



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

(請轉下頁 Please turn over)

| | |
|---|---|
| | 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 damag 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?..... 接受保險之公司(Name of company) |
| 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 <div style="display: flex; justify-content: space-around;"> <div> 姓名 NAME </div> <div> 地址 ADDRESS </div> </div> |
| 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 and Authorization

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 _____