and/or my/our loss. I/we also authorise The Company or its representative to utilise such information and the like for the purpose of assessing my/our claim. A photocopy of this authorisation shall have the same legal effect as the original; and ;

本人 / 我們現同意授權任何法定的監督或管理機構、警方、消防處、保險公司、任何醫院、醫療專業人士、內外科醫生、或其他組織、機構或人士、凡知道或持有任何本人/我們之紀錄者，向 貴公司或其代表提供任何一切本人 / 我們於上述意外及 / 或本人 / 我們於上述損失有關的資料記錄。本人 / 我們亦授權 貴公司或其代表可就本人 / 我們索償的事宜而處理上述資料。本授權書的副本跟正本具有同等法律效力；及

7. I/we understand the issuance or completion of this Claim Form does not constitute admission of liability or guarantee payment of the claim on behalf of The Company.

本人 / 我們明白此索償表之發出及填寫並不代表 貴公司確認責任或保證賠償。

In the event of any discrepancy between the Chinese and English versions, the English version shall prevail.

如中文版與英文版之間有任何差異，一概以英文版為準。

[illegible]

HKID / Passport No.
香港身份證號碼/
護照號碼

Date (DD/MM/YYYY)	
日期 (日/月/年)	

[illegible]

HKID No. / BR No.
香港身份證號碼/
商業登記證號碼

Date (DD/MM/YYYY)
日期 (日/月/年)

Our Ref :

LETTER OF CONSENT

To Whom It May Concern

Dear Sir/Madam,

Re: Traffic accident on: _____

Involving Driver: : _____

Involving Vehicle(s) : _____

I, _____ hereby give my consent and authorise you to release any relevant information and documentation pertaining to the captioned matter to **Dah Sing Insurance Company (1976) Limited** and/or **their representative(s)** for claims assessment and investigation.

Yours faithfully,

Signature : _____

Driver's Name : _____
(In Block Letter)

HKID Card/Passport No. : _____

Vehicle Registration No : _____

Date (DD/MM/YYYY) : _____