



汽車意外報告書
MOTOR ACCIDENT CLAIM FORM

保戶 INSURED	姓名 Name _____		保單號碼及投保類別 Policy No & Cover _____			
	通訊地址 Correspondence Address _____					
職業 Occupation _____		住宅電話 Home Tel _____		公司電話 Office Tel _____		
受保的車輛 INSURED VEHICLE	汽車登記號碼 Registration No	製造年份 Year of Manufacture	牌子 Make	型號 Model	引擎編號 Engine No	底盤編號 Chassis No
	在發生意外時，該車的用途 Purpose of use at time of accident _____ *請附上車輛登記文件副本（雙面） Please submit copies of vehicle registration document (Both sides)					
駕駛人 DRIVER	姓名 Name _____		住宅電話 Home Tel _____		公司電話 Office Tel _____	
	通訊地址 Corresp. Address _____		出生日期 Date of Birth _____		身份證號碼 Identity Card No _____	
職業 Occupation _____		與車主關係 Relationship with The Owner _____		駕駛考試合格日期 Date Test Passed _____		
執照號碼 Licence No _____		到期日 Expiry Date _____		駕駛人曾否 a) 過去三年內有否觸犯交通條例? Has driver ever been convicted of any driving or motoring offence for the past 3 years? <input type="checkbox"/> 是 <input type="checkbox"/> 否 如'是'，請寫上事情細節及日期		
		b) 過去三年內有否牽涉交通意外失事? previously been involved in an accident for the past 3 years? <input type="checkbox"/> 是 <input type="checkbox"/> 否 如'是'，請寫上事情細節及日期				
*請附身份證及駕駛執照副本 Please attach copies of identity card & driving licence						
意外發生的詳情 THE ACCIDENT	日期 Date _____		地點 Location _____			
	時間 _____ am 上午 _____ pm 下午		受保車輛在意外事件發生前的行車速率為每小時 _____ 哩 Speed of insured vehicle immediately prior to accident _____ mph			
請詳述意外事件如何發生 Give clear account of what happened _____ _____ _____						
圖解 Diagram						
以駕駛人意見，這次意外事件是誰人過失而引起? In Driver's opinion, who was at fault? _____ 遇事後受保人有否付給或收取任何款項予第三者? Immediately after the accident, did the insured driver pay or receive any payment to or from the third party? <input type="checkbox"/> 有，已付/ 收取*款項 予/ 由*第三者 <input type="checkbox"/> 否 Yes, paid/received* an amount of \$ _____ to/from* third party						
*刪除不適用者 *delete where inapplicable 遇事後受保駕駛人有否與第三者有口頭或書面和解協議? Immediately after the accident, did the insured driver has any verbal or written compromise agreement with the third party? <input type="checkbox"/> 有，詳情如下 <input type="checkbox"/> 否 Yes, details _____ No						
如適用，請提供該書面協議的副本 Please also provide us with a copy of the written agreement, if any						

受保車輛損壞情形 DAMAGE TO INSURED VEHICLE	請盡所能詳述損壞情況 Description and extent of damage _____ 意外後，受保車輛是否被拖往政府驗車中心作檢驗？ Was the vehicle detained for inspection by the police after the accident? <input type="checkbox"/> 是 <input type="checkbox"/> 否 Yes No 重要：如屬綜合保險單，估價必須先交到本公司審查及批准始得開始修理。 IMPORTANT: If the vehicle is insured on comprehensive terms, an estimate of repair cost must be submitted to the company before repair are commenced. 閣下是否有意要求本公司賠償受保車輛的修理損失？ Do you intend to claim the repair cost against the company? <input type="checkbox"/> 是 <input type="checkbox"/> 否 Yes No 如‘是’，該車現時停泊地點 If ‘Yes’ where is the location of the vehicle _____ 車房/ 聯絡人姓名及電話號碼 Garage/Person and Contact Telephone No _____ 修理費估計為 \$ _____ Estimate of Repair Costs \$ _____				
受傷者 INJURED PERSONS 在受保車內 In Insured Vehicle 其他 Others	姓名 Name	年齡 Age	地址 Address	受傷程度 Injury	醫院或醫生姓名 Name of Doctor/Hospital
對其他物體的損壞 DAMAGE TO PROPERTY OF OTHERS	第三者車輛號碼 Third Party Vehicle(s) No _____ 車輛類別 Vehicle Type _____ 車主或物主姓名 Name of Vehicle/Property Owner _____ 地址 Address _____ 電話號碼 Telephone No _____ 第三者保險公司名稱 Name of third party insurers if known _____ 損壞情況 Damage Condition _____				
見證人 WITNESSES 在受保車輛內 In Insured Vehicle 其他 Others	請詳述每位見證人及在場目擊此意外事件者的姓名及地址 Give name and address of every witness and every other person who was present 				
警察局報告 POLICE REPORT	警員姓名或號碼 Name/Number of Officer _____ 警署名稱 Name of Police Station _____ 報案日期及報案號碼 Date and Number of Report _____ 警方是否有對駕駛員進行控訴？ Is any police action being taken against the driver? _____				
酒精呼氣測試報告 Screening Breath Test Result	<input type="checkbox"/> 有進行。請提交報告副本。 Yes, conducted. Please provide copy of the test result. <input type="checkbox"/> 沒有進行。 Not conducted.				
聲明 DECLARATION	本人/ 我們聲明所填的資料就本人/ 我們所知所信，全部真實無訛。 本人/ 我們授權持有本人/ 我們記錄或資料 (包括本人/ 我們的口供) 的人士或團體，向安盛保險有限公司或其認可代理人，提供與本案有關的記錄或資料。此授權書影印本的效力等同正本。 I/We declare that the information given in this form is true and complete to the best of my/our knowledge and belief. I/We further authorize any individual or entity holding any records (including any statements taken) or knowledge of me/us which is/are relevant to the setting of this claim and/or the Insurer's rights of recovery thereunder to furnish such records or knowledge to AXA General Insurance Hong Kong Limited or its authorized representatives. A photocopy of this authorization shall be considered as effective and valid as the original. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%; text-align: center;"> 報告日期 Date of This Report </div> <div style="width: 30%; text-align: center;"> 駕駛人簽名 Signature of Driver </div> <div style="width: 30%; text-align: center;"> 保戶簽名 Signature of Insured </div> </div>				

重要事項 IMPORTANT NOTES

- 如閣下收到有關此次失事的一切函件，請不必回覆並立即送交本公司，以便處理。
If you receive any communications in any way connected with the accident, please forward them UNANSWERED to the company IMMEDIATELY.
- 未經本公司同意之前，切勿擅自修理車輛。
Repair work must NOT be carried out without our authorization.
- 收到任何控告書後請立即轉交本公司，不能私自作答。
Send all Summons Letters of Prosecution immediately upon receipt. Please do not answer by yourself.

成就自信人生