



詳細填報申請賠償表格上每一項目可避免延誤處理台端之賠償事宜
 To avoid any delay in the administration of your claim it is imperative that each question on this report form be fully answered

汽車意外報告書
MOTOR ACCIDENT CLAIM FORM

保戶 INSURED	姓名 Name		保單號碼及投保類別 Policy no. & cover			
	通訊地址 Corresp. address		職業 Occupation			
		電話號碼 Telephone no.		住宅 Home		
				辦事處 Office		
受保之車輛 INSURED VEHICLE	車牌號碼 Registration no.	出廠年份 Year of manufacture	製造名稱 Make	款式 Model	機器號碼 Engine no.	車身號碼 Chassis no.
	在發生意外事件時，該車乃用作之用途 Purpose of use at time of accident					
*請附上車輛登記文件副本(底面) Please submit copies of vehicle registration document (Both sides)						
駕駛人 DRIVER	姓名 Name		電話：住宅 Tel no.(Home).....		辦事處 (Office)	
	通訊地址 Corresp. address		職業 Occupation		出生日期 Date of birth	
		與車主關係 Relationship with the owner		身份證號碼 Identity Card no.		
		執照號碼 Licence no.		到期日 Expiry date		
		駕駛人曾否 Has driver		觸犯交通條例? a) ever been convicted of any driving or motoring offence?		
				是/否 如是，請寫上事情細節及日期 YES/NO If 'YES' give details and dates		
				牽涉交通意外失事? b) previously been involved in an accident?		
				是/否 如是，請寫上事情細節及日期 YES/NO If 'YES' give details and dates		
*請附身份證及駕駛執照副本 Please attach copies of identity card & driving licence						
意外發生之詳情 THE ACCIDENT	日期 Date		地點 Location			
	時間 Time		受保車輛在意外事件發生前之行車速率為每小時 Speed of insured vehicle immediately prior to accidentm.p.h.			
請詳述該意外事件如何發生 Give clear account of what happened						
Diagram (圖解)						
以駕駛人意見，這次意外事件是誰人過失而引起? In Driver's opinion, who was at fault?						
遇事後受保駕駛人有否付給或收取任何款項予第三者 Immediately after the accident did the insured driver pay or receive any payment to or from the third party?						
<input type="checkbox"/> 有,已付/收取 * 款項 予/由 * 第三者 <input type="checkbox"/> 否 Yes, paid/received* an amount ofto/from* third party No						
*刪除不適用者 *delete where inapplicable						
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? Immediately after the accident did the insured driver has any verbal or written compromise agreement with the third party?						
<input type="checkbox"/> 有,詳細如下 <input type="checkbox"/> 否 Yes, details No						

受保車輛損壞情 DAMAGE TO INSURED VEHICLE	請盡所能詳述損壞情況 Description and extent of damage 意外後，受保車輛有否被拖往政府驗車中心作檢驗？ Was the vehicle detained for inspection by the police after the accident? 是 否 <input type="checkbox"/> Yes <input type="checkbox"/> No 重要：如屬綜合保險單，估價單必需先交到本公司審查及批准始得開工修理。 IMPORTANT: If the vehicle is insured on comprehensive terms, an estimate of repair cost must be submitted to the company before repair are commenced. 閣下是否有意要求本公司賠償受保車輛之修理損失？ Do you intend to claim the repair cost against the company? 是 否 <input type="checkbox"/> Yes <input type="checkbox"/> No 是，該車現時之停泊地點 If yes, where is the location of the vehicle 車房／聯絡人之姓名及電話號碼 Garage/Person and contact telephone no. 修理費估計為 Estimate of repair costs																									
受傷者 INJURED PERSONS 在受保車輛內 In Insured Vehicle 其它 Others	<table border="1"> <thead> <tr> <th>姓名 Name</th> <th>年齡 Age</th> <th>地址 Address</th> <th>受傷程度 Injury</th> <th>醫院或醫生之姓名 Name of doctor/hospital</th> </tr> </thead> <tbody> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr> </tbody> </table>	姓名 Name	年齡 Age	地址 Address	受傷程度 Injury	醫院或醫生之姓名 Name of doctor/hospital
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對其他物體之損壞 DAMAGE TO PROPERTY OF OTHERS	第三者車輛號碼 Third party vehicle(s) no. 車輛類 Vehicle type 車主或物主姓名 Name of vehicle/property owner 地址 電話號碼 Telephone no. 第三者保險公司名稱 Name of third party insurers if known 損壞情況 Damage condition																									
見證人 WITNESSES 受保車輛內 In Insured Vehicle 其他 Others	請詳述每位見證人及在場目擊此意外事件者姓名及地址 Give name and address of every witness and every other person who was present																									
警察局報告 POLICE REPORT	警員姓名或號碼 Name/Number of officer 警署地址 報案日期及報案號碼 Name of police station Date and number of report 警方是否有對駕駛員進行控訴？ Is any police action being taken against the driver?																									
聲 明 DECLARATION	本人 / 我們聲明所填報的資料就本人 / 我們所知所信，全部真實無訛。 本人 / 我們授權持有本人 / 我們記錄或資料（包括本人 / 我們之口供）之人士或團體，向安盛保險有限公司或其認可代理人，提供與本索償事宜或與保險人之追償權有關之記錄或資料。此授權書影印本之效力等同正本。 I/We declare that the information given in this form is true and complete to the best of my/our knowledge and belief. I/We further authorise any individual or entity holding any records (including any statements taken) or knowledge of me/us which is/are relevant to the settling of this claim and/or the Insurer's rights of recovery thereunder to furnish such records or knowledge to AXA General Insurance Hong Kong Limited or its authorised representatives. A photocopy of this authorisation shall be considered as effective and valid as the original. <table border="0"> <tr> <td style="text-align: center;">.....</td> <td style="text-align: center;">.....</td> <td style="text-align: center;">.....</td> </tr> <tr> <td style="text-align: center;">Date of this report 報告日期</td> <td style="text-align: center;">Signature of Driver 駕駛人簽名</td> <td style="text-align: center;">Signature of Insured 保戶簽名</td> </tr> </table>	Date of this report 報告日期	Signature of Driver 駕駛人簽名	Signature of Insured 保戶簽名																			
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重要事項
IMPORTANT

- 如閣下收到有關此次失事之一切函件，請必回覆並立即送交敝公司，以便處理。
If you receive any communications in any way connected with the accident please forward them UNANSWERED to the company IMMEDIATELY.
- 未經敝公司同意之前，切勿擅自修理車輛。
Repair work must NOT be carried out without our authorisation.
- 收到任何控告書後請立即轉交本公司，不能私自作答。
Send all Summons Letters of Prosecution immediately upon receipt. Please do not answer by yourself.