



# TRINITY GENERAL INSURANCE COMPANY LTD.

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## 三 聯 保 險 有 限 公 司

GENERAL AGENTS : SHERIC UNDERWRITING AGENCY LTD

### MOTOR VEHICLE ACCIDENT REPORT 汽 車 意 外 報 告 書

#### IMPORTANT 重 要 事 項

1. All accidents must be reported to the nearest Police Station.  
所有意外事件均須向就近警署報案
2. This Report Form must be fully and accurately completed, irrespective of whether it is in favour of the Insured/Driver or otherwise.  
無論情況是否不利於保戶/駕駛者，報告書內之提問均須詳盡作答。
3. Never admit liability in any way or make any offer or promise of payment to any party without prior consent from the Company. If you receive any communication summons &/or writ in any way connected with the Accident, please immediately forward them unanswered to the Company.  
未得本公司同意，任何人士不能擅作承諾或賠償協議，一切有關此意外之函件及傳票等必須立即交由本公司處理。
4. If any Third Party is involved, the names and addresses of all witnesses and the number of Police Officer (if any) should always be obtained, irrespective of whether the Insured or Driver considers himself to blame or otherwise.  
若涉及第三者責任時，無論是否理虧，保戶或駕駛者必須記錄在場所有証人之姓名地址及警員編號。
5. The acceptance of this Report by the Company cannot be construed as admission of liability.  
向本公司呈交此報告書並不表示本公司必須承擔此意外之賠償責任。
6. Without affecting the generality of the Condition 2 of the Policy, the signing of the Declaration hereof certifies the truth of the statements and information made in this Report. Should any of such statements or information be found to be untrue for whatever reasons, &/or any concealment made, the Company shall be entitled to deny liability to indemnify or make any payment under the Policy.  
以不影響保單內之第二號承保條款為準，本報告書內簽署之聲明證明本書內及附帶之任何所提供之資料皆全部屬實。若有任何隱瞞或/及歪曲事實者，本公司將有權不承擔任何保單內之責任。
7. If the estimate exceeds the "Authorized Repair Limit" mentioned in the Policy, the consent of the Company after appropriate assessment must first be obtained before the repairs can be carried out.  
如修理費估價超出保單內之“授權修理限額”，須由本公司審核後方可開始修理工程。
8. The following documents should be presented with this Accident Report:-
  - A. Photocopy of Motor Vehicle Registration Document
  - B. Photocopy of driver's identity card
  - C. Photocopy of driver's driving licence
  - D. Certificate of Particulars of Driving Licence issued by Transport Department to the driver
  - E. Detailed estimate of repair costs issued by garage.
  - F. Hire Agreement of the Motor Vehicle, if any
  - G. Any Police Documents

下列文件須連同此意外報告書一併呈交

(一)車輛登記証副本	(四)運輸署簽發與駕駛者之駕駛執照細節證明書
(二)駕駛者身份証副本	(五)修車房之修理估價單
(三)駕駛者駕駛執照副本	(六)租車合約
	(七)任何警方文件



DETAILS OF THE ACCIDENT 意外詳情

日期 Date 時間 Time 上午/下午 AM/PM

地點 Place

天氣 Weather  晴 Fine  多雲 Cloudy  有霧 Foggy  下雨 Raining  暴風 Rainstorm

視野 Visibility  清楚 Clear  不清 Not clear  隱蔽 Concealed/Blocked by

路面 Road Surface  乾 Dry  濕 Wet  多沙 Sandy  泥濘 Muddy  油滑 Greasy  不平 Rough  平坦 Smooth  上坡 Upslope  下坡 Downslope

速度限制 Speed Limit 原時車速 Speed Gear in Use

The vehicle was under control prior to the accident 意外前該車行駛正常  Yes 是

否 因為有毛病 No, because of defective  煞車掣 Brake  離合器 Clutch  油門 Accelerator  駕駛盤 Steer  爆胎 Punctured tire  光頭胎 Bald tire  其他 Other

The accident was caused by myself/other party because of 意外由本人/他人而起, 因為

轉彎 Turn  掉頭 U-turn  扒頭 Take over  換線 Change lane  緊急煞車 Emergency stop  過界 Cross over lane  越線車線 Cross over opposite carriageway

Warning signal given by myself/other party 本人/對方曾發警告信號  Nil 無

有 Yes  手號 Hand signal  燈號 Light signal  喇叭 Horn  其他 Others

Accident was caused by myself/other party due to non-observance of traffic/road sign 意外由於本人/對方忽略路標而起

否 No  是 描述 Yes, describe

Sketch 草圖 Description of Incident 事件過程

Vehicle was towed by Police after the accident  No  Yes 扣留於 Detained at: 取回日期 Release Date

Use continuation sheet if necessary 需要時請加附頁

OWN DAMAGE 己方損失

損壞部份 Damaged portion

損壞程度 Extent of damage

損壞車輛尚可供使用 The damaged vehicle can still be driven for use.  損毀車輛已拖/送往修理 The damaged vehicle was towed/delivered for repair.  自行修理, 只作紀錄 Own repair, for record purpose.

The damaged vehicle can be inspected at 可往下列地點檢查該車

Contact person 聯絡人 Tel. No. 電話

Estimated repair charges 修理費估價

WOUNDED PERSON(S) IN OWN VEHICLE 己方受傷人士

Name 姓名	Age 年齡	Sex 性別	Name 姓名	Age 年齡	Sex 性別
Address & Phone No. 地址及電話號碼			Address & Phone No. 地址及電話號碼		
Profession 職業			Profession 職業		
Relation with Driver 與駕駛者之關係			Relation with Driver 與駕駛者之關係		
Condition of Injury 傷勢			Condition of Injury 傷勢		
In-patient 留醫 <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 at 在 Hospital			In-patient 留醫 <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 at 在 Hospital		

PARTICULARS OF THE INSURED 保戶資料

保單號 Policy No.	投保項目 Cover	到期日 Expiry Date
保戶名稱 Insured's Name		電話 Tel. No.
商業性質/職業 Business/Profession/Occupation		
住址 Home Address		電話 Tel. No.
辦事處地址 Office Address		電話 Tel. No.
通訊地址 Correspondence Address		電話 Tel. No.

PARTICULARS OF THE VEHICLE 汽車資料

車輛號碼 Registration No.	出廠年份 Year of Manufacture	製造商及款式 Make & model	馬力及容量 H.P. and C.C.	引擎號碼 Engine No.	檔次/自動波 Manual/Auto	修改 Any Modification

USAGE AT THE TIME OF ACCIDENT 發生意外時之用途

私人用途 For private use   
  公事用途 For business use   
  租賃 For hire   
  收買 For reward   
  試驗 For test/trial   
  競賽 For racing

其他 Others

此程目的 Purpose of the trip  
 乘客或貨物詳情 Details of passengers or goods carried  
 途線 Route

PARTICULARS OF DRIVER 駕駛者資料

駕駛者名稱 Driver's Name	身位號碼 R.K.L.D. No.
商業性質/職業 Business/Profession/Occupation	
住址 Home Address	電話 Tel. No.
辦事處地址 Office Address	電話 Tel. No.
通訊地址 Correspondence Address	電話 Tel. No.
駕駛執照號 Driving License No.	簽發日 Issue Date
	到期日 Expiry Date
	駕駛經驗(年) Driving Experience (Yr.)

Liquor and/or drugs taken by the Driver prior to the accident: 意外發生時駕駛者可曾服用藥物

Particulars of the Driver suffered from the followings: 駕駛者可曾患上以下症狀

心臟病 Heart failure   
  糖尿病 Diabetes   
  癲癇 Epilepsy   
  精神病 Mental imbalance   
  視覺失常 Defective vision   
  聽覺失常 Defective hearing   
  體能缺陷 Physical infirmity

Particulars of offence(s) committed by the above-mentioned Driver during the past 5 years in connection with the driving of any motor vehicle.  
 上述駕駛者曾在過去五年內曾觸犯任何與駕駛任何汽車有關之罪行

Particulars of the claim made for the last 3 years under Motor Insurance policy. 過往三年任何要求賠償詳情

Driver's application for Motor insurance cover has been declined by an insurer because 駕駛者之汽車投保曾被拒絕，因為

Driver's application for renewal of Motor insurance cover has been refused because 駕駛者之汽車續保曾被拒絕，因為

Driver's Motor Insurance policy has been cancelled because 駕駛者之汽車保險單曾被中途取消，因為

The Driver's relationship with the insured 駕駛者與保戶之關係

朋友 Friend   
  僱員在任時間 Employee, state length of employment  
 租客 Hire   
  親戚，指明 Relative, specify

保戶可與駕駛者駕取該車  
 The Driver drove the vehicle with the Insured's permission     Yes 是     No 否

PARTICULARS OF VEHICLE(S) OWNED BY THE DRIVER 駕駛者所擁有之車輛資料

車輛號碼 Registration No.	類型 Type	保險公司 Insurer	投保項目 Cover	保單號 Policy No.

This accident was reported to the Driver's insurer(s) 此意外事件已呈報獲險全數之保險公司     Yes 是     No 否

Police Information 警方資料

Police No. 到場警員號

State whether any of the followings was/were recorded by the Police 在現場是否曾紀錄以下事項

拍照 Take photo   
  度尺 Take measurements   
  繪草圖 Draw sketch

Reporting Police Station 報案之警署    File No. 案號

Name and No. of the Investigating Officer 調查之警員名稱及編號

Use circulation sheet if necessary 請在有需要時用此單

## 授權書

報告檔案：

敬啟者：

意外日期：

地點：

車輛：

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本人 \_\_\_\_\_ (身份証號碼： \_\_\_\_\_) 現授權三聯保險有限公司向 貴處索取本人於事發後向 貴處所作之個人資料、口供及草圖副本。本授權書之副本同樣有效。

此致

交通意外調查組

司機簽署：