



詳細填報申請賠償表格上每一項目可避免延誤處理台端之賠償事宜  
 To avoid any delay in the administration of your claim, it is imperative that each question on this report form should be fully answered.

**汽車意外報告書**  
**MOTOR ACCIDENT CLAIM FORM**

|  |  |  |
|--|--|--|
| <b>保戶</b><br><b>INSURED</b>  | 姓名 _____ 保單號碼及投保類別 _____<br>Name _____ Policy No & Cover _____ |  |
|  | 通訊地址 _____<br>Correspondence Address _____                     |  |
| 職業 _____ 聯絡電話 _____ 電郵地址 _____<br>Occupation _____ Contact No _____ E-mail Address _____ |  |  |

| 受保的車輛<br>INSURED<br>VEHICLE | 車輛登記號碼<br>Registration No | 出廠年份<br>Year of Manufacture | 廠名<br>Make | 型號<br>Model | 引擎編號<br>Engine No | 底盤編號<br>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)

|                             |  |  |
|-----------------------------|--|--|
| <b>駕駛人</b><br><b>DRIVER</b> | 姓名 _____ 聯絡電話 _____ 電郵地址 _____<br>Name _____ Contact No _____ E-mail Address _____   |  |
|                             | 通訊地址 _____ 出生日期 _____<br>Corresp. Address _____ Date of Birth _____  |  |
|                             | 職業 _____ 與車主關係 _____ 身份證號碼 _____<br>Occupation _____ Relationship with The Owner _____ Identity Card No _____  |  |
|                             | 執照號碼 _____ 到期日 _____ 駕駛考試合格日期 _____<br>Licence No _____ Expiry Date _____ Date Test Passed _____   |  |
|                             | 駕駛人曾否 a) 過去三年內有否觸犯交通條例? <input type="checkbox"/> 是 <input type="checkbox"/> 否 如「是」，請寫上事情細節及日期<br>Has driver ever been convicted of any driving or motoring offence for the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', give details and dates |  |
|                             | b) 過去三年內有否牽涉交通意外失事? <input type="checkbox"/> 是 <input type="checkbox"/> 否 如「是」，請寫上事情細節及日期<br>previously been involved in an accident for the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', give details and dates                               |  |

\*請附身份證及駕駛執照副本 Please attach copies of identity card & driving licence

|                                       |   |
|---------------------------------------|---|
| <b>意外發生的詳情</b><br><b>THE ACCIDENT</b> | 日期 _____ 地點 _____<br>Date _____ Location _____  |
|                                       | 時間 _____ am 上午 受保車輛在意外事件發生前的行車速率為每小時 _____ 哩<br>Time _____ pm 下午 Speed of insured vehicle immediately prior to accident _____ mph |
|                                       | 請詳述意外事件如何發生 _____ 圖解 _____<br>Give clear account of what happened _____ 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?  
 有，已付/ 收取\*款項 予/ 由\*第三者  否  
 Yes, paid/received\* an amount of \$ \_\_\_\_\_ to/from\*third party No

\*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?  
 有，詳情如下  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

|   |  |           |               |                |                                    |
|---|--|-----------|---------------|----------------|------------------------------------|
| <b>受保車輛損壞情形</b><br><b>DAMAGE TO</b><br><b>INSURED VEHICLE</b>   | <p>請盡所能詳述損壞情況<br/>Description and extent of damage _____</p> <p>意外後，受保車輛是否被拖往政府驗車中心作檢驗？<br/>Was the vehicle detained for inspection by the police after the accident? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>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.</p> <p>閣下是否有意要求本公司賠償受保車輛的修理損失？<br/>Do you intend to claim the repair cost against the company? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>如「是」，該車現時停泊地點<br/>If 'Yes' where is the location of the vehicle _____</p> <p>車房/ 聯絡人姓名及電話號碼<br/>Garage/Person and Contact Telephone No _____</p> <p>修理費估計為 \$ _____<br/>Estimate of Repair Costs \$ _____</p>   |           |               |                |                                    |
| <b>受傷者</b><br><b>INJURED PERSONS</b><br><br>在受保車內<br><b>In Insured Vehicle</b><br><br>其他<br><b>Others</b> | 姓名<br>Name   | 年齡<br>Age | 地址<br>Address | 受傷程度<br>Injury | 醫院或醫生姓名<br>Name of Doctor/Hospital |
| <b>對其他物體的損壞</b><br><b>DAMAGE TO</b><br><b>PROPERTY</b><br><b>OF OTHERS</b>                                | <p>第三者車輛號碼<br/>Third Party Vehicle(s) No _____</p> <p>車主或物主姓名<br/>Name of Vehicle/Property Owner _____</p> <p>地址<br/>Address _____</p> <p>第三者保險公司名稱<br/>Name of third party insurers if known _____</p> <p>損壞情況<br/>Damage Condition _____</p> <p>車輛類別<br/>Vehicle Type _____</p> <p>電話號碼<br/>Telephone No _____</p>   |           |               |                |                                    |
| <b>見證人</b><br><b>WITNESSES</b><br><br>在受保車輛內<br><b>In Insured Vehicle</b><br><br>其他<br><b>Others</b>      | <p>請詳述每位見證人及在場目擊此意外事件者的姓名及聯絡資料<br/>Give name and contact details of every witness and every other person who was present</p> <p>_____</p> <p>_____</p> <p>_____</p>  |           |               |                |                                    |
| <b>警察局報告</b><br><b>POLICE REPORT</b>  | <p>警員姓名或號碼<br/>Name/Number of Officer _____</p> <p>警署名稱<br/>Name of Police Station _____</p> <p>報案日期及報案號碼<br/>Date and Number of Report _____</p> <p>警方是否有對駕駛員進行控訴？<br/>Is any police action being taken against the driver? _____</p>   |           |               |                |                                    |
| <b>酒精呼氣測試報告</b><br><b>Screening Breath</b><br><b>Test Result</b>  | <p><input type="checkbox"/> 有進行。請提交報告副本。<br/>Yes, conducted. Please provide copy of the test result.</p> <p><input type="checkbox"/> 沒有進行。<br/>Not conducted.</p>  |           |               |                |                                    |
| <b>聲明</b><br><b>DECLARATION</b>   | <p>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。<br/>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。<br/>I/We declare that the information given in this form is true and complete to the best of my/our knowledge and belief.<br/>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.</p> <p>_____</p> <p>報告日期<br/>Date of This Report</p> <p>_____</p> <p>駕駛人簽名<br/>Signature of Driver</p> <p>_____</p> <p>保戶簽名<br/>Signature of Insured</p> |           |               |                |                                    |

**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.