

永隆保險有限公司 WING LUNG INSURANCE CO LTD

WHOLLY OWNED SUBSIDIARY OF WING LUNG BANK LTD

45 DES VOEUX ROAD CENTRAL HK 香港中環德輔道中四十五號

TEL 電話: 2826 8225 FAX 傳真: 2526 7045 E-MAIL: ins@winglungbank.com

MOTOR ACCIDENT REPORT FORM

汽車失事報告表

1. Insured Information 保單持有人資料

Insurance Policy No. 保險單號碼		
Name of Insured/Owner (English) 保單持有人/車主姓名 (英文)		(中文)
HKID No. 香港身份証號碼	Postal Address 通訊地址	
Home Phone No. 住宅電話號碼	Business Phone No. 辦公室電話號碼	Mobile Phone or Pager No. 手提電話或傳呼號碼

2. Vehicle Information 汽車之細節

Registration No. 註冊號碼	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 失事前之價值
Is the vehicle under a hire purchase or loan agreement? 該車是否有分期付款或貸款合約? YES/NO* 是/否	
If YES, state name of the finance or lending company, their address and agreement number 如是, 請填上財務或放款公司之名稱、地址及合約編號	
State fully the purpose for which the vehicle was being used 該車作為何種用途	
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* 是/否	
If YES, state (a) description 如是, 請 說明貨品類別	(b)owner 物主
Weight of load on (a) vehicle 載貨重量 汽車	(b)trailers 拖車
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? 是否接有側車	YES/NO* 是/否
Was a pillion passenger being carried? 是否載有後座乘客	YES/NO* 是/否

*DELETE AS REQUIRED 視乎情況而刪去

IAL-73EB (9/00)

3. 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	
Telephone No. 電話號碼	Address 地址
Is the vehicle at the repairer's premises? 現該車是否在修理廠	YES/NO* 是/否
If not, when will it be taken in for repair? (See also guidance notes) 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	

4. Driver Information 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過事車輛, 必須回答以下各項問題

Name of Driver 司機姓名	Identity Card/Passport No. 身份証或護照號碼
Address 地址	Tel. No. 電話號碼
Occupation 職業	Date of Birth 出生日期
Is the driver employed by the Insured? 司機是否受僱於保單持有人	YES/NO* 是/否
Was the vehicle being driven with Insured's permission? 在駕駛該車前, 司機有否徵求保單持有人同意	YES/NO* 是/否
Has the driver been convicted for any offence in connection with any motor vehicle? 司機曾否觸犯交通條例	YES/NO* 是/否
If YES, give details including dates 如是, 請填上事件細節及日期	
Has the driver ever been refused motor vehicle insurance or continuance thereof? 司機曾否被任何保險公司拒保	YES/NO* 是/否
Does the driver own a motor vehicle? 司機是否擁有任何車輛	YES/NO* 是/否
If YES, give name and address of his insurer 如是, 請填上保險公司之姓名及地址	
Their Policy No. 保單號碼	
Was the driver licensed to drive the vehicle? 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? 司機擁有正式執照之時間?	Expiry Date 到期日

5. Police 警方

Were particulars taken by or reported to the police? 當時有無警方在場處理此事	YES/NO* 有/無
If YES, (a) to which Police Station was accident reported 如有, 該意外在那一區警署報案	(b) Police Report No. 報案號碼
Has any person been or may any person be charged with any offence arising from the accident? 任何人有否因這次意外受檢控	YES/NO* 有/無
If YES, give (a) name of person 如有, 姓名	(b) offence 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或藥物試驗	YES/NO* 有/否
If YES, what was the result? 如有, 結果如何	

6. Description of Accident 意外發生情況

Date 日期	Time 時間	am/pm* 上午/下午
Place 地點		
Weather 天氣情況	Visibility 視野	
What lights were lit on the vehicle? 汽車之何種燈光在開亮		
Speed (a) before the accident 時速 意外前	km/hr	(b) at the moment of the accident 意外時
Speed limit on the road 路面行車時速限制	km/hr	
Condition and type of road surface 道路情況		
Distance from the nearside at moment of accident 意外發生時與路旁的距離		
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		
(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. 意外中牽連的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 in Insured vehicle 受保車輛內之乘客		
(b) Independent Witnesses 在場目擊證人		

7. (i) Other vehicles involved 第三者之車輛損壞情形

Name and address of driver and/or owner. 第三者之姓名地址	
Name 姓名	Registration No. 汽車登記號碼
Address 地址	
Insurers and Policy No. 保險公司名稱及保單號碼	
Apparent damage 明顯之損壞程度	
Name 姓名	Registration No. 汽車登記號碼
Address 地址	
Insurers and Policy No. 保險公司名稱及保單號碼	
Apparent damage 明顯之損壞程度	

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

Name and address of owner (if known) 物主之姓名及地址
Nature of damage 損壞程度
Name and address of owner (if known) 物主之姓名及地址
Nature of damage 損壞程度

8. Persons injured 受傷者之情況

Name and address 姓名及地址 State whether driver or passenger and in which vehicle or pedestrian 請註明是司機, 乘客或行人	Apparent injuries 明顯的受傷程度	Taken to hospital 有否被送往醫院
		YES/NO* 有/否
		YES/NO* 有/否
		YES/NO* 有/否
If a driver or passenger was injured, was he/she wearing a seat belt? 如司機、乘客受傷, 他/她有否配戴安全帶		YES/NO* 有/否
If a motor cyclist or 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.

本人聲明已盡一切能力填報上述各節均屬實情

Signature : _____

保單持有人簽署

Date : _____

日期

AUTHORIZATION

The District Superintendent of Police
Accident Enquiry Section

Dear Sirs

I hereby authorize **Wing Lung Insurance Company Limited** to obtain a copy of the Statement made / the details of my / my represented company's loss reported to you in connection with the captioned accident.

Also, I have no objection to your authority to disclose any information concerned to the aforesaid company.

Yours faithfully

Name :

Identity Card No.

永隆保險有限公司
WING LUNG INSURANCE CO LTD

WHOLLY OWNED SUBSIDIARY OF WING LUNG BANK

45 DES VOEUX ROAD CENTRAL HONG KONG TEL: 2826 8223 FAX: 2840 0769

E-MAIL: ins@winglungbank.com

車輛號碼 : 檔案號碼 :
駕駛人姓名 : 保險單號碼 :
意外發生日期 :

意外事件中，有涉及第三者身體受傷之問卷：

1. 受損傷者之姓名 大約年齡 性別
2. 傷者是誰？
 行人 車上乘客 第三者車上乘客 第三者車上司機
 其他
3. 傷者之職業？
.....
4. 傷者當時的服飾如何？
.....
5. 如傷者是小童，有否成人陪同？
.....
6. 當遇事時閣下之車輛某部份曾與傷者觸碰？
.....
7. 閣下車輛之車輪當時曾否在該傷者身體之任何部份輾過？
.....

8. 請指出下列有關傷者受傷之位置 :-

右腿部 右手部 左腿部 左手部 頭部 身軀

9. 該傷者所受傷害屬於輕微抑是嚴重 ?

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10. 該傷者當時曾否在下列部位出血 :-

耳部 眼部 鼻部 口部 其他 _____

11. 傷者在意外發生後之情況 :-

仍能行走 倒臥地上 清醒 不醒人事

12. 傷者是否被送往醫院救治 ?

若有，何處醫

院 ?

是否經已出院 ?

13. 傷者本人自行步上或由救護人員抬上救護車 ?

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14. 若傷者沒有被送往醫院，他如何離開肇事地點 ?

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15. 其他有關傷者受傷害情況希詳述於下 :

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