



汽車意外事故報告書
MOTOR ACCIDENT INSURANCE CLAIM FORM

保單資料 INSURANCE POLICY DETAILS

保戶名稱 _____ 保單號碼 _____
Name of Insured _____ Policy No. _____
身份證號碼 _____ 性別 _____ 出生日期 _____ 日 _____ 月 _____ 年 _____ 職業 _____ 聯絡電話 _____
Identity Card No. _____ Sex _____ Date of Birth _____ DD _____ MM _____ YY Occupation _____ Contact Tel No. _____
地址 _____ 電郵 _____
Address _____ E-mail _____

受保車輛資料 Particulars of Insured Vehicle

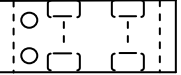
車輛登記號碼 Registration No.	廠名及型號 Make & Model	車身底盤號碼 Chassis No.	引擎號碼 Engine No.	汽缸容量 Cubic Capacity	出廠年份 Year of Manufacture

意外發生時該車所作用途： 自用 營業 出租 試車 其他 (請說明)
Purpose of use at time of accident: Private Business Hire Trial Others (please specify) _____

意外發生後該車是否曾被警方拘留及檢驗? 是 否 如“是”請提供驗車報告
Was the vehicle detained for inspection by the police after the accident? Yes No If “yes”, please provide MVE report.

如閣下之保單乃綜合保險單，是否打算要求索償受保車輛之損失? 是 否
Any claim in respect of insured vehicle if it is covered under Comprehensive terms? Yes No

如“是”，該車現停泊在何處? _____ 維修車行/聯絡人姓名及電話 _____
If “yes”, where is the location of the vehicle? _____ Repairer/ Contact Person and Tel No. _____

請用‘X’在車身簡圖顯示損毀的位置。
Please use ‘X’ to indicate the damaged part(s) of vehicle. 前 front  後 back

該車以往是否曾有任何索償記錄? 是 否 如“是”請提供資料
Any prior claim record(s) for the vehicle? Yes No If “yes”, give details _____

駕駛人資料 Particulars of Driver

姓名 _____ 職業 _____ 兼職 _____ 聯絡電話 _____ 出生日期 _____ 日 _____ 月 _____ 年 _____
Name _____ Occupation _____ Part-time job _____ Tel No. _____ Date of Birth _____ DD _____ MM _____ YY
駕駛執照號碼 _____ 有效駕駛執照首次發出日期 _____ 駕駛經驗 _____ 年 _____
Driving Licence No. _____ Date of first issue of valid driving licence _____ Driving Experience _____ Years
地址 _____
Address _____

與保戶之關係： 僱員 親屬 朋友 其他 (請說明)
Relationship with Insured: Employee Relative Friend Others (please specify) _____

如駕駛人並非車主，車主是否知道及同意車輛被使用? 是 否
If the driver was not the owner, was the vehicle being used with the owner’s knowledge and consent? Yes No

駕駛人過去三年是否涉及任何交通意外? 是 否 如“是”請提供詳細資料
Has the driver been involved in any traffic accidents over the past 3 years? Yes No If “yes”, please give full details _____

駕駛人過去五年是否曾被判任何觸犯交通條例而被扣分? 是 否
Has the driver been convicted of traffic offence that involving deduction of driving offence points during the past five years? Yes No

如“是”請提供詳細資料
If “Yes”, please give full details _____

是次意外前駕駛人是否曾飲用過含有酒精成份之飲品? 是 否 如“是”請提供資料
Has the driver consumed any intoxicating liquor prior to this accident? Yes No If “yes”, give details _____

意外後駕駛人是否進行酒後駕駛程序檢查呼氣測試? 是 否 如“是”請提供酒後駕駛程序表格副本
Has the driver conducted any screening breath test? Yes No If “yes”, please provide screening breath test report.

是次意外前駕駛人是否曾服用任何藥物? 是 否 如“是”請提供資料
Has the driver taken any drugs prior to this accident? Yes No If “yes”, give details _____

有否與第三者訂立口頭或書面協議? 是 否 如“是”請提供資料及有關協議副本
Is there any oral or written agreement made with the third party(ies)? Yes No If “yes”, give details and a copy of such agreement _____

遇事情況

Circumstance of Accident

日期 _____ 時間 _____ 地點 _____ 時速 _____ 公里/時 _____
Date _____ Time _____ Place _____ Speed _____ km/hour

報案警署 _____ 報案日期 _____ 案件編號 _____
Which Police Station reported _____ Date reported _____ Case No. _____

請詳述遇事經過 (如拍下現場情況，請提供照片)
Detailed description of accident (please submit photos of the scene, if any)

請繪圖說明遇事時有關車輛及傷者 (如適用) 所處之位置
Give below rough sketches of the road indicating the position of any involved vehicles and injured (if any) at the time of accident.

第三者資料**Particulars of Third Party**

車輛登記號碼 Vehicle Registration No.	損毀部份 Portion of vehicle damaged	損毀情況 Details of damage
車輛類別： Type of Vehicle :	私家車 <input type="checkbox"/> Private Car 貨車 <input type="checkbox"/> Goods Vehicle 的士 <input type="checkbox"/> Taxi 公共小巴 <input type="checkbox"/> Public Light Bus	電單車 <input type="checkbox"/> Motorcycle 其他 (請說明) <input type="checkbox"/> Others (please specify)
受保駕駛人在意外前是否認識第三者? Does the insured driver know the third party(ies) prior to the accident?	是 <input type="checkbox"/> Yes 否 <input type="checkbox"/> No	
	姓名 Name	電話 Tel. No.
		地址 Address
1. (對方車主) (Third Party Vehicle Owner)	_____	_____
2. (對方駕駛人) (Third Party Driver)	_____	_____
其他損毀財物 (請說明) Other property damaged (please specify) _____		

傷者或死者資料(受保駕駛人除外)**Particulars of Injured Persons or Deceased (other than the insured driver)**

是否有人受傷? Is there any person injured?	是 <input type="checkbox"/> Yes 否 <input type="checkbox"/> No	如“是”，傷者被送入那間醫院? If “yes”, which hospital was the injured admitted?	_____
		是否需要驗傷? Any medical examination required?	是 <input type="checkbox"/> Yes 否 <input type="checkbox"/> No
		預計康復日期 Expected date of recovery	_____
傷者/死者身份是： Injured person/deceased was :	受保車輛乘客 <input type="checkbox"/> passenger of insured vehicle 僱員(在工作期間內) <input type="checkbox"/> employee (in the course of employment)	對方車輛駕駛人 <input type="checkbox"/> driver of third party vehicle 對方車輛乘客 <input type="checkbox"/> passenger of third party vehicle	途人 <input type="checkbox"/> pedestrian 其他 (請說明) <input type="checkbox"/> others (please specify)
姓名 Name	姓別 Sex	年齡 Age	職業 Occupation
			受傷部位 Part of body injured
			受傷程度 (輕微，中等，嚴重) Degree of injury (minor, medium, serious)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

目擊証人資料**Particulars of Eye Witnesses**

姓名 Name	電話 Tel. No.	地址 Address
1. _____	_____	_____
2. _____	_____	_____

**所需索償文件
Required Claims Documents**

- 已簽妥車輛登記文件副本 (前、後頁)
Copy of both front and back pages of duly signed Vehicle Registration Document
- 駕駛人身份証及駕駛執照副本
Copy of the driver's Identity Card and Driving Licence
- 證明駕駛人具兩年或以上駕駛經驗之文件
Documentary proof of the driver's driving experience with 2 years or above
- 駕駛人簽回附上向警方索取資料授權書
The enclosed Authorization Letter be duly signed by the Driver for obtaining relevant information from the Police
- 任何警方函件及/或警方錄取之口供紙
Any Police's letters and/or statement made to the Police
- 租車合約或駕駛授權書副本 (適用於小巴、的士或租用車輛)
Copy of rental agreement or letter of authorization for driving (for public light bus, taxi or hired vehicle)
- 維修報價單(推定全損情況除外)
Repair estimate (except for constructive total loss)

**注意事項
Important Notes**

倘閣下收到第三者索償文件、法庭令狀及傳票，請勿回覆及盡快提交保險公司處理，否則閣下保單之保障權益將會受到影響。
Should you receive summons writ and/or correspondence from third parties, please forward the same unanswered to us as soon as possible. Otherwise, your right of indemnity will be prejudiced.

聲明及授權 Declaration and Authorization

本人聲明上述資料完整及正確無訛，並無隱瞞任何重要資料。

本人明白本人提供的資料，為中銀集團保險有限公司(“貴公司”)提供保險業務所需，並可能使用於下列目的：

- (i) 處理及審批本人的保險申請或本人將來提交的保險申請；
- (ii) 執行本人保單的行政工作及提供與本人保單相關的服務；
- (iii) 分析或調查、處理及支付本人保單有關的索償；
- (iv) 發出繳交保費通知及向本人收取保費及欠款；
- (v) 任何與保險有關的產品或服務的任何更改、變更、取消或續期；
- (vi) 就以上用途聯絡本人；
- (vii) 貴公司行使任何代位權；
- (viii) 其它與上述用途有直接關係的附帶用途；及
- (ix) 遵循適用法律，條例及業內守則及指引。

貴公司亦可因應上述用途將本人的個人資料移轉予下列各方：

- (a) 就上述用途，向 貴公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問（包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商）；
- (b) 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- (c) 追討欠款的收數公司或索償代理；
- (d) 保險資料服務公司及信貸資料服務公司；
- (e) 再保公司及再保經紀；
- (f) 本人的保險經紀（若有）；
- (g) 貴公司的法律及專業業務顧問；
- (h) 貴公司的關連公司(以《公司條例》內的定義為準)；
- (i) 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”)及其會員，以達到任何上述或有關目的，或以便「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；
- (j) 透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的；
- (k) 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；
- (l) 保險索償投訴局及同類的保險業機構；及
- (m) 法例要求或許可的政府機關。

本人在此授權 貴公司可向「聯會」從保險業內收集的資料中查閱及/或核對本人任何資料。

此外，經本人同意，貴公司可能會以其它方式使用及披露本人的個人資料。

本人有權查閱及要求更正由 貴公司持有有關本人的個人資料。如有需要，可向 貴公司法律與合規部提出（電話：2867 0888，傳真：3906 9939）。

I declare that the above information is complete and true to the best of my knowledge and belief and I have not withheld any material information connected with this claim.

I understand that the information I provide to Bank of China Group Insurance Company Limited ("the Company") is collected to enable the Company to carry on insurance business and may be used for the purpose of:

- (i) processing and evaluating my insurance application and any future insurance application I may make;
- (ii) administering my insurance policy and providing services in relation to my insurance policy;
- (iii) analysis or investigating, processing and paying claims made under my insurance policy;
- (iv) invoicing and collecting premiums and outstanding amounts from me;
- (v) any alterations, variations, cancellation or renewal of any insurance related product or service;
- (vi) contacting me for any of the above purposes;
- (vii) exercising any right of subrogation;
- (viii) other ancillary purposes which are directly related to the above purposes; and
- (ix) complying with applicable laws, regulations or any industry codes or guidelines.

The Company may disclose my personal data for the above purposes to the following classes of transferees:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist the Company to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- (b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- (c) in the event of default, debt collectors and recovery agents;
- (d) insurance reference bureaus or credit reference bureaus;
- (e) reinsurers and reinsurance brokers;
- (f) my insurance broker (if I have one);
- (g) the Company's legal and professional advisors;
- (h) the Company's related companies (as that term is defined in the Companies Ordinance);
- (i) any association, federation or similar organization of insurance companies ("Federation") and its members 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;
- (j) any member(s) of the "Federation" by the "Federation" for any of the above or related purposes;
- (k) any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
- (l) the Insurance Claims Complaints Bureau and similar industry bodies; and
- (m) government agencies and authorities as required or permitted by law.

The Company is hereby authorized to obtain access to and/or to verify any of my data with the information collected by the Federation from the insurance industry.

Moreover, the Company may also use and disclose my personal data otherwise with my consent.

I have the right to obtain access to and to request correction of any personal information concerning myself held by the Company. Requests for such access can be made to the Company's Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).

駕駛人簽署

Signature of Driver

日期

Date:

保戶簽署 (如屬公司請蓋章)

Signature of Insured (with company chop if applicable)

日期

Date:

AUTHORIZATION LETTER

授權書

Date: _____

To whom it may concern,

Re: Traffic Accident on _____

Involving vehicle no. _____

With reference to the captioned accident, I was the driver of vehicle no. _____.

Please note that Bank of China Group Insurance Co. Ltd., the insurer of this vehicle, is fully authorized by me to obtain all relevant information, documents and records including but not limited to police statements, police investigation report, medical report and any Law Court documents which I may have made or I am lawfully entitled to obtain in relation to the captioned accident from government authorities including but not limited to Police Force, Hospital and Law Court and/or non-government authorities and/or third parties on my behalf.

Kindly furnish all the documents requested and mail to Claims Department of Bank of China Group Insurance Co. Ltd. situated at 8/Floor, Wing On House, 71 Des Voeux Road Central, Hong Kong.

Thank you for your kind attention in this matter.

Yours faithfully,

Name:

敬啟者：

關於 _____ 年 _____ 月 _____ 日涉及車輛編號 _____ 的交通意外

在上述交通意外發生時，本人是車輛 _____ 的司機。

本人現授權「中銀集團保險有限公司」作為承保上述車輛的保險公司，代表本人向包括但不限於警方、醫院及法庭的政府機構或/及非官方機構或/及其他第三者索取有關是次意外之各項文件及記錄，包括但不限於警方口供、警方調查報告、醫療報告及任何法庭文件。

請將該等文件寄回中銀集團保險有限公司理賠部，地址為香港德輔道中 71 號永安集團大廈八樓。

敬希垂注。

簽名： _____

姓名：

日期：