



MSIG Insurance (Hong Kong) Limited
9/F., Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong
G.P.O. Box 783, Hong Kong
Tel +852 2894 0555, Fax +852 2890 5741
www.msig.com.hk

Notice of Motor Vehicle Accident 汽車失事通知書

(Please complete in BLOCK letters)

(請以正楷填寫)

Procedures and Notes:

1. Please submit the Claim Form to us immediately after the accident/ discovery.
2. Please submit a completed Claim Form, together with original copies of all relevant documents to:

MSIG Insurance (Hong Kong) Limited
Claims Division
9/ F Cityplaza One
1111 King's Road
Taikoo Shing Hong Kong

3. Incomplete Claim Form cannot be accepted for processing of payment.
4. Further information may be needed.
5. It is important that a complete answer be given to every question. If insufficient space is provided for your answers, please continue on a separate sheet.
6. For inquiry, please call our Claims Services Hotline at 2894 0660 or email at claimin@hk.msig-asia.com.

程序及備註:

1. 請將索償表格於事發/發現後立即呈交本公司。
2. 請將填妥之索償表格連同有關證明文件之正本寄回:

三井住友海上火災保險(香港)有限公司
理賠部
香港太古城
英皇道1111號
太古城中心一期9樓

3. 未經填妥之索償表格, 將不獲接受索償處理。
4. 稍後可能需要提供進一步資料。
5. 請回答所有問題, 若需要, 請另附紙張繼續填寫。
6. 如有任何查詢, 請致電我們的賠償服務熱線 2894 0660 或電郵 claimin@hk.msig-asia.com。

Important Notes 重要事項

IF YOU RECEIVE ANY COMMUNICATION IN ANY WAY CONNECTED WITH THE ACCIDENT, PLEASE FORWARD THEM UNANSWERED TO THE COMPANY IMMEDIATELY.

受保人若收到任何有關是次意外之文件或通知書, 請勿予以回覆, 並應立即將該等文件或通知書交回本公司。

THE DRIVER IS REQUIRED TO SIGN THE LETTER OF AUTHORISATION ATTACHED TO THIS NOTICE:

駕駛者必須簽署本通知書內之授權書。

PLEASE SUBMIT A COPY OF THE FOLLOWING DOCUMENTS WHEN RETURNING THIS NOTICE:

於遞交本意外通知書時, 請同時提交下列文件之副本:

1. HONG KONG VEHICLE REGISTRATION DOCUMENT (BOTH SIDES)
香港車輛登記文件 (正面及背面)
2. DRIVER'S HKID CARD AND DRIVING LICENCE
駕駛者之身份證及駕駛執照

N.B.: The writing in Chinese characters is inserted for information of the Insured Person and does not form part of this Notice.

注意: 本通知書上之中文翻譯只為便利受保人了解通知書之內容而設, 該等翻譯並不應被視作此通知書之一部份。

*Compulsory 必須填寫

Insured Person/Policyholder 受保人/保單持有人	Name of Insured Person/Company* 受保人姓名/公司名稱*	HKID No./Business Reg. No.* 香港身份證號碼/商業登記號碼*	Age 年齡
	Correspondence Address 通訊地址	Home Tel. No. 住宅電話號碼 Mobile Tel. No. 手提電話號碼	
	Policy Number* 保單號碼*	Expiry Date 到期日	
	Company Address 公司地址	Company Tel. No. 公司電話號碼	
	(Note: not applicable if same as correspondence address 註: 如與通訊地址相同則不用填寫)	Occupation/Nature of Business 職業/業務性質	Email Address 電郵

Vehicle 汽車	Make 車廠	Year 年份	Reg. No. 車牌號碼
	Engine No. 機器號碼	Details of H.P. 馬力為(匹)	
	Details of any modification from standard specifications? <input type="checkbox"/> Yes, e.g. <input type="checkbox"/> No 詳列該車有否任何改裝? 有, 如 沒有		
Usage 用途	Journey From To 當時車輛由 去		
	State Precise Purpose of Journey 此行目的為		
	Details of goods or equipment being carried at time 有關當時所載貨物或器材之詳情		
	Was something being on tow? <input type="checkbox"/> Yes <input type="checkbox"/> No 有否用車輛拖動其他物件? 有 沒有		If yes, what was on tow? 如有, 被拖動之物件為?
	Whether for Hire or Reward? 是否用於租賃或收費性質?		
Driver 駕駛人	Full Name 全名	Age 年齡	HKID No. 香港身份證號碼
	Home Address 住宅地址		Home Tel. No. 住宅電話號碼 Mobile Tel. No. 手提電話號碼
	Business Address 辦事處地址		Business Tel. No. 辦事處電話號碼 Occupation 職業
	Driver's Licence No. 駕駛執照號碼	Full Licence being first held on Year Month 於何時開始持有有效駕駛執照 年 月	
	Date of Issue Year Month Day 發出日期 年 月 日	Class of Licence (State if Provisional Licence) 執照類別 (如屬臨時駕駛執照者, 請列明)	
	Valid to Year Month Day 有效日期至 年 月 日		
	Has the Driver ever been convicted of any offence or penalty or fine in connection with any motor vehicles? 駕駛者以往有否就任何車輛被判罰或刑罰或罰款?		
	State quantity of intoxication liquor or drugs consumed by the driver during 12 hours prior to accident: 駕駛者於意外發生前十二小時內所飲酒或服藥之數量為:		
	Has the driver ever been refused insurance or had special terms imposed? 駕駛者曾否被拒絕購買保險或被要求附加特別條件?		
	Does the driver suffer from any physical disability such as Heart Diseases, Diabetes or Epilepsy? 駕駛者是否有身體傷殘如心臟病、糖尿病或癲癇病?		
	If Driver other than the Insured Person 如駕駛者若非受保人		
	State if driving with the Insured Person's permission 寫出駕駛者用車是否已得受保人同意		
	Was vehicle being used on the business of the Insured Person? <input type="checkbox"/> Yes <input type="checkbox"/> No 該車輛是否用於受保人之業務? 是 否 If yes, nature of business is 若是, 該項業務性質為		
	Was the driver in the employment of the Insured Person? <input type="checkbox"/> Yes <input type="checkbox"/> No 駕駛者是否為受保人之僱員? 是 否 If yes, length of service is 若是, 已僱用時間為		
	If no, what is the relationship between the Insured Person? 若否, 請述與受保人之關係		
Whether the driver is an owner of a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No 駕駛者本人是否擁有車輛? 是 否 If yes, name of the Insurer is Policy No. Vehicle No. 若是, 其投保之保險公司為 保單號碼 車牌號碼			

	Was the driver's own vehicle being involved in this accident? <input type="checkbox"/> Yes <input type="checkbox"/> No 是次意外有否涉及駕駛者自己之車輛? 有 沒有				
Details of Accident 有關意外之細節	Date 日期 年 月 日	Time 時間 時 分	AM/ PM 上午/ 下午	Place 地點	
	Weather 天氣	Road Surface 路面	<input type="checkbox"/> Wet 濕 <input type="checkbox"/> Smooth 平整	<input type="checkbox"/> Dry 乾 <input type="checkbox"/> Rough 不平整	
	<input type="checkbox"/> Uphill 上斜坡 <input type="checkbox"/> Downhill 下斜坡 <input type="checkbox"/> Flat 平路	Speed prior to impact 發生意外前之車速為	MPH 哩/時		
	What lights being used by you 你當時所亮為	By other party (if any) 對方所亮為 (如有) 燈			
	Were street lights on? 當時是否有亮街燈	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有			
	Did you signal? 你有否打訊號? 用手:	By hand: <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有	By indicator: <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有	By horn: <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有	
	Did other party signal? 對方有否打訊號? 用手:	By hand: <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有	By indicator: <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有	By horn: <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有	
	Describe how accident happened 意外發生經過之詳情				
	(If there is insufficient space on the claim form, please specify the details on a separate sheet clearly and indicate which section the information relates to. 如空位不足, 請另附紙張填寫, 並列明所述之項目名稱。)				
	Sketch 現場草圖				
Who do you consider at fault and reasons 你認為是誰人之過錯及陳述理由					
Have you ever made commitment to other parties on settlement of their damages? 你有否答應對方作出賠償? <input type="checkbox"/> Yes, please state details 有, 所作出之賠償承諾為 <input type="checkbox"/> No 沒有					
Have you ever made complaints to the Police regarding the attitude of other parties? 你有否向警方投訴對方之駕駛態度? <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有					
Damage to Your Own Vehicle 己方車輛之損毀程度	Please advise details 詳情				
	Estimate HK\$ 估計為港幣 元				
	Where can vehicle be inspected? 可於哪裡檢驗車輛?				
N.B.: Repairs may not be put in hand without the Company's prior consent. 注意: 未得本公司同意不得修理車輛。					

Passengers in Your Own Vehicle 己方車內乘客 (*Note: not applicable if only claim for windscreen damage 註：如只是索償擋風玻璃損毀則不用填寫)	Give Names and Addresses of ALL Passengers 列出車內全部乘客之姓名及地址				
	Name & Address 姓名及地址	Occupation 職業	Relationship between Insured Person / Driver 與受保人／駕駛者之關係	Injuries & Medical Attention 所受損傷及醫治
Witnesses 證人 (*Note: not applicable if only claim for windscreen damage 註：如只是索償擋風玻璃損毀則不用填寫)	Give Names and Addresses of ALL Witnesses 列出全部證人之姓名及地址				
				
If you cannot identify any, can you say if there were any? 如未能指出證人，請說出當時是否有證人？					
.....					
Other Parties 對方 (*Note: not applicable if windscreen claim only 註：如只是索償擋風玻璃損毀則不用填寫)	Name of Driver 駕駛人姓名		Occupation 職業		
	Address 地址				
	Type of Vehicle 車輛種類		Reg. No. 車牌號碼		
	Insurance Company 其投保之保險公司為		Policy No. 保單號碼		
	Details of damage to other vehicle 對方的車輛損毀詳情				
	Was anyone injured in the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No 意外中是否有人受傷？ 是 否				
	Please state details of injury to other parties 請提供對方損傷詳情				
	Name(s) 姓名	Address(es) 地址	Injuries 所受損傷	State whether passenger, pedestrian or driver etc 請註明為乘客、路人或駕駛者
	Details of damage to other property (if any) 請述其他財物損毀之詳情（如有）				
	Owner of other property 擁有該等財物之人為				

MSIG Insurance (Hong Kong) Limited ("MSIG", "we" or "us") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

PRIVACY POLICY

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone for any purpose. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agent, contractor or third party who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purpose. If you have any questions or inquiries regarding our privacy policy, please feel free to contact us.

Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any document in relation to the Product or any claim made under the Product.

Your personal data may be used for below **obligatory purposes**. Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The **obligatory purposes** for which your personal data may be used are as follows:-

- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings; or
- exercising any right of subrogation by us.

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- our related, subsidiary or affiliated companies within the MSIG Group or MS&AD Insurance Group in or out of Hong Kong;
- any other company carrying out insurance or reinsurance related business in or out of Hong Kong;
- any association or federation of insurance companies that exists or is formed from time to time; or
- any agent, contractor or third party who provides administrative, claims handling or other services relating to the Product to MSIG or any member of the MSIG Group or MS&AD Insurance Group.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us, and to request to opt out from receiving any direct marketing communication from us. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at (852) 3122 6922.

三井住友海上火災保險（香港）有限公司（下稱「三井住友保險」、「我們」或「本公司」）請您仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異，將以英文版本為準。

私隱政策

三井住友保險極為重視您的私隱。為了保障您的個人資料，我們以有關法例及規例為準則，向公司內部傳達並執行我們定立之私隱及保障指引。三井住友保險採取預防措施以保障您的個人資料遭受遺失、盜竊、誤用，以及在未經許可之情況下被取用、洩露、更改及破壞。此外，我們均不會出售您的個人資料給任何人。三井住友保險嚴格執行認可管制，只容許獲授權之職員在必需要的情況下，取用或處理您的個人資料。我們會向職員定期提供培訓，確保他們知悉任何有關私隱法律及規例的新發展。

我們只會在法律容許並必需用於業務及稅務用途之情況下，保留您的個人資料作為我們的業務記錄。我們會向以本公司之名義提供行政或其他服務之代理、承辦商或第三者，要求他們遵循本政策保護有可能收到的個人資料。本公司不會容許他們使用有關資料於任何其他目的。如您對我們的私隱政策有任何疑問，歡迎聯絡我們查詢。

個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，您須向我們不時供給與我們提供之一般保險服務及保單產品（下稱「保單」）相關的個人資料，讓我們可向您提供客戶服務及改善服務質素。當中包括但不限於您在申請表填寫或任何與保單有關之文件上或任何透過保單索償上所載之個人資料。

您的個人資料可被用於**強制性**用途。如您不能向三井住友保險提供有關個人資料，我們將不能向您提供有關保單。

您的個人資料可被用於以下**強制性**之用途：

- 向您提供與保單及核保相關之日常運作及行政用途；
- 保單之更改、取消或續保用途；
- 評估及處理透過保單索償及任何繼後法律訴訟之用途；或
- 由本公司行使代位權利之用途。

就任何上述的用途，我們所收集的個人資料可能會被轉移至：

- 在三井住友保險集團或 MS&AD 保險集團內，在本港或海外與本公司有關之機構、子公司或附屬公司；
- 任何其他在本港或海外經營有關保險或再保險業務之公司；
- 任何現存或不時成立的協會或保險公司聯會；或
- 任何提供行政服務、索償處理或其他與三井住友保險集團或 MS&AD 保險集團成員相關保單服務之代理、承辦商或第三者。

為了確保您的個人資料之準確性，您同意授權本公司查閱並核實任何由保險業界內保險公司聯會所收集有關您的個人資料。

根據有關法例及規例，您有權查閱及更正本公司所持的任何載有您的個人資料之記錄，以及要求選擇拒收任何本公司的直銷通訊。如您欲行使以上權利，可以書面形式投寄至香港太古城英皇道 1111 號太古城中心第一期 9 樓三井住友海上火災保險（香港）有限公司，通知本公司的資料保護主任。

如您對此個人資料收集聲明有任何疑問或須協助，請致電(852) 3122 6922 與我們聯絡。