

**MOTOR VEHICLE ACCIDENT REPORT FORM 汽車失事報告書**

The issue of this Form is not an admission of liability 發出本表格，並非承認責任

**REQUESTED DOCUMENTS 所須文件**

In order to handle your claim more efficiently, please complete the MOTOR VEHICLE ACCIDENT REPORT FORM, sign on the attached Letter of Consent (signature has to be same as the one signed on the police statement) and return to us together with copy of the following documents as soon as possible 為更有效處理閣下之索償，敬請盡快填妥汽車失事報告書及於隨表附上之同意書上簽署(須與警方口供上的簽署相同)，並連同下列文件之副本一併交回。

- 1. Repair estimate of the insured vehicle (applicable to comprehensive insurance) 修理受保汽車之報價單 (適用於全保)
- 2. Screening breath test report from the police 警方之處理酒後駕駛程序表格
- 3. Vehicle Registration Document (both sides) 汽車登記文件 (正反兩面)
- 4. Driver's driving licence and any other identity document, such as ID Card or Passport 司機駕駛執照及其他身份證明文件，如身份證或護照
- 5. If driver has over 2 years driving experience, please provide supporting document 如司機擁有兩年或以上駕駛經驗，請提出證明
- 6. Photographs taken at the accident spot, (if any) 在事故現場拍攝的照片，(如有)
- 7. Report chit from the police and Notice of Intended Prosecution, (if any) 警署報案編號紙及擬控告通知書，(如有)
- 8. Police statement (copy or recording) and other related documents from relevant authorities 警方口供 (影印或錄影副本)及有關部門發出的文件
- 9. Policy Schedule 保單
- 10. Copy of claim letter(s) / summon(s) / correspondences from third party (one available) 任何第三者之索償/傳票/信件副本(如有)

**SPECIAL NOTES 注意事項**

1. All questions must be answered truthfully and accurately. If not applicable, please write "n/a" 所有問題必須如實並準確地回答。如果不適用者，請寫上“n/a”
2. For the sake of protecting your interest, if the incident involves any Third Party Property Damage and/or Third Party Bodily Injury, please make a police report as soon as possible. 為了保護閣下利益，如果事件涉及任何第三方的財物損毀和/或第三方的人身傷亡，請盡快報告警方。
3. DO NOT admit liability or discuss liability issue with any involved third party(ies). 切勿承認責任或與任何有關之第三者協商該事件中的責任問題。
4. No admission, offer, payment or indemnity shall be made in respect of liability for property damage, bodily injury or death without the written consent of Allianz Global Corporate & Specialty SE Hong Kong Branch. 未經安聯環球企業及專項保險-香港分公司書面同意，請勿就財物損毀或人身傷亡承認任何責任、提出建議、支付任何款項或賠償。
5. Any claims document related to this incident should be forwarded to us immediately. Please do not attempt to respond to the sender yourself. 所有與事件相關之索償文件，切勿自行回覆，並立即交予本公司。

**1. CLAIMS TYPE 索償種類**

Please indicate your claims type below 請表明申請索償種類

- Damage to insured vehicle only 受保汽車損壞
- Third party property damage / bodily injury only 第三者財物損失 / 人身傷亡
- Damage to insured vehicle and third party property damage / bodily injury 受保汽車損壞及第三者財物損失 / 人身傷亡

**2. POLICYHOLDER 保單持有人**

Name 姓名	<input type="text"/>	Policy No. 保單號碼	<input type="text"/>
H.K.I.D. Card No / B.R. No. 身份證號碼 / 商業登記號碼	<input type="text"/>	Occupation 職業	<input type="text"/>
Daytime Contact No 日間聯絡電話	<input type="text"/>		
E-mail 電郵	<input type="text"/>		
Address 地址	<input type="text"/>		

**3. DESCRIPTION OF VEHICLE 汽車摘要**

Registration No. 車牌	<input type="text"/>	Make & Model 廠名及型號	<input type="text"/>	Mileage 行車里數	<input type="text"/>
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Please state the precise purpose of the vehicle being used at the time of the accident? 當時將該車作為何種用途

- Personal Use 私人用途
- Hire or Reward 出租或收取報酬 (including but not limited to 包括但不僅限於 UBER, GOGO VAN, LALAMOVE)
- Commercial Use 商業用途
- Others, please specify 其他，請註明：



Diagram of Location (Please show positions of vehicles and pedestrians concerned, indicate directions of vehicles by arrow)  
 失事地點詳圖 (請指出有關汽車及行人之位置，並用箭咀標明汽車行駛方向)

If the Loss/Damage was caused by collision, please complete questions below 如屬撞車之意外，務請回答下列問題

In your opinion, who was at fault?  
 閣下認為是次意外是誰的過失?

Why 為甚麼?

Has your driver made or received any compensation to or from the other party?  
 閣下之司機有否收受或給予對方任何賠償?

Yes 有  No 沒有  
 港幣 HKD

Has your driver made any agreement with the other party in connection with this accident?  
 閣下之司機有否與對方達成任何協議?

Yes 有  No 沒有

6. PARTICULARS OF LOSS/DAMAGE TO YOUR VEHICLE 汽車損壞詳情

Describe Loss/Damage 損壞部份

Where can vehicle be inspected? 汽車現在何處? Towing company (if any) 拖車公司 (如有)

Has the vehicle been retained by the Government Vehicle Centre for inspection?  
 汽車是否被拖往政府驗車中心接受驗車?

Yes, which centre 是，何處驗車中心  No 否

Estimated cost of Loss/Damage 修理估價 港幣 HKD (Attach written quotation if to hand) (如已有估價單請一併附上)

7. POLICE DETAILS 報警詳情

Has the case been reported to the Police?  
 是次意外是否已報案?

Yes, when 是，何時 DD/MM/YYYY  No 否

Which Police station reported to 報案警局名稱 Police report No. 報案號碼

Did Police attend the scene?  
 警察曾否到現場?

Yes, Name of Police Officer or No 是，警察姓名或號數  No 否

Was a statement furnished to the Police?  
 是否曾錄下証供?

Yes 是 please arrange the driver to sign the attached Letter of Consent 請安排司機簽署附上之同意書  No 否

**8. PARTICULARS OF OTHER PARTY 他人損失情況**

Vehicle Registration No., Type, Make & Model of Other Vehicle or Other Damaged Property 車牌、汽車類別、廠名及型號或其他損壞物件名稱	Owner/Driver's Name 物主/司機姓名	Tel. No. 電話	Details of Other Party's Insurer 對方保險公司資料

**9. PARTICULARS OF BODILY INJURY (IF ANY) 受傷者詳情 (如有)**

Name(s) 姓名	Injured is* 傷者為*	Age (Approx.) 年齡 (大約)	Gender 性別	Tel. No. / Email 電話 / 電郵	Nature of Injuries 受傷情況

\*1. Third party driver 對方司機      2. Pedestrian 行人      3. Our passenger 我方乘客      4. Third party passenger 對方乘客

**10. WITNESSES 證人**

Name(s) 姓名	Relationship with driver 與司機關係	Tel. No. 電話

**11. POLICYHOLDER'S DUTY OF DISCLOSURE 保單持有人的披露責任**

Under the insurance principle of "Utmost Good Faith", a policyholder is under a duty to disclose truthfully to Allianz Global Corporate & Specialty SE, Hong Kong Branch (the "Company") all material facts relevant to the Company's fair assessment of the risk of insurance that you know, or could reasonably be expected to know. The duty of the policyholder to provide updated information remains a continuing duty throughout the policy period. Any changes in circumstances should be notified immediately by the policyholder to the Company.

根據「最高誠信」的保險原則，保單持有人有責任向安聯環球企業及專項保險香港分公司（以下簡稱「本公司」）真實披露閣下知悉或可以合理地預期知悉，並與本公司風險評估相關的所有重大事實。在保單期間，保單持有人有責任持續提供最新信息。如有任何情況變更，保單持有人應立即通知本公司。

**12. NON-DISCLOSURE AND MISREPRESENTATION 不披露和虛假陳述**

If the foregoing particulars or declaration or any part thereof is untrue, inaccurate or omitted in any material way thereby affecting the risk of this Policy or if any renewal thereof is obtained through any misstatement, misrepresentation or suppression or if any claim made shall be fraudulent or exaggerated or if any false declaration or statement shall be made in support thereof then in any of these cases **this Policy shall be void. This means that the policy will be deemed not valid, and no claims will be entertained.**

如果上述細節或聲明或其任何部分為不真實的、不準確的或有所遺漏，從而影響本保單的風險，或通過任何錯誤陳述、虛假陳述或抑制獲得任何續保，或任何索賠為欺詐或誇大的，或以任何虛假聲明或陳述以資證明，則在任何上述情況下，本保單均屬無效。這意味著本保單將被視為無效，並且不會受理任何索賠。

**13. PERSONAL INFORMATION COLLECTION STATEMENT 個人資料收集聲明**

Personal Information Collection Statement  
The information I(we) provide to the Company is collected by the Company to enable it to carry on insurance business and may be used for the purpose of  
(1) underwriting any insurance product or service any additions, alteration, variations, cancellations, renewal or reinstatement of them;  
(2) claim processing;  
(3) direct marketing and data matching; or  
(4) communication with me(us)/the Insured/the Payor/Claimant/our employees (if applicable);  
AND may be transferred to any related company or any other company carrying on insurance or reinsurance or related business or an intermediary or claims investigation or other service provider providing services relevant to insurance business or professional advisors or any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation for any of the above or related purposes or any individuals/organizations associated with the Company or any selected party as the Company may consider necessary whether local or overseas.  
Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our(including our employees') data with the information collected by the Federation from the insurance industry.

The information I(we) give is on a voluntary basis. However, failure to supply information result in the Company being unable to process my(our) application/claim. In accordance with the terms of the Personal Data (Privacy) Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request. I(We) have the right to obtain access to and to request correction of any personal information concerning myself/ourselves (including our employees where applicable) held by the Company. Requests for such access can be made in writing and addressed to: Allianz Global Corporate & Specialty SE Hong Kong Branch.

所有由本人 ( 吾等 ) 提供給貴公司的資料，將被用作以下與貴公司的保險業務有關的用途：

- (1) 任何承保保險有關的產品或服務，該等產品的任何增訂、更改、變更、取消、續期或復效；
- (2) 索償；
- (3) 直接推廣及資料核對；
- (4) 與本人 ( 吾等 ) / 受保人 / 付款人 / 索償人 / 吾等的僱員 ( 如適用 ) 之溝通；

同時可能被轉交至現存或不時成立的有關公司，或任何其他從事與保險或再保險業務或有關的公司或與保險業務有關的中介人或索償調查公司或其他與保險業務有關的服務供應者及專業顧問、現存或不時成立的任何保險公司協會或聯會或類同組織 (「聯會」)，以達到任何上述或有關目的，或以使「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能，以達到任何上述或有關目的、或任何與貴公司有關聯繫的個人 / 組織，又或任何被選定之本地或海外的第三方。

此外，貴公司亦有權透過「聯會」獲取本人 / 吾等 ( 包括吾等僱員 ) 的個人資料作核對之用。

本人 ( 吾等 ) 所提供的資料全屬自願性質。但是，貴公司可能由於本人 ( 吾等 ) 未能提供足夠資料的情況下，無法處理本人 ( 吾等 ) 的申請。根據個人資料 ( 私隱 ) 條例的規定，貴公司有權向本人 ( 吾等 ) 收取查閱本人 ( 吾等 ) 個人資料的合理費用。本人 ( 吾等 ) 有權查閱或修改本人 / 吾等 ( 包括吾等僱員，如適用 ) 提供予貴公司所持有的資料。本人 ( 吾等 ) 明白本人 ( 吾等 ) 若需查閱本人 ( 吾等 ) 的個人資料，將需以書面形式提出及致函到：安聯環球企業及專項保險-香港分公司。

**14. CONSENT 同意書**

In accordance with the provisions of the Personal Data (Privacy) Ordinance of Hong Kong, I/we consent, by signing below, that the personal information provided by me/us whether relating to me/us or to other persons named herein (including our employees where applicable) and held by the Company (whether contained herein or otherwise obtained) may be held, used, disclosed, released and transferred by the Company to the parties and for the purposes mentioned in the "Personal Information Collection Statement" herein.

根據香港個人資料 ( 私隱 ) 條例的規定，本人 / 吾等在以下簽署，並同意貴公司所持有本人 / 吾等 ( 包括吾等僱員如適用 ) 之個人資料 ( 不論載於本申請書或從其他地方獲得 )，一律可供貴公司持有、使用、披露、透露及轉移予其他人士作「個人資料收集聲明」中之用途。

**15. DECLARATION 聲明**

I/We hereby claim the benefit of the Policy, and DECLARE the foregoing particulars to be true, accurate and complete in all respect to the best of my/our knowledge and belief, and that I/We have not withheld any information which may affect the acceptance of the claim under the Policy.

I/We undertake to render the Company every assistance in my/our power in dealing with the matter. I/We agree that the Company shall have authority to settle or otherwise deal with any claim made against me/us in respect to the said Loss/Damage.

本人 ( 吾等 ) 在此提出索償，並謹此聲明上述細節均根據本人 ( 吾等 ) 所知及所信的情況下提供，並且為真確無訛及並無遺漏，亦無隱瞞任何足以影響索償之事實。於貴公司處理此索償時，本人 ( 吾等 ) 同意在本人 ( 吾等 ) 的權限內作出任何協助，並同意貴公司有全權解決或處理因此意外而向本人 ( 吾等 ) 提出之任何索償。

**ALL COMMUNICATIONS RELATING TO THE ACCIDENT MUST BE FORWARDED IMMEDIATELY UNANSWERED TO THE COMPANY FOR ATTENTION**

如接獲任何有關文件，請勿作答，必須立即交予本公司以便採取適當行動

Date: 日期		Signature: 簽名	Insured (Please apply stamp if Incorporated) 保戶(如屬註冊公司請蓋公司印章)
Date: 日期		Signature: 簽名	Driver 司機

(中文乃譯文，如遇字意混淆，以英文為準)

TO: THE OFFICER-IN-CHARGE  
HONG KONG POLICE FORCE

致: 香港警察

Our Claim No.

檔案編號

## LETTER OF CONSENT 同意書

Traffic Accident on  
意外日期

Accident Scene at  
意外地點

Registration No. of the  
involving Vehicle  
肇事車輛車牌

I hereby authorize Allianz Global Corporate & Specialty SE Hong Kong Branch and / or its authorized loss adjuster / surveyor, to access and obtain all information including a copy of my statement concerning the above occurrence for the purpose of assessment of an insurance claim from Hong Kong Police Force. A photocopy of this letter shall be as valid as the original.

I note that the information may be transferred to any related person / organization for the purpose of assessment of claim and / or data verification.

本人現授權安聯環球企業及專項保險 - 香港分公司及 / 或其委託之公証行向香港警察索取任何一切有關上述事件的資料，包括本人的口供副本，以便評估本人的保險索償。本同意書的影印本與正本同樣有效。

本人明白該資料可能轉予任何有關人士 / 機構以達到評估索償及 / 或資料核實之目的。

Driver's Signature  
司機簽名

(same as the signature on the statement)  
(須與口供上簽名相符)

Name of Driver  
司機姓名

Driver's HKID No.  
司機香港身份證號碼

Police Report No.  
警方檔案編號

Date  
日期