



TRINITY GENERAL INSURANCE COMPANY LTD.

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三 聯 保 險 有 限 公 司

GENERAL AGENTS : SHERIC UNDERWRITING AGENCY LTD

MOTOR VEHICLE ACCIDENT REPORT

汽車意外報告書

IMPORTANT

重要事項

- All accidents must be reported to the nearest Police Station.
所有意外事件均須向就近警署報案
- This Report Form must be fully and accurately completed, irrespective of whether it is in favour of the Insured/Driver or otherwise.
無論情況是否不利於保戶 / 駕駛者，報告書內之提問均需詳盡作答。
- Never admit liability in any way or make any offer or promise of payment to any party without prior consent from the Company. If you receive any communication summons &/or writ in any way connected with the Accident, please immediately forward them unanswered to the Company.
未得本公司同意，任何人士不能擅作承諾或賠償協議，一切有關此意外之函件及傳票等必須立即交由本公司處理。
- The acceptance of this Report by the Company cannot be construed as admission of liability.
向本公司呈交此報告書並不表示本公司必須承擔此意外之賠償責任。
- If the estimate exceeds the "Authorized Repair Limit" mentioned in the Policy, the consent of the Company after appropriate assessment must first be obtained before the repairs can be carried out.
如修理費估價超出保單內之 "授權修理限額"，須由本公司審核後方可開始修理工程。
- The following documents should be presented with this Accident Report:-
A. Photocopy of Motor Vehicle Registration Document
B. Photocopy of driver's identity card
C. Photocopy of driver's driving licence
D. Certificate of Particulars of Driving Licence issued by Transport Department to the driver
E. Hire Agreement of the Motor Vehicle, if any
F. All Police Documents

下列文件須連同此意外報告書一併呈交

(一) 車輛登記証副本

(二) 駕駛者身份証副本

(三) 駕駛者駕駛執照副本

(四) 運輸署簽發與駕駛者之駕駛執照細節證明書

(五) 租車合約

(六) 所有警方文件

PARTICULARS OF THE INSURED 保戶資料

Policy No. 保單號	Cover 投保項目	Expiry Date 到期日
Insured's Name 保戶名稱		Tel. No. 電話
Business/Profession/Occupation 營業性質/職業		
Address 地址		Tel. No. 電話
Correspondence Address 通訊地址		Tel. No. 電話

PARTICULARS OF THE VEHICLE 汽車資料

Registration No. 車輛號碼	Year of Manufacture 製造年份	Make & model 廠名及型號	G.W. / C.C. 總重量/汽缸容量	Chassis & Engine Nos. 車身及引擎號碼	Manual / Auto 棍波 / 自動波	Modification 改裝

USAGE AT THE TIME OF ACCIDENT 發生意外時之用途

<input type="checkbox"/> For private use 私人用途	<input type="checkbox"/> For business use 公事用途	<input type="checkbox"/> For hire / reward 租賃 / 收費	<input type="checkbox"/> For test / trial 試驗	<input type="checkbox"/> For racing 競賽	<input type="checkbox"/> Others 其他
Purpose of the trip 此程目的					
Details of passengers or goods carried 載客載貨詳情					

PARTICULARS OF DRIVER 駕駛者資料

Driver's Name 駕駛者名稱		H.K.I.D. No. 身份証號碼	
Business/Profession/Occupation 營業性質/職業		Tel. No. 電話	
Address 地址		Tel. No. 電話	
Correspondence Address 通訊地址		Driving Experience (Yr.) 駕駛經驗(年)	
Driving Licence No. 駕駛執照號碼	Issue Date 簽發日	Expiry Date 到期日	
Liquor and/or drugs taken by the Driver prior to the accident 意外發生前駕駛者可曾服藥或飲酒		<input type="checkbox"/> Yes 是	Details 詳情
		<input type="checkbox"/> No 否	
Particulars of the Driver suffered from the followings:- 駕駛者可曾患上以下症狀			
<input type="checkbox"/> Heart failure 心臟病	<input type="checkbox"/> Diabetes 糖尿病	<input type="checkbox"/> Epilepsy 癲癇病	<input type="checkbox"/> Mental unbalance 精神病
<input type="checkbox"/> Defective vision 視覺失常	<input type="checkbox"/> Defective hearing 聽覺失常	<input type="checkbox"/> Physical infirmity 體能缺陷	
Particulars of offence(s) convicted by the above-mentioned Driver during the past 3 years in connection with the driving of any motor vehicle. 上述駕駛者在過往三年內曾駕車遇事被判罰詳情			
Particulars of the claim made for the last 3 years under Motor insurance policy. 過往三年任何要求賠償詳情			
The Driver's relationship with the insured 駕駛者與保戶之關係			
<input type="checkbox"/> Friend 朋友	<input type="checkbox"/> Employee, state length of employment 僱員在任時間		
<input type="checkbox"/> Hire 租車	<input type="checkbox"/> Relative, specify 親戚, 述明		
The Driver drove the vehicle with the Insured's permission 保戶同意駕駛者駕駛該車		<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否

Police Information 警方資料

Reporting Police Station 報案之警署	File No. 案號
Name and No. of the Investigating Officer 調查之警員名稱及編號	

DETAILS OF THE ACCIDENT 意外詳情

Date 日期	Time 時間	a.m. / p.m. 上午 / 下午
Place 地點		
Weather 天氣	<input type="checkbox"/> Fine 晴	<input type="checkbox"/> Cloudy 多雲
	<input type="checkbox"/> Foggy 有霧	<input type="checkbox"/> Raining 下雨
	<input type="checkbox"/> Rainstorm 雷暴	
Visibility 視野	<input type="checkbox"/> Clear 清楚	<input type="checkbox"/> Not clear 不清
	<input type="checkbox"/> Concealed/Blocked by 隱蔽 被遮擋	
Road Surface 路面	<input type="checkbox"/> Dry 乾	<input type="checkbox"/> Wet 濕
	<input type="checkbox"/> Sandy 多沙	<input type="checkbox"/> Muddy 泥濘
	<input type="checkbox"/> Greasy 油污	<input type="checkbox"/> Rough 不平
	<input type="checkbox"/> Smooth 平坦	<input type="checkbox"/> Upslope 上斜
	<input type="checkbox"/> Downslope 下斜	
Speed Limit 速度限制	Speed 意外時車速	Gear in Use 排擋
The vehicle was under control prior to the accident 意外前該車行駛正常 <input type="checkbox"/> Yes 是		
<input type="checkbox"/> No, because of defective 否 因為有毛病	<input type="checkbox"/> Brake 煞車掣	<input type="checkbox"/> Clutch 離合器
	<input type="checkbox"/> Accelerator 油門	<input type="checkbox"/> Steer 駕駛盤
	<input type="checkbox"/> Punctured tire 爆胎	<input type="checkbox"/> Bald tire 光頭胎
	<input type="checkbox"/> Others 其他	
The accident was caused by myself/other party because of 意外由本人 / 他人而起, 因為		
<input type="checkbox"/> Turn 轉彎	<input type="checkbox"/> U-turn 掉頭	<input type="checkbox"/> Take over 扒頭
<input type="checkbox"/> Change lane 換線	<input type="checkbox"/> Emergency stop 緊急煞車	<input type="checkbox"/> Cross over lane 過界
<input type="checkbox"/> Cross over opposite carriageway 超越車線		

INJURY & DAMAGE TO OTHER PARTY 對方損失及受傷情況

OTHER PARTY'S VEHICLE 對方車輛

Registration No. 車輛號碼 .....	.....	.....
Type & Colour 類型及顏色 .....	.....	.....
Driver's Name & Driving Licence No. 駕駛者姓名及駕駛執照號碼 .....	.....	.....
Driver's Address & Phone No. 駕駛者地址及電話 .....	.....	.....
Damaged portion & Extent of damage 損毀部份及損毀程度 .....	.....	.....

WOUNDED PERSON(S) IN OTHER PARTY'S VEHICLE 對方車內受傷人士

Nil Total of which male female child baby
無 總人數 其中 男 女 兒童 嬰兒

Condition of Injury 傷勢

WOUNDED PEDESTRIAN(S) 受傷途人

Name 姓名 Profession 職業 Sex 性別 Age 年齡

Address & Phone No. 地址及電話號碼

Condition of injury 傷勢

In-patient 留醫 No 否 Yes 是 at 在 _____ Hospital 醫院

THIRD PARTY PROPERTY DAMAGE 他人財物損毀

PERSON(S) WILLING TO WITNESS THE INCIDENT 願意作證人士

Name 姓名	Name 姓名
Address & Phone No. 地址及電話	Address & Phone No. 地址及電話
Relation with Driver 與駕駛者的關係	Relation with Driver 與駕駛者的關係
Information Provided to Police 資料已提供警方	Information Provided to Police 資料已提供警方

DRIVER'S COMMENT ON THIS INCIDENT 駕駛者對此事件評語

In Driver's opinion, who was at fault?
以駕駛人意見，這次意外事件是誰人過失而引起?

Immediately after the accident did the insured driver pay or receive any payment to or from the third party?
遇事後受保駕駛人有否付給或收取任何款項予第三者?

Yes, paid / received* an amount of to / from* third party No
有,已付 / 收取*款項 予 / 由*第三者 否

*delete where inapplicable
*刪除不適用者

Immediately after the accident did the insured driver has any verbal or written compromise agreement with the third party?
遇事後受保駕駛人有否與第三者有口頭或書面之和解協議?

Yes, details No
有,詳細如下 否

DECLARATION 聲明

I/We hereby declare that the information given on this report is true to the best of my/our knowledge and belief.
上述所填報之資料乃盡本人 / 我們所知所信而提供，而且全部屬實。

Signature of Driver 駕駛者簽名 Signature of Insured 保戶簽名

Date 日期 Date 日期