



英傑華保險有限公司
CGU International Insurance plc
Hong Kong Branch
 9/F Cityplaza One 1111 King's Road
 Taikoo Shing Hong Kong
 Tel : (852) 2894 0555 Fax: (852) 2890 5741
 Website : www.aviva.com.hk



NOTICE OF MOTOR VEHICLE ACCIDENT

ADDRESS	FOR OFFICE USE ONLY
HONG KONG: G.P.O. Box 783 H.K. 9/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong. Tel : (852) 2894 0555 Fax : (852) 2895 2096	Policy Cover:..... Claim No..... Agency..... Excess HK\$..... Date of Accident.....20 D/D.....20.....
INSURED	Full Name..... I.D.no..... Age..... Address..... Home Tel. No..... Policy Number..... Expiry Date..... Occupation Tel. No. Business Address Business Tel. No.
VEHICLE	Make Year Reg. No. Engine No. Details of H.P. Details of any modification from standard specifications
USAGE	Journey From..... To..... State Precise Purpose of Journey Details of Goods or Equipment being carried at time Was something being on tow? Yes/No What was on tow Whether for Hire or Reward?

DRIVER

Name Age.....year I.D. No.....
Private Address Tel. No.....
Occupation..... Full Licence being first held on Year.....Month
Business Address..... Tel. No.....
Driver's Licence No. Expiry Date.....20.....
Date Issued.....20..... Class of Licence (State if Provisional Licence)

Has the Driver ever been convicted of any offence or penalty or fine in connection with any motor vehicles?
.....

State quantity of intoxication liquor or drugs consumed by the driver during 12 hours prior to accident:
.....

Has the driver ever been refused insurance or had special terms imposed?
.....

Does the driver suffer from any physical disability Heart/Diabetic/Epileptic or Medical Condition?
.....

IF DRIVER OTHER THAN THE INSURED

State if driving with the Insured's permission.....

Was vehicle being used on the business of the Insured? Yes/No

If so, nature of business is

Was the driver in the employment of the Insured? Yes/No

If so, length of service is.....

If not, what is the relationship between the Insured?.....

Whether the driver is an owner of a motor vehicle? Yes/No

If so, name of the Insurer is.....Policy No.....Vehicle No.....

Was the driver's own vehicle being involved in this accident? Yes/No

WITNESSES	<p>Give Names and Addresses of ALL Witnesses</p> <p>.....</p> <p>.....</p> <p>If you cannot identify any can you say if there were any?</p> <p>.....</p> <p>.....</p>
-----------	---

OTHER PARTIES	<p>Name of Driver.....Occupation.....</p> <p>Address.....</p> <p>Type of Vehicle.....Reg. No.....</p> <p>Insurance Company.....Policy No.....</p> <p>Details of damage to other vehicle.....</p> <p>Was anyone injured in the accident? Yes/No</p> <p>Please state details of injury to other parties</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name(s)</th> <th style="width: 25%;">Address(es)</th> <th style="width: 25%;">Injuries</th> <th style="width: 25%;">State whether passenger, pedestrian or driver etc.</th> </tr> </thead> <tbody> <tr> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table> <p>Details of damage to other property (if any).....</p> <p>Owner of other property.....</p>	Name(s)	Address(es)	Injuries	State whether passenger, pedestrian or driver etc.
Name(s)	Address(es)	Injuries	State whether passenger, pedestrian or driver etc.										
.....										
.....										

POLICE	<p>Which Police Station was the accident reported to.....</p> <p>Police Report No.....</p> <p>Did they take measurement & sketch? YES/NO</p> <p>Whether any action is being taken against Driver by the Police Yes/No</p> <p>If so, please state details</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
--------	--

DECLARATION	<p>I/We hereby declare the foregoing particulars to be true in every respect and that I/We have no other policy of insurance indemnifying me/us in respect of this accident and I/We undertake to give the Company all assistance in my/our power in dealing with the matter</p> <p style="text-align: center;">SIGNATURE OF INSURED.....</p> <p>Date..... SIGNATURE OF DRIVER.....</p>
IMPORTANT	<p>IF YOU RECEIVE ANY COMMUNICATION IN ANY WAY CONNECTED WITH THE ACCIDENT PLEASE FORWARD THEM UNANSWERED TO THE COMPANY IMMEDIATELY.</p> <p>THE DRIVER IS REQUIRED TO SIGN THE LETTER OF AUTHORIZATION ATTACHED TO THIS NOTICE:</p> <p>PLEASE SUBMIT A COPY OF THE FOLLOWING DOCUMENTS WHEN RETURNING THIS NOTICE:-</p> <p>1. HONG KONG VEHICLE REGISTRATION DOCUMENT (BOTH SIDES) 2. DRIVER'S H.K.I.D. CARD AND DRIVING LICENCE.</p> <p>N.B. The writing in Chinese characters is inserted for information of the Insured and does not form part of this Notice.</p>