

## 當發生交通意外時

- ▶ 應保持鎮定，避免和對方司機爭論責任誰屬。
- ▶ 在未獲警方同意前，請不要移動車輛。
- ▶ 如涉及第三者傷亡意外，馬上報警及拍照紀錄意外現場狀況。儘快通知本公司，敘述意外詳情及第三者受傷的範圍及狀況，待本公司提供專業意見。

注意：在未獲本公司同意前，請不要自行承諾任何賠償之安排。

如有查詢，歡迎致電本公司查詢熱線：  
☎ +852 2827 1883

中國平安保險(香港)有限公司  
香港九龍觀塘海濱道123號綠景NEO 19樓1901A室  
www.pingan.com.hk

## 意外跟進及注意事項

為保障閣下權益，請留意以下事項

- ▶ 如涉及第三者意外情況下，在未釐定責任前，應向對方司機索取以下資料紀錄：

車主及司機  
之姓名

聯絡電話  
及電郵地址

車牌號碼

保險公司名稱  
及保單號碼

- ▶ 如意外涉及第三者或政府公物，請在意外發生後24小時內向警署報案，及必須提交口供紙副本及第三者損毀相片。
- ▶ 若你認為意外為對方之過失引致，在事發10天內向警署投訴。
- ▶ 意外發生後，不論過失誰屬，應立即填妥汽車保險意外報告書，並在**21日**內交予本公司處理。
- ▶ 如有安裝汽車攝錄機，請提交汽車攝像視頻紀錄，或儲存紀錄留待日後使用。
- ▶ 出險後，如投保之車輛需要維修，必需事先取得本公司同意才可進行維修，所有未經本公司同意的維修一概不予受理。

注意：所有法庭傳票、警方通告及第三者索償文件必需立即轉交本公司處理，不可自行答覆。所有遲報將不予受理。

### When traffic accident occurs

- ▶ Please stay calm and don't argue with the third party.
- ▶ Don't move your car until you have consent from the Police.
- ▶ If there is third party bodily injury in the accident, please take photos of accident scene and call the police immediately. Please also report the accident to us with description of the event, nature and extent of the injury. Our professional team will help you.

Remember: Don't agree to any compensation arrangement without our prior consent.

For any enquiries, please contact our hotline:  
☎ +852 2827 1883

China Ping An Insurance (Hong Kong) Co., Ltd  
1901A, 19/F, NEO 123 Hoi Bun Road,  
Kwun Tong, Kowloon, Hong Kong  
www.pingan.com.hk

### Follow up action and Notice

to protect your right in insurance

- ▶ In case of any third party is involved in the accident, without committing to any liability, record the information of the third party:

Name of  
Car Owner  
and Driver

Contact telephone  
number and  
email address

Registration  
Mark of the  
vehicle

Name of the  
Insurance company  
and the corresponding  
policy number

- ▶ Report the accident to Police within 24 hours.
- ▶ If you believe the accident is due to fault of the third party driver, you must raise to Police within 10 days.
- ▶ Complete and submit the claim form to us within **21 days** from the date of accident, no matter which party should be responsible for the accident.
- ▶ If you have car camera, send us the video record and keep safe copy for future use.
- ▶ No repairs to your vehicle can be commenced without prior consent from us, otherwise we may not pay the damage of your vehicle.

Note: Remember to send us immediately all Summons to Defendant/Police Summons or any correspondences from the third party. Late submission will be rejected.

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

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

請詳細填報本表格上每一項目及於意外後 21 天內交回本公司，在未得到本公司書面認許前，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。It is important that a complete answer be given to every question. 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.

重要須知 IMPORTANT NOTICE

於遞交本意外報告通知書時，請同時提交以下文件：

- a) 司機之駕駛執照副本
- b) 司機之身份證副本
- c) 車輛登記證（雙面）副本
- d) 如司機擁有兩年或以上駕駛經驗，請提出證明
- e) 授權書正本
- f) 警方口供副本
- g) 呼氣測試報告副本（如有）

Please supply us the following documents together with this claim form:

- a) The copy of driver's driving license
- b) The copy of driver's identity card
- c) Copy of Vehicle Registration Document (both sides)
- d) If driver has over 2 years driving experience, please provide supporting document
- e) Original letter of authorization
- f) Copy of police statement
- g) Copy of screening breath test report (if any)

投保資料(必填部份) DETAILS OF INSURANCE (MANDATORY FIELD)

投保人資料 INSURED INFORMATION

投保人姓名 Name of Insured	職業 Occupation
聯絡電話 Contact No.	電郵地址 Email Address
聯絡地址 Contact Address	

投保汽車資料 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

投保項目 OPERATIVE INSURANCE COVER

- 綜合保險(請填妥 SECTION 1 至 9)  
Comprehensive (Please fill in SECTION 1 to 9)
  第三者責任保險(請填妥 SECTION 1 至 9)  
Third Party Legal Liabilities (Please fill in SECTION 1 to 9)
  車匙延伸保障(請跳至 SECTION 10)  
Car Key Cover (Please go to SECTION 10)
  擋風玻璃保障(請跳至 SECTION 10)  
Windscreen Cover (Please go to SECTION 10)

保單號碼  
Policy No. \_\_\_\_\_

SECTION 1. 司機資料 DRIVER INFORMATION

司機姓名  
Name of Driver \_\_\_\_\_ 年齡  
Age \_\_\_\_\_

聯絡電話  
Contact No. \_\_\_\_\_ 職業 / 行業  
Occupation / Business \_\_\_\_\_

聯絡地址  
Contact Address \_\_\_\_\_

駕駛執照號碼  
Driving Licence No. \_\_\_\_\_ 可駕駛車輛類別  
Licence Type(s) \_\_\_\_\_

持續駕駛年資  
Year of Driving Exp. \_\_\_\_\_ 到期日  
Expiry Date \_\_\_\_\_

發出地點  
Place of Issue \_\_\_\_\_

是否已於意外後接受酒精測試？  
Was the screening breath test conducted after the accident?  是，測試結果為：  
Yes, the test result is: \_\_\_\_\_ 微克酒精  
microgram(s) alcohol  否 No

是否曾被停牌?  
Has the driver's Licence ever been disqualified?

是 Yes (請提供詳情 Please provide full details)

否 No

三年內是否發生過交通意外?  
Has the driver been involved in previous accidents over the past 3 years?

是 Yes (請提供詳情 Please provide full details)

否 No

失事前 12 小時是否曾喝酒或食藥?  
Had the driver consumed any intoxicating liquor or taken any drugs during 12 hours prior to accident?

是 Yes (請提供詳情 Please provide full details)

否 No

**如司機並非車主 If the Driver was not the Owner**

司機與車主的關係  
Relationship between driver and owner

親戚  
Relative

朋友  
Friend

僱員  
Employee

租賃  
Hirer

其他  
Other

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

是 Yes

否 No

司機是否擁有私家車?  
Does Driver own a car himself?

是, 車牌號碼為:  
Yes, the vehicle no. is:

否 No

司機是否有投保(保險公司名稱)?  
With whom is it insured?

是, 保險公司名稱為:  
Yes, the insurance company is:

否 No

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

**SECTION 2. 意外資料 DETAILS OF THE ACCIDENT**

日期 \_\_\_\_\_ 時間 \_\_\_\_\_ 上午 / 下午 \_\_\_\_\_ 地點 \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_ am / pm \_\_\_\_\_ Location \_\_\_\_\_

遇事時受保車輛之行駛速率為 \_\_\_\_\_ 公里 / 小時 \_\_\_\_\_ 天氣 \_\_\_\_\_  
Speed of the insured vehicle at the time of accident \_\_\_\_\_ km / hour \_\_\_\_\_ Weather \_\_\_\_\_

遇事司機認為是哪方過失? \_\_\_\_\_ 路面情況 \_\_\_\_\_  
In the driver's opinion, who was at fault? \_\_\_\_\_ Road Conditions \_\_\_\_\_

**請詳述意外發生經過 Please describe how the accident happened**

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**請描繪意外發生的經過 Please depict how the accident happened**

**SECTION 3. 投保車輛損毀情況及維修安排 PARTICULARS OF DAMAGE TO INSURED'S VEHICLE AND ARRANGEMENT FOR REPAIR**

投保車輛損毀情況

Damage to Insured's Vehicle Status

是否需要拖車？

Did vehicle require towing?

 是 Yes (請提供拖車公司名稱 Please provide the name of towing company) 否 No

被損車輛現時放置地點

Current Location of the Damaged Vehicle

維修車房名稱

Name of Repair Garage

維修車房地址

Address of Repair Garage

維修日期

Repair Date

預計維修花費

Estimated Repair Cost

請附上估價單 (如有)

Please attach quote (if any)

**注意事項 NOTE FOR ATTENTION**

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)。

No repairs to be commenced without the written consent of the company or the assessors appointed (for comprehensive cover only).

**SECTION 4. 乘客及在場目擊證人資料 PASSENGERS, INDEPENDENT WITNESS AND DASHBOARD CAMERA INFORMATION****乘客資料 Passengers Information**

乘客姓名 (1)

Name of Passenger

聯絡電話 / 地址

Contact No. / Address

乘客姓名 (2)

Name of Passenger

聯絡電話 / 地址

Contact No. / Address

**在場目擊證人資料 Independent Witness Information**

目擊證人姓名 (1)

Name of Independent Witness

聯絡電話 / 地址

Contact No. / Address

目擊證人姓名 (2)

Name of Independent Witness

聯絡電話 / 地址

Contact No. / Address

**行車記錄儀資料 Dashboard Camera Information**

是否有行車記錄儀記錄事發經過？

Is there any dashboard camera recorded how the accident happened?

 是 Yes (請提供詳情 Please provide full details) 否 No**SECTION 5. 第三者車輛損毀情況 DETAILS OF THIRD PARTY VEHICLE****第三者資料 Third Party Information**

姓名

Name of Owner

車輛登記號碼

Registration Mark

聯絡電話 / 地址

Contact No. / Address

保險公司名稱

Name of the Insurance Company

保單號碼

Policy No.

**車輛之明顯損毀情況 Apparent Damage of Vehicle**

明顯的損毀情況

Apparent Damage

**SECTION 6. 第三者財物損毀情況 DETAILS OF THIRD PARTY PROPERTY****第三者資料 Third Party Information**

姓名

Name of Owner

聯絡電話 / 地址

Contact No. / Address

**財物之明顯損毀情況 Apparent Damage of Property**

明顯的損毀情況

Apparent Damage

**SECTION 7. 受傷者情況 DETAILS OF THIRD PARTY BODILY INJURY**

是否有人在意外中受傷？  
Was anyone injured in the accident?  是 Yes (請在下方提供資料 Please provide details below)  否 No

**受傷者資料 The Third Person Information**

受傷者身份 Identity of Persons Injured					明顯的受傷情況 Apparent Injuries Status	是否有被送往醫院？ Had been taken to hospital?
受保車輛 Insured Vehicle		其他車輛 Other Vehicle		其他 Other		
<input type="checkbox"/> 司機 Driver	<input type="checkbox"/> 乘客 Passenger	<input type="checkbox"/> 司機 Driver	<input type="checkbox"/> 乘客 Passenger	<input type="checkbox"/> 行人 Passerby		<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
<input type="checkbox"/> 司機 Driver	<input type="checkbox"/> 乘客 Passenger	<input type="checkbox"/> 司機 Driver	<input type="checkbox"/> 乘客 Passenger	<input type="checkbox"/> 行人 Passerby		<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

**SECTION 8. 警方資料 POLICE INFORMATION**

是否有警察在意外後到場？  
Did a traffic or police officer attend the accident?  是 Yes (請提供姓名 Please provide the name)  否 No

報案警局名稱  
Name of Police Station

檔案號碼  
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?  是 Yes (請提供姓名 Please provide the name)  否 No

警察是否曾控訴該司機？  
Is any police action being taken against the driver in respect of the alleged accident?  是 Yes  否 No

**注意事項 NOTE FOR ATTENTION**

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。  
Any communications including summons you receive about the accident should not be answered and should be 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.

**SECTION 9. 受保駕駛者與第三者的協議 AGREEMENT BETWEEN INSURED DRIVER AND THIRD PARTY**

遇事後，受保駕駛者是否有支付任何款項予第三者？  
Immediately after the accident did the insured driver pay any payment to the third party?  是 Yes (請提供支付金額 Please provide the paid amount)  否 No

遇事後，受保駕駛者是否有收取任何由第三者支付的款項？  
Immediately after the accident did the insured driver receive any payment from the third party?  是 Yes (請提供收取金額 Please provide the received amount)  否 No

遇事後，受保駕駛者是否有與第三者作口頭或書面之和解協議？  
Immediately after the accident did the insured driver has any verbal or written compromise agreement with the third party?  是 Yes (請提供詳情 Please provide full details)  否 No

請填妥最後一頁資料及簽署

PLEASE FILL IN THE INFORMATION AND SIGN ON THE LAST PAGE

**SECTION 10. 只適用於車匙延伸保障及擋風玻璃保障 APPLY ONLY TO CAR KEY COVER AND WINDSCREEN COVER****司機資料 Driver Information**

司機姓名 \_\_\_\_\_ 年齡 \_\_\_\_\_  
 Name of Driver \_\_\_\_\_ Age \_\_\_\_\_

聯絡電話 \_\_\_\_\_ 職業 \_\_\_\_\_  
 Contact No. \_\_\_\_\_ Occupation \_\_\_\_\_

聯絡地址 \_\_\_\_\_  
 Contact Address \_\_\_\_\_

**意外資料 Details of the Accident**

日期 \_\_\_\_\_ 時間 \_\_\_\_\_ 上午 / 下午 \_\_\_\_\_ 地點 \_\_\_\_\_  
 Date \_\_\_\_\_ Time \_\_\_\_\_ am / pm \_\_\_\_\_ Location \_\_\_\_\_

遇事時受保車輛之行駛速率為 \_\_\_\_\_ 公里 / 小時 \_\_\_\_\_ 天氣 \_\_\_\_\_  
 Speed of the insured vehicle at the time of accident \_\_\_\_\_ km / hour \_\_\_\_\_ Weather \_\_\_\_\_

遇事司機認為是哪方過失? \_\_\_\_\_ 路面情況 \_\_\_\_\_  
 In the driver's opinion, who was at fault? \_\_\_\_\_ Road Conditions \_\_\_\_\_

**請詳述意外發生經過 Please describe how the accident happened**

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**警方資料 (只適用於車匙遺失索償) Police Officer Information (Only for Claiming Lost Car Key)**

是否有警察在意外後到場?  是 Yes (請提供姓名 Please provide the name)  否 No  
 Did a traffic or police officer attend the accident?

報案警局名稱 \_\_\_\_\_ 檔案號碼 \_\_\_\_\_  
 Name of Police Station \_\_\_\_\_ Case No. \_\_\_\_\_

是否有人被控受酒精或藥物影響?  是 Yes (請提供姓名 Please provide the name)  否 No  
 Was it alleged that anyone was under the influence of liquor or drugs?

警察是否曾控訴該司機?  是 Yes  否 No  
 Is any police action being taken against the driver in respect of the alleged accident?

**請填妥最後一頁資料及簽署  
 PLEASE FILL IN THE INFORMATION AND SIGN ON THE LAST PAGE**

## 聲明及授權 DECLARATION & AUTHORIZATION

本人／我等在此聲明本人／我等已盡一切能力保證上述各節均屬實情，及在此次意外中，本人／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 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／我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／我等之個人資料。

I/We understand and agree the following issues about the arrangement of my/our personal information collected or held by China Ping An Insurance (HK) Co., Ltd.

## 個人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT

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。

個人資料是可以用作獨立識別或聯絡個人人士之數據。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及核實任何由保險業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九龍觀塘海濱道 123 號綠景 NEO 19 樓 1901A 室中國平安保險（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。

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 1901A, 19/F, NEO, 123 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong.

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

保單號碼  
Policy No. \_\_\_\_\_

意外日期  
Date of Accident \_\_\_\_\_

車牌號碼  
Vehicle No. \_\_\_\_\_

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

司機簽名  
Signature of Driver \_\_\_\_\_

日期  
Date \_\_\_\_\_

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 Signature

\_\_\_\_\_  
Name in Block Letter

\_\_\_\_\_  
Hong Kong Identity Card Number