

汽車意外報告表

Motor vehicle accident report form



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 delay in the administration of your claims it is imperative that each question on this report form be fully answered.

保單資料

Insurance policy details

保險代理公司
Agent

保單號碼 Policy no.	投保類別 Cover	到期日期 Expiry date
保戶姓名 Policy holder	職業之詳細資料 Occupation in detail	
地址 Address		
	身份証號碼 HKID card no.	聯絡電話 Contact telephone

保單持有人的車輛

Policy holder's vehicle

註冊號碼 (車牌) Registration number	製造年份 Year of manufacturing	廠名及款式 Make and model	機器容量 Engine capacity

車輛當時之用途

For what exact purpose was the vehicle being used _____

是否已得車主之同意使用該車?

Was it used on the car owner's order or with his/her permission?

是 否
 Yes No

司機之細節

Particulars of driver

姓名 Name	出生日期 Date of birth	身份証號碼 HKID card no.
地址 Address		聯絡電話 Contact tel. no.
駕駛執照號碼 Driving licence no.	正式 (<input type="checkbox"/> Full	臨時 <input type="checkbox"/> Provisional)
首次發牌日期 Date licence first issued		到期日期 Expiry date
	與投保人關係 Relationship with insured	

- 是 否 如“是”請列詳細資料
Yes No If “Yes” give full details
- ❖ 是次意外前十二小時內司機曾否服用任何藥物?
Has the driver taken any drugs during 12 hours prior to this accident? Yes No _____
 - ❖ 是次意外前十二小時內司機曾否飲用過含有酒精成份之飲品?
Has the driver consumed any intoxicating liquor during 12 hours prior to this accident? Yes No _____
 - ❖ 是次意外後司機曾否被進行酒精測試及其結果?
Has the driver been tested for alcohol following this accident and what is the result? Yes No _____
 - ❖ 過去三年內是否曾因不小心或魯莽駕駛被停牌或扣分?
Had the driver's licence ever been endorsed or canceled because of careless or reckless driving and have points ever been deducted due to the so offence(s) in the past 3 years? Yes No _____
 - ❖ 三年內有否交通意外?
Has the driver been involved in previous accidents over the past 3 years? Yes No _____
- 如司機並非車主，車主是否知道車輛被用?
If the driver was not the owner, was vehicle being used with the owner's knowledge and consent Yes No _____
- 司機是否擁有私家車?
If the driver own a car himself? Yes No _____
- 有否投保(保險公司名稱)?
With whom is it insured? Yes No _____

証人／乘客

Witness/ passenger

乘客之姓名及地址

Name and address of your passenger: _____

乘客中是否有閣下之僱員?

Is there any passenger in your employ?

是 否
 Yes No

見証人之姓名及地址

Name and address of all independent witnesses _____

❖ 閣下必須回答此項問題

This question must be answered

保單持有人汽車損壞情況

Damage to policy holder's vehicle

如閣下之保單是受保該車之損壞，請述：—

If the policy covers against damage to your vehicle, please state:-

損壞情況

Details of damage _____

估計修理費用(請附估價單)

Estimated cost of repairs (Attach repairer's estimate if obtained)\$ _____

修理廠名稱、地點及電話號碼

Repairer's name, address & telephone number _____

該車是否已在修理廠?

是 否 如未，請說明該車在何處

Is the vehicle at the repairer's premises? Yes No If not, please state its location _____

該車曾被拖往政府驗車中心接受驗車

是 否

Has the vehicle been retained by the government vehicle centre for inspection? Yes No

如“是”，請說明驗車中心

If "Yes", please state which centre _____

遇事情況及損壞情形

Circumstances of accident, loss or damage

日期 _____ 時間 _____ 上午／下午 _____
Date _____ Time _____ a.m. / p.m.

地點 _____
Place _____

車速 _____ 天氣及路面情況 _____
Speed of car _____ Weather & road condition _____

請詳述遇事過程地點位置等並附草圖標明路面情況如路闊、交通燈、交通標誌、讓線等等。(如空白位置不足可另附紙張)

Give full details of occurrence and make a rough sketch where appropriate showing road widths, traffic lights, signs, warnings, etc. Indicate directions of vehicle with an arrow. (If space is insufficient, please use a separate sheet of paper.)

遇事過程

Description of accident

草圖

Sketch

在填報以下資料前，閣下應立刻向警方報告此次意外

Before completing the questions below, you should report the accident to the police immediately

警方報告號碼

(請附上口供及警方報案紙收據)

Police report no. _____ (Please attach statement and police report slip)

請指明何處警署及其他有關紀錄

Please indicate station concerned and any other relevant information _____

如認為意外之責任在對方，你必須向交通部提出投訴

是 否

請用「√」號於適合方格內

If other driver is at fault, you have to lodge a complaint against him/her. Yes No (Tick as appropriate)

請解釋原因

Please explain why you failed to do so. _____

閣下及/或司機

Has the policy holder & / or driver

1. 曾否收受或給予對方任何補償?

是 否

數目

made or received any compensation to or from the party? Yes No Amount _____

2. 曾否與對方達成任何與此意外有關書面協議?如有，請給予該正本

是 否

made any written agreement with the other party in connection with this accident? If so, please let us have its original. Yes No

第三者之車輛或財物損壞情形

Particulars of third party vehicle involved or of other property damaged

汽車號碼或其他損壞物件名稱

Vehicle registration mark or other damaged property _____

車輛類別、廠名款式及顏色

Type, make model & colour of the vehicle _____

損壞情形

輕微

普通

嚴重

Extents of damages: Slight Normal Serious

物主姓名

電話

地址

Name of owner _____

Telephone _____

Address _____

司機姓名及身份證號碼

電話

地址

Name of driver & HKID card no. _____

Tel no. _____

Address _____

第三者之保險公司名稱及受保範圍

Details of third party's Insurers, and cover _____

受傷者之情況

Particulars of person(s) injured

是否有人受傷?

是

否

(如空白位置不足可另附紙張)

Is there any person(s) injured? Yes No

(If space is insufficient, please use a separate sheet of paper)

姓名及地址

Name(s) and address(es) _____

性別及年齡

Sex and age _____

受傷情況

Nature of injuries sustained? _____

意外發生時，傷者有否在車上戴上安全帶?

有

無

Did injured person(s) put on safety belt(s) in the car the time of accident? Yes No

如接到有關函件於未答覆前必須立即交來蘇黎世保險有限公司以便採取適當之行動，否則閣下之有關此意外之賠償事宜可能受影響

All communications relating to the accident must be forwarded unanswered immediately to Zurich Insurance Company Limited for attention; otherwise your indemnity may be adversely affected.

本人/吾等在此聲明本人/吾等已盡一切能力保證上述各節均屬實情

I/We declare that, to the best of my/our knowledge, these statements are true.

本人/吾等再在此聲明及同意由蘇黎世保險有限公司(「貴公司/本公司」)所收集或持有的個人資料，不論包含在這汽車意外報告表或以其他方式獲取，均可供貴公司使用或向在香港境內或境外之任何人或機構披露作以下用途：(1)評核此項申請，(2)提供保險及客戶服務，(3)處理保險的索償或有關之分析。

I/We further hereby declare and agree that the personal information collected or held by Zurich Insurance Company Limited (the "Company"), whether contained in this motor vehicle accident report form or otherwise obtained, may be used by the Company or disclosed to any individual or organization within or outside Hong Kong for the following purposes: (1) to assess and process this application, (2) to provide insurance and customers services, (3) to conduct insurance claims or analysis.

日期

單持有人簽名及蓋印

Date _____ Policy holder's signature and chop _____

駕駛者簽名

Driver's signature _____

就提供上述資料的任何人有權查閱及要求更改由本公司所持有有關他們的任何個人資料。任何關於個人資料查閱或更改之要求，可向本公司之個人資料私隱主任提出，地址為香港島東華蘭路18號港島東中心24-27樓。

Any persons from whom the company has collected information as aforesaid shall have the right of access to and to request correction of any personal information concerning themselves held by the Company. A request for such access may be made to the Personal Data Privacy Officer of the Company of 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong.

TO WHOM IT MAY CONCERN

Dear Sirs,

Re : Date of traffic accident :
 Involved vehicle : _____

I hereby confirm my consent that my statement which was made to the Police regarding the above traffic accident can be release to Zurich Insurance Company Limited.

In addition, please release to my Motor Insurers any other relevant information as they may require in handling my insurance claim arising out of the captioned accident.

Signature: _____

Name: _____

I.D. Card No.: _____

Date: _____

車輛保險之一般索償程序

1. 如閣下涉及交通事故並牽涉及人命傷亡或受保車輛遭受盜竊，應盡快通知警方。如意外中並無牽涉及人命傷亡，閣下亦應於意外發生後二十四小時內到警署備案。
2. 應記下第三者之重要資料，例如：
 - 被牽涉之車輛的車牌號碼；
 - 被牽涉之車主與司機的姓名及地址；
 - 被牽涉之車輛的保險公司名稱及其保單號碼；
 - 被牽涉之傷者的個人資料；
 - 被牽涉之傷者的傷勢；
 - 警方之報案號碼。
3. 為保障閣下之權益，如此事故是由於第三者疏忽所導致，應於十日內正式向警方提出投訴。
4. 切勿與第三者簽署任何協議書，否則可能導致對方擺脫在此事故中之責任及有可能令閣下喪失追討之權利。
5. 即使閣下認為此事故有可能是由於閣下疏忽所致，也不能向對方承認任何責任或同意作出賠償。
6. 閣下須連同下列證明文件副本，填妥附上之車輛索償表格，如事故涉及第三者傷亡則需再填寫附上的車輛索償補充表。
 - 由車房發出有關閣下車輛之維修報價單 <適用於綜合保險(全保)>；
 - 損毀車輛之相片，維修發票及收據正本 <只適用於擋風玻璃索償>
 - 受保車輛登記文件；
 - 警署報案編號紙及有關擬控告通知書；
 - 警方口供及所有有關部門發出的文件；
 - 酒精測試報告；
 - 司機駕駛執照及其他身份證明文件，例如身份証或護照。
7. 所有有關此事故之文件應不予回應，並即時轉交本公司處理。

重要提示：有關<無申請賠償折扣(NCD)>之計算方法及運作，詳請可參考保單內第十六條之敘述。

Claim procedures - Motor insurance

1. If you are involved in a traffic incident involving bodily injury or your vehicle is stolen, you should report to the police immediately or if no bodily injury is involved, you should report the case in person at the nearest police station not later than 24 hours after the accident.
2. Note down the essential information of the third party(ies) involved, such as
 - Vehicle registration number(s) of the vehicle(s) involved;
 - Name(s) and address(es) of the driver(s) and owner involved;
 - Name of insurance company(ies) and their policy number(s) of the vehicle(s) involved;
 - Personal particulars of the injured person(s) involved;
 - Extent of injury of the injured person(s) involved;
 - Police reporting case number.
3. To protect your own interest, lodge a complaint to the police within ten days if the incident was caused by the negligence of the third party(ies).
4. Do not sign any agreement with the third party(ies) because it may absolve them of responsibility and you may sign away your rights for recovery.
5. Even though you think the incident was possibly caused by your fault, no admission of liability or offer of settlement should be made.
6. Complete the attached Motor Claim Form and send it together with copies of the following supporting documents to us immediately after the accident.
 - The repair quotation if you are claiming under Comprehensive cover of your policy, i.e. damage to your own vehicle
 - Photos of the damaged vehicle, the original repair invoice and official receipt if you are claiming only the windscreen damage
 - A full set of Vehicle Registration Document of the insured vehicle;
 - Report chit from the police and any Notice of Intended Prosecution;
 - Police statement and other related documents from related authorities;
 - Breath Screening Test Report;
 - Driver's driving licence and any other identity document, such as ID card or passport.

In case the incident involves third party(ies) bodily injury, you are also requested to complete the attached Bodily Injury Questionnaire

7. All documents in relation to the incident must be unanswered and forwarded to our Company immediately.

Important Note: In relation to the No Claim Discount (NCD) operation, please refer to Section (16) No Claim Discount of the policy for details.

蘇黎世保險有限公司(於瑞士註冊成立之公司)

理賠部：香港港島東華蘭路18號港島東中心24 - 27樓

Zurich Insurance Company Limited (a company incorporated in Switzerland)

Claims dept.: 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong

電話：29039388

圖文傳真：29681660

Tel : 29039388

Fax : 29681660

QUESTIONNAIRE

Claim No.: _____

Vehicle No. _____

1. What part of your vehicle struck the Injured person?
肇事時閣下之車輛那部份觸及傷者? _____
2. Did the wheels of your vehicle go over any part of Injured person's body?
當時閣下車輪之車輪曾否輾過傷者身體之任何部份? _____
3. Give the following details of the injured person:
請描述該傷者,
 Male 男 Female 女 Approximate age 年齡 _____
4. Was the Injured person able to walk after the accident?
傷者遇事後能否步行? _____
5. Did the Injured person go to hospital?
傷者在遇事後曾否被送往醫院? _____
6. Did the injured person walk to the ambulance or was he or she carried?
事後傷者自行抑或由救護人員抬上救護車? _____
7. Please put a tick in the appropriate box regarding the apparent injury suffered by the injured person:
請指出傷者之受傷位置:
 Right Leg 右腿部 Right Arm 右臂部 Head 頭部
 Left Leg 左腿部 Left Arm 左臂部 Main Body 身軀
8. Did the injury appear minor or serious?
傷者傷勢屬於輕微抑或嚴重? _____
9. Was the person conscious?
傷者遇事後是否清醒? _____
10. Was blood coming out of their
傷者下列部份當時曾否出血
i. Ears 耳部 ii. Eyes 眼部 iii. Nose 鼻子 iv. Mouth 口部
11. Do you have any further details regarding the injury suffered by the injured person?
請詳述有關傷者所受其他傷害情況於下: _____
12. Who is the injured person?
傷者是誰?
i. Pedestrian ii. Passenger iii. Passenger of third party vehicle
行人 車上乘客 第三者車上乘客
13. How did the injured person dress like?
傷者當時的服飾如何? _____