

NOTICE OF MOTOR VEHICLE ACCIDENT
汽車失事通知書

ADDRESS 地址		FOR OFFICE USE ONLY 此欄由本公司填寫	
HONG KONG: G. P. O. Box 783 H.K. 9/F Cityplaza One 1111 King's Road Taikoo Shing Hong Kong. 香港: 郵箱七八三號 香港太古城英皇道 1111 號太古城中心第一期九樓 Tel: (852) 2894 0555 Fax: (852) 2902 9500 Website: www.msig.com.hk		Policy Cover: Claim No. Agency Excess HK\$ Date of Accident 20 .. D/D 20 ..	
INSURED 保戶	Full Name 全名	I.D. No. 身份證號碼	Age 年齡
	Address 地址	Home Tel. No. 住宅電話號碼	
	Policy Number 保單號碼	Expiry Date 到期日	
	Occupation 職業	Mobile Tel. No. 手提電話號碼	
	Business Address 辦事處地址	Business Tel. No. 辦事處電話號碼	
VEHICLE 汽車	Make 車廠	Year 年份	Reg. No. 車牌號碼
	Engine No. 機器號碼	Details of H.P. 馬力為	匹
	Details of any modification from standard specifications 詳列該車有無任何改裝		
USAGE 用途	Journey From 當時車輛由	To 去	
	State Precise Purpose of Journey 此行目的為		
	Details of Goods or Equipment being carried at time 有關當時所載貨物或器材之詳情		
	Was something being on tow? 有否用車輛拖動其他物件?	Yes / No 有 / 沒有	What was on tow 被拖動之物件為
	Whether for Hire or Reward? 是否用於租賃或收費性質?		
DRIVER 駕駛人	Name 姓名	Age 年齡	year I.D. No. 歲 身份證號碼
	Private Address 私人地址	Home Tel. No. 住宅電話號碼	
	Occupation 職業	Full Licence being first held on 於何時開始持有有效駕駛執照	Year Month 年 月
	Business Address 辦事處地址	Tel. No. 電話號碼	
	Driver's Licence No. 駕駛執照號碼	Expiry Date 有效日期至二〇	20
	Date Issued 發出日期二〇	20	Class of Licence (State if Provisional Licence) 執照種類 (如臨時駕駛執照者請示知)
	Has the Driver ever been convicted of any offence or penalty or fine in connection with any motor vehicles? 駕駛者以往有否就任何車輛被判罰或刑罰或罰款?		
	State quantity of intoxication liquor or drugs consumed by the driver during 12 hours prior to accident: 駕駛者於意外發生前十二小時內所飲酒或服藥之數量為:		
	Has the driver ever been refused insurance or had special terms imposed? 駕駛者曾否被拒絕購買保險或被要求附加特別條件?		
	Does the driver suffer from any physical disability, Heart Diseases, Diabetes or Epilepsy? 駕駛者是否有身體傷殘、心臟病、糖尿病或癲癇病?		

IF DRIVER OTHER THAN THE INSURED — 駕駛者若非保戶

State if driving with the Insured's permission

寫出駕駛者用車是否已得受保戶同意

Was vehicle being used on the business of the Insured? Yes / No

該車輛是否用於保戶之業務?

是 / 否

If so, nature of business is

若是, 該項業務性質為

Was the driver in the employment of the Insured? Yes / No

駕駛者是否為保戶之僱員?

是 / 否

If so, length of service is

若是, 已僱用時間為

If not, what is the relationship between the Insured?

若否, 請述與保戶之關係

Whether the driver is an owner of a motor vehicle? Yes / No

駕駛者本人是否擁有車輛?

是 / 否

If so, name of the Insurer is

若是, 其投保之保險公司為

Policy No.

保單號碼

Vehicle No.

車牌號碼

Was the driver's own vehicle being involved in this accident? Yes / No

是次意外有否涉及駕駛者自己之車輛?

是 / 否

DETAILS OF ACCIDENT

有關意外之細節

Date 20 Time AM/PM Place

日期 二〇 年 月 日 時間 午 時 分 地點

Weather

天氣

Road Surface

路面

Wet/Dry

濕 / 乾

Smooth/Rough

平整 / 不平整

Uphill/Downhill/Flat Speed prior to impact

上斜坡 / 下斜坡 / 平路 發生意外前之車速為

MPH

哩 / 時

What lights being used by you (if any)

你當時所亮為

By other party

燈 (若有亮燈) 對方所亮為

燈

Were street lights on? Yes / No

當時是否有亮街燈?

是 / 否

Did you signal?

你有無打訊號?

By hand : Yes/No

用手 是 / 否

By indicator : Yes/No

用訊號燈 是 / 否

By horn : Yes/No

按喇叭 是 / 否

Did other party signal?

對方有無打訊號?

By hand : Yes/No

用手 是 / 否

By indicator : Yes/No

用訊號燈 是 / 否

By horn : Yes/No

按喇叭 是 / 否

DESCRIBE HOW ACCIDENT HAPPENED

意外發生經過之詳情

SKETCH

現場草圖

Who do you consider at fault and reasons

你認為是誰人過錯及陳述理由

Have you ever made commitment to other parties on settlement of their damages?

你有否答應對方作出賠償?

Yes

有

Please state details

所作出之賠償承諾為

/ No

/ 沒有

Have you ever made complaints to the Police regarding the attitude of other parties?

你有否向警方投訴對方之駕駛態度?

Yes / No

是 / 否

<p>DAMAGE TO YOUR OWN VEHICLE 己方車輛之損毀程度</p>	<p>Please advise details 詳情</p> <p style="text-align: right;">Estimate HK\$ 估計為港幣</p> <p>元</p> <p>Where can vehicle be inspected 車輛可於 檢驗</p> <p>N.B. Repairs may not be put in hand without the Company's prior consent. 注意：未得本公司同意不得修理車輛</p>
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<p>PASSENGERS IN YOUR OWN VEHICLE 己方車內乘客</p>	<p>Give Names and Addresses of ALL Passengers 寫出車內全部乘客之姓名及地址</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name & Address 姓名及地址</th> <th style="width: 20%;">Occupation 職業</th> <th style="width: 25%;">Relationship between Insured / Driver 與保戶或駕駛者之關係</th> <th style="width: 25%;">Injuries & Medical Attention 所受損傷及醫治</th> </tr> </thead> <tbody> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> </tbody> </table>	Name & Address 姓名及地址	Occupation 職業	Relationship between Insured / Driver 與保戶或駕駛者之關係	Injuries & Medical Attention 所受損傷及醫治
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<p>WITNESSES 證人</p>	<p>Give Names and Addresses of ALL Witnesses 寫出全部證人之姓名及地址</p> <p>.....</p> <p>.....</p> <p>If you cannot identify any, can you say if there were any? 如未能指出證人，請說出當時是否有證人</p> <p>.....</p> <p>.....</p>
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<p>OTHER PARTIES 對方</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Name of Driver 駕駛人姓名</td> <td style="width: 40%;">Occupation 職業</td> </tr> <tr> <td colspan="2">Address 地址</td> </tr> <tr> <td>Type of Vehicle 車輛種類</td> <td>Reg. No. 車牌號碼</td> </tr> <tr> <td>Insurance Company 其投保之保險公司為</td> <td>Policy No. 保單號碼</td> </tr> </table> <p>Details of damage to other vehicle 對方的車輛損毀詳情</p> <p>Was anyone injured in the accident? Yes / No 意外中是否有人受傷? 是 / 否</p> <p>Please state details of injury to other parties 請提供對方損傷詳情</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name (s) 姓名</th> <th style="width: 20%;">Address (es) 地址</th> <th style="width: 25%;">Injuries 所受損傷</th> <th style="width: 25%;">State whether passenger, pedestrian or driver etc. 請註明為乘客，路人或駕駛者</th> </tr> </thead> <tbody> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> </tbody> </table> <p>Details of damage to other property (if any) (若有) 請述其他財物損毀之詳情</p> <p>Owner of other property 擁有該等財物之人為</p> <p>.....</p>	Name of Driver 駕駛人姓名	Occupation 職業	Address 地址		Type of Vehicle 車輛種類	Reg. No. 車牌號碼	Insurance Company 其投保之保險公司為	Policy No. 保單號碼	Name (s) 姓名	Address (es) 地址	Injuries 所受損傷	State whether passenger, pedestrian or driver etc. 請註明為乘客，路人或駕駛者
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POLICE
警 方

Which Police Station was the accident reported to

該意外已向那一所警署報案

Police Report No.

報案號碼

Did they take measurement & sketch? Yes / No

有否在現場量尺寸及繪有草圖？

有/沒有

Whether any action is being taken against Driver by the Police?

警方曾否向駕駛人提出控訴？

Yes / No

是/否

If so, please state details

若是，請述詳情

.....

.....

.....

.....

.....

.....

DECLARATION
聲 明

I/We hereby declare the foregoing particulars to be true in every respect and that I/We have no other policy of insurance indemnifying me/us in respect of this accident and I/We undertake to give the Company all assistance in my/our power in dealing with the matter.

本人/余等謹聲明上述細節為全部真確，是次意外並無其他保單給予本人/余等賠償，本人/余等並將全力協助 MSIG Insurance (Hong Kong) Limited 辦理有關事項。

SIGNATURE OF INSURED

保戶簽名

Date

日期

SIGNATURE OF DRIVER

駕駛者簽名

IMPORTANT
重 要

IF YOU RECEIVE ANY COMMUNICATION IN ANY WAY CONNECTED WITH THE ACCIDENT PLEASE FORWARD THEM UNANSWERED TO THE COMPANY IMMEDIATELY.

保戶若收到任何有關是次意外之文件或通知書，請勿予以回覆，並應立即將該等文件或通知書交回本公司。

THE DRIVER IS REQUIRED TO SIGN THE LETTER OF AUTHORIZATION ATTACHED TO THIS NOTICE :

駕駛者必須簽署本通知書內之授權書。

PLEASE SUBMIT A COPY OF THE FOLLOWING DOCUMENTS WHEN RETURNING THIS NOTICE :-

於遞交本意外通知書時，請同時提交下列文件之副本:-

1. HONG KONG VEHICLE REGISTRATION DOCUMENT (BOTH SIDES)

香港車輛登記文件（正面及背面）

2. DRIVER'S H.K.I.D. CARD AND DRIVING LICENCE

駕駛者之身份証及駕駛執照

N.B. The writing in Chinese characters is inserted for information of the Insured and does not form part of this Notice.

注意：本通知書上之中文翻譯只為便利保戶了解通知書之內容而設，該等翻譯並不應被視作此通知書之一部份。