

The forwarding of this form for completion is not an admission of liability on the part of the Company.
發出此通知書不能作為保險公司已經承認賠償之責任

MOTOR VEHICLE INSURANCE CLAIM FORM 汽車保險意外報告書

It is important that a complete answer be given to every question. If insufficient space is provided for your answer please continue on a separated sheet. No admission, offer, payment or indemnity should be made in respect of liability for bodily injury, death or property damage without the written consent of the Company. Please return this form within 21 days from the date of accident.

請詳細填報本表格上每一項目及於意外後二十一天內交回本公司，在未得到本公司書面認許之前，不得作出或承擔任何有關人身傷亡或財物損毀賠償之責任

IMPORTANT NOTICE

Please supply us the following documents together with this claim form: - 於遞交本意外報告通知書時，請同時提交以下文件：-

- i) The copy of driver's driving license. 司機之駕駛執照副本
- ii) The copy of driver's identity card. 司機之身份證副本
- iii) Copy of Vehicle Registration Document (both sides) 車輛登記證(雙面)副本
- iv) 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
- v) Original letter of authorization 授權書正本
- vi) Copy of police statement 警方口供副本
- vii) Copy of screening breath test report, if any 呼氣測試報告副本，如有

1 投保項目 Operative Insurance Cover	<input type="checkbox"/> 綜合保險 Comprehensive	<input type="checkbox"/> 第三者責任保險 Third Party Legal Liabilities	<input type="checkbox"/> 保單號碼 Policy No.
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投保汽車之資料 PARTICULARS OF MOTOR VEHICLE INSURED						
車輛登記號碼 Registration Mark	車輛製造商 Vehicle Make	車輛型號 Vehicle Model	車身類型 Type of Body	製造年份 Year of Mfg.	引擎號碼 Engine Number	車身底盤號碼 Chassis Number

2 投保人姓名 NAME OF INSURED 地址 Address : 住宅電話 Home Tel No.: 電郵地址 e-mail Address	職業 Occupation : 工作地點 Place of employment : 公司電話 Bus. Tel. No.: 手提電話 / 傳呼機 Mobile/Pager 網址 Website
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3 司機姓名 DRIVER'S NAME: 聯絡地址 Place of Contact: 住宅電話 Home Tel No.: 駕駛執照號碼 Driving Licence No.: 最初發出日期 Original Date of issue: 職業 / 行業 Occupation / business 僱主名稱 Employer's Name 是否曾被停牌 Has the Driver's Licence ever been endorsed or cancelled? 三年內有否交通意外 Has the Driver been involved in previous accidents over the past 3 years?..... 失事前 12 小時曾否喝酒或食藥 Had the Driver consumed any intoxicating liquor or taken any Drugs during 12 hours prior to accident?	年齡 Age: 手提電話 / 傳呼機 Mobile/Pager 可駕駛何類車輛 Types of Licence Currently held: 發出地點 Place of Issue: 職位 Position held..... 服務年期 Year of Service 如是 If "yes" 請列 give: 詳細 Full..... 資料 details:
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如司機並非車主
If the Driver was not the owner:

車主是否知道車輛被用
Was vehicle being used with the owner's knowledge and consent?

司機與車主有何關係 (如親戚、朋友、僱員、租賃)
State relationship to owner (i.e. relative, friend, employee, hirer)

司機是否擁有司家車, 如有, 車牌號碼
Does Driver own a car himself? If yes, vehicle no.

有否投保 (保險公司名稱)
With whom is it insured?

發生意外時, 該車之用途為
Purpose of use at the time of accident

自用 Private 商用 Commercial 租賃 Hire 其他 Other

4 **發生意外經過及草圖** 日期, 時間 請說明過失在那方
PARTICULARS OF ACCIDENT: Date, Time : Please state which party should be at fault:

Description of accident stating speed, weather and road conditions and exact place 詳情包括車速, 天氣, 路面情況及地點:
.....
.....
.....
.....

5 **投保車輛損壞情況**
PARTICULARS OF DAMAGE TO INSURED'S VEHICLE:

是否需要拖車 拖車公司名稱
Did vehicle require towing? If so, by whom?

被損車輛現時地點
Where is the damaged vehicle now?

修理車房 地址
Name of repair Garage: Address

何時 預算花費 (如有估價單請附上)
When? Estimated cost: (Attach quote if available)

NOTE. - NO REPAIRS TO BE COMMENCED WITHOUT THE WRITTEN CONSENT OF THE COMPANY OR THE ASSESSORS APPOINTED (FOR COMPREHENSIVE COVER ONLY)
注意 - 必須經本公司或授權之公證行批准方可進行修理(只適用於綜合保險)

6. 請在以下各項填上姓名及地址
STATE NAMES AND ADDRESS OF ALL:

(a) Passengers 乘客

.....

(b) Independent Witnesses 在場目擊證人

.....

7. 第三者之車輛損壞情況
OTHER VEHICLES INVOLVED

Name and address of driver and/or owner 第三者之姓名地址

Name 姓名 Registration No. 汽車登記號碼

Address 地址

Insurers and Policy No.
保險公司名稱及保單號碼

Apparent damage
明顯之損壞程度

8. 第三者之財物損壞情況
OTHER PROPERTY DAMAGED (APART FROM VEHICLES)

Name and address owner (if known) 第三者之姓名地址

Details of damage 損壞程度

9. 受傷者之情況
PERSONS INJURED

Was anyone injured in the accident? 意外中是否有人受傷? YES 有 NO 無
If yes, please provide details 請在下方提供資料

(state whether driver, passenger and in which vehicle or pedestrian) 請註明是司機、乘客或是行人	Apparent injuries 明顯的受傷程度	Taken to hospital 有否被送往醫院
.....	YES/NO* 有 / 否*
.....	YES/NO* 有 / 否*
.....	YES/NO* 有 / 否*
.....	YES/NO* 有 / 否*

10.. 有否交通警察到場 姓名
Did a traffic or police officer attend the accident? If so, state his name:

警局及檔案號碼
And name of Police Station date & Case No.:

是否有人被控受酒精或藥物影響
Was it alleged that anyone was under the influence of liquor or drugs?

姓名
If so, who?

警方曾否控訴該司機
Is any Police Action being taken against the Driver in respect of the alleged accident?

Any communications including summons you receive about the accident should not be answered but sent immediately to the Company. If the accident did not involve injury and was caused by the other party, complaint shall be made by the driver regarding the driving manner of the opposite driver so that police can carry out further investigation and may assist recovery.

如接獲有關任何函件包括告票請勿作答必須先交來本公司以便採取適當行動。如接獲有關如意外中並無傷亡而肇事由對方引致，司機應於意外起十天內向警方投訴對方司機之駕駛態度，以便警方作進一步調查及有助向對方追索賠償。

N.B. -PLEASE SIGN OVERLEAF UPON COMPLETION
注意 - 請在後頁簽署

DECLARATION & AUTHORIZATION 聲明及授權

I/We declare that, to the best of my/our knowledge, the above statements are true and correct and I/We have no other insurance policy indemnifying me/ us in respect of this accident. I/We hereby further agree if I/We have made or shall make any false statement or concealment, the Policy shall be void and all rights of recovery under the Policy shall be forfeited.

本人/吾等在此聲明本人/吾等已盡一切能力保證上述各節均屬實情,及在此次意外中,本/我等並無我到其他保險賠償。
本人/我等亦同意,如以上或將來提供之資料有虛假成分或有隱瞞,此保險單將被作廢,而一切索償權利亦將喪失。

I/We understand and agree the following issues about the arrangement of my/our personal information collected or held by China Ping An Insurance (H.K.) Co., Ltd. 本人/吾等明白並同意以下有關中國平安保險(香港)有限公司處理所收集及保存本人/吾等之個人資料。

PERSONAL INFORMATION COLLECTION STATEMENT 個人資料收集聲明

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 service 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 China Ping An Insurance (Hong Kong) Company Limited 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 the we have collected might be transferred to:

- any other company carrying out insurance or reinsurance related business in or out of Hong Kong;
- any association or federation or confederation of insurance industry that exists or is formed from time to time; or
- any agent (including private investigator, debt collector and recovery agent), contractor or third party who provides administrative, claims handling or other services relating to the Product to China Ping An Insurance (Hong Kong) Company Limited

In order to confirm the accuracy of your personal data, you agree to provide us with authorization to access to and to verify any of your personal data with the information collected by any federation or confederation of 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 Personal Data Privacy Officer at 17/F., Allied Kajima Building, 138 Gloucester Road, Wan Chai, Hong Kong.

If you have enquiries or require assistance with this Personal Information Collection Statement, please call us at (852) 2827 1883.

中國平安保險(香港)有限公司(下稱「平安保險」、「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。

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,如您不能向平安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**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:

- 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業聯會;或
- 任何提供行政服務、索償處理或其他與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或公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均直銷通訊。給您欲行使以上權利,可以書面形式投寄至香港灣仔告士打道 138 號聯合鹿島大廈 17 字樓中國平安保險(香港)有限公司,通知本公司的個人資料私隱主任。

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) 2827 1883 與我們聯絡。

Policy No 保單號碼.....Date of Accident 意外日期:.....Vehicle Number 車牌號碼:

Insured's Signature and Chop.....
保單持有人簽名及蓋印

Signature of Driver
司機簽名

Date
日期

Letter of Authorization

Date :

The Officer-in-Charge

Dear Sirs,

Re : Traffic Accident on
At
Involving Vehicle No.

I was the driver/owner of vehicle no. _____ at the time of the accident. I hereby authorize you to release to **China Ping An Insurance (Hong Kong) Company Limited** a copy of my statement and any information concerning the captioned traffic accident.

Yours faithfully,

Driver's/Owner's Signature

Name in Block Letter

Hong Kong Identity Card Number