



第三者責任遇事報告書  
THIRD PARTY LIABILITY ACCIDENT REPORT

保戶不論是否被人要求賠償，應請立即準確詳填此表，並請即送回本公司以便處理  
This form should be completed as fully and accurately as possible and returned to the Company immediately whether a claim has been made on the Insured or not

保單持有人 POLICYHOLDER	姓名 Name .....	保單號碼 Policyno .....
	住址 Homeaddress .....	住宅電話 Home phone no. ....
	辦公室地址 Businessaddress .....	辦公室電話 Businessphonenumber .....
發生意外之 時間及地點 TIME AND PLACE OF ACCIDENT	時間 Time .....	上午/下午 日 月 年 a.m./p.m Day .....
	發生意外之地點 Exact place of accident .....	Month ..... Year .....
	意外事故在何時及由何人報告 When, and by whom was the accident reported to you .....	
	閣下是否物主、承租人、住客或承辦人 Are you the owner, lessee, tenant or contractor .....	
發生意外 之詳情 FULL DESCRIPTION OF ACCIDENT	發生意外之起因及情況 Cause and manner of occurrence .....	
	意外事件之發生是否由受傷者之疏忽所致 Was accident due to want of care upon part of injured person? .....	
	若是，如何發生？ If so, how? .....	
	由何人之疏忽而引致意外之發生 Whose negligence caused the accident? .....	
	受傷者在發生意外之屋宇有何權利 What right did the injured party have on the premises? .....	
受傷者情況 PERSONS INJURED	姓名 NAME .....	地址 ADDRESS .....
	受傷之性質及程度 Nature and extent of injuries .....	
	如曾接受醫藥治療，請列報醫生之姓名 If medical aid was rendered, give name of doctor .....	

	受傷者現被送往何處 Where were the injured taken ..... ..... .....																		
損害第三者 之財物情形 DAMAGE TO PROPERTY OF OTHERS	物主姓名 Name of owner ..... 地址 Address ..... 財物之種類 Kind of property ..... ..... 損害之性質及範圍 Nature and extent of damage ..... ..... 估計修理費用若干 Estimated cost of repair ..... 是否被要求賠償 Has claim been made? ..... 要求賠償者是否有投購保險 Is claimant insured? ..... <p style="text-align: center;">接受保險之公司 (Name of company)</p>																		
証人 WITNESSES	請盡可能詳記所有証人，旁觀者，或出事地點附近之目擊者及其他路聽此次意外事件者之姓名及地址 Whenever possible please obtain names and address of witnesses, bystanders or persons in the immediate vicinity who may have seen the accident or heard statements made by any of the persons involved <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">姓名 NAME</th> <th style="width: 20%; text-align: center;">地址 ADDRESS</th> </tr> </thead> <tbody> <tr><td>.....</td><td></td><td></td></tr> <tr><td>.....</td><td></td><td></td></tr> <tr><td>.....</td><td></td><td></td></tr> <tr><td>.....</td><td></td><td></td></tr> <tr><td>.....</td><td></td><td></td></tr> </tbody> </table>		姓名 NAME	地址 ADDRESS	.....			.....			.....			.....			.....		
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意外發生時 有無警察在場 POLICEMAN IF ANY AT THE SCENE OF ACCIDENT	警員姓名 Name ..... 警員號碼 Number ..... 警員所屬警署 Attached to which police station ..... ..... .....																		

**聲明**

本人 / 我們聲明所填報的資料就本人 / 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 / 我們之口供）之人士或團體，向安盛保險有限公司或其認可代理人，提供與本索償事宜或與保險人之追償權有關之記錄或資料。此授權書影印本之效力等同正本。

**Declaration**

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 authorise any individual or entity holding any records (including any statements taken) or knowledge of me/us which is/are relevant to the settling 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 authorised representatives. A photocopy of this authorisation shall be considered as effective and valid as the original.

Date \_\_\_\_\_

Signature of Insured \_\_\_\_\_