

本報告書各項均必須詳細填寫
ALL ITEMS OF THIS ACCIDENT REPORT
MUST BE COMPLETED IN DETAIL



中国人民保險(香港)有限公司

The People's Insurance Company of China (Hong Kong), Ltd
香港干諾道中 148 號粵海投資大廈 15 字樓
15/F., Guangdong Investment Tower, 148 Connaught Rd. C., H. K.
電話(TEL): 2517 2332 傳真(FAX): (852)2540 6260 2540 6377

汽車保險索償書 MOTOR INSURANCE CLAIM FORM

保 戶 INSURED	姓名 Name		保單號碼 Policy No.
	職業 Occupation		聯絡電話 Telephone
	地址 Address		
司 機 DRIVER	司機姓名 Name of Driver		與車主的關係 Relationship
	職業 Occupation	司機年齡 Driver's age	駕駛執照號碼 Driving Licence No.
	聯絡電話 Telephone	駕駛年數 Driving Experience	執照首次發出日期 Date of first issue
	地址 Address		
投保車輛 INSURED VEHICLE	車牌號碼 Registration No.	汽車牌子、型號 Make & Model	
	引擎號碼 Engine No.	車身號碼 Chassis No.	
	當失事時該車作何用途 State for what purpose the vehicle was used when the accident happened		
出事詳情 DETAILS OF ACCIDENT	出事日期及時間 Date and time of accident		出事地點 Place of accident
	出事時車速 Speed of insured vehicle at time of the accident		尊見以為失事過失屬何方 In your opinion who was at fault? <input type="checkbox"/> 自己 Self <input type="checkbox"/> 對方 Opposite <input type="checkbox"/> 雙方 Both parties
	請將此意外之詳細情形填寫於背頁並加以說明 Please give a full description on the back of this form, explaining how the accident happened.		
證 人 WITNESSES	失事時本車內有幾人 How many persons are in the vehicle at the time of accident? 是否保戶/司機的僱員? 是/否 Are they your employee(s) yes/no		請填明當時確實在車內各人姓名及地址 State names and address of all persons actually in the vehicle at the time
	請填述其他有關證人之姓名及地址 State name and address of all other witnesses		
	涉及意外的其他車輛編號及其司機姓名、地址 Please state the registration no. of other vehicle(s) involved in this accident, the name and address of the respective driver(s)		
警 方 POLICE	請填述向警署報案及報案編號 Please state to which police station did you or the driver reported the incident, and the reporting case no.		
	閣下或司機有否收到任何傳票或警方控告? <input type="checkbox"/> 有 <input type="checkbox"/> 無 Have you or the driver received any summons for prosecution, or any notice of other police action/enquiries /inquest? <input type="checkbox"/> yes <input type="checkbox"/> no		
	重要事項: 所有有關文件應於收到後立即呈交保險公司 Important: All related documents must be submitted to insurance company immediately upon receipt		
汽車損毀 情況 OWN DAMAGE	在何處可檢驗該車 Where the vehicle may be inspected		
	損毀部份、程度及修理費估價 (請於七天內將估價單提交本公司核准後始能進行修理) Damage portion, extent and estimate repair charges (Estimate must be submitted within 7 days for Company's approval before repair are carried out.)		

請詳細填寫 PLEASE COMPLETE IN DETAIL

第三者 THIRD PARTY	受傷者的姓名、地址及受傷程度 Name & address of injured person, extent of injury 1. 2. 3.
	損毀他人財產項目及當事人姓名、地址 Damaged third party's properties, give name and address of the property owner
	閣下或司機曾否收到第三者索償通知? <input type="checkbox"/> 有 <input type="checkbox"/> 無 Have you or the driver received any notice of claim form third party? <input type="checkbox"/> yes <input type="checkbox"/> no 重要事項: 所有第三者索償應立即交保險公司處理。 除非得本公司書面通知, 否則切勿自行作答。 Important: All third party claims must be submitted to insurer immediately upon receipt. You must not reply any third party claim without the written consent of this company.

請將出事 / 盜竊時詳細情況說明 (包括汽車之車速、天氣、路面情況、正確地點及出事全過程)

Describe how accident happened: (Incl. stating speed, weather, road condition, exact place and the entire process of accident.)

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出事位置示意圖 (請以箭咀指示行車路線、方向、車輛及行人等情況)

Sketch: (showing road layout, vehicles, pedestrians etc., also indicate directions of movement by arrows)

保戶簽章

Insured's Signature:

日期

Date:

司機簽署

Driver's Signature:

日期

Date:

請提供下列文件:

Please submit the following documents with this form:-

- (1) 所保汽車的香港車輛登記文件 (正面及背面) 副本。
A full set copy of Hong Kong Vehicle Registration Document of the insured vehicle (with front and reverse pages)
- (2) 保戶的香港身份證副本。
Copy of HKID Card of the Insured.
- (3) 司機的香港身份證及駕駛執照副本。
Copy of HKID Card and Driving License of the driver.
- (4) 如所保的汽車是遭盜竊, 報案後請立即向警署索取口供副本交本公司。
If the insured vehicle is incurred in a theft case, the Insured has an obligation to collect a copy of his statement which he has taken in the police station and submit it to the company.
- (5) 警方發出之報案紙或有關文件副本。
Copy of the traffic accident reporting case number or other concerning documents issued by police.
- (6) 如出事地點非在香港, 請附上海關出入境證明文件副本及出事當地警方 / 政府機構所發出之意外報告。
If the accident took place outside Hong Kong Territory, please submit copy of document for exit/entry to the captioned territory, and accident report issued by the police/government authorities at the place of accident.

本公司可能需要保戶或司機提供更多有關意外的詳細資料。

This Company may request the Insured and driver to provide further information about the accident.

授 權 書
LETTER OF CONSENT

致： _____ 警署
To: _____ Police Station,

敬 啟 者
Dears Sirs,

意外類型:
Type of incident: _____
意外日期:
on _____
意外地點:
at _____

本人 _____, 持有香港身份證編號 _____, 現同意將上述意外發生後向貴署報案的口供及其他有關資料副本交中国人民保險(香港)有限公司參考。

I, _____, the holder of HKID No. _____, hereby give consent to The People's Insurance Company of China (Hong Kong), Ltd. to obtain copy(ies) of my statement and other relevant documents/information in connection with the captioned incident.

Signature: _____

報 案 者 簽 名

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LETTER OF CONSENT

致： _____ 警署
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報 案 者 簽 名