

For Official Use Only
 Claim No.

Motor Vehicle Accident Report Form

汽車意外報告書

(I) Insured 保戶

Name 姓名	Occupation 職業	
Policy / Certificate No. 保險單號碼	Period of Insurance 承保日期 由	
Residential Address 住宅地址	Tel. 電話	
Office Address 辦事處地址	Tel. 電話	

(II) Insured Vehicle 承保車輛

Registration Marks. 車牌號碼	Make 廠名	
Model 款式	Year of Manufacture 製造年份	
Engine No. 引擎號碼	Chassis No. 車身底盤號碼	Date of Purchase 購入日期
Hire Purchase Owner 所屬財務公司	No. of passengers being carried at the time of the accident excluding driver 意外時所載乘客人數 (不包括司機)	
Nature of goods being carried at the time of the accident 意外時所載貨物種類		

(III) Driver 駕駛人

Name 姓名	Date of Birth 出生日期	Occupation 職業	
Residential Address 住宅地址	Tel. 電話		
Office Address 辦事處地址	Tel. 電話		
I. D. Card No. 身份證號碼	Driving Licence No. 駕駛執照號碼		
Years of driving experience 若干年駕駛經驗	Relationship to Insured 與保戶之關係		
Are you driving with Insured's Permission 是否得到保戶同意駕駛承保車輛	<input type="checkbox"/> Yes 是	<input type="checkbox"/> NO 否	
Any physical defects 身體是否有缺陷	<input type="checkbox"/> Yes 是	<input type="checkbox"/> NO 否	
Were you involved in any previous accident(s) 過往曾否涉及交通意外	<input type="checkbox"/> Yes 是	<input type="checkbox"/> NO 否	(if yes, please give details) (如是, 請述詳情)
Any previous convictions of driving offences 過往曾否被判罰觸犯交通條例	<input type="checkbox"/> Yes 是	<input type="checkbox"/> NO 否	(if yes, please give details) (如是, 請述詳情)
Do you own a motor vehicle? Please state Reg. Marks., Insurance Co. & Policy No. 您是否擁有汽車? 請詳述車牌號碼, 保險公司及保險單號碼			

(V) Responsibility for the Accident 意外之責任

In your opinion, who was responsible for the accident ? 依您之意見，意外之責任誰屬	Have you admitted responsibility ? 您是否已承認責任	<input type="checkbox"/> Yes 是
		<input type="checkbox"/> No 否

(VI) Police Report 警察報告

To which Police Station was the accident reported 向哪一所警署報案		Date reported 報案日期	
Report Book No. 報案號碼	Police Constable No. 警員編號	Any statement given 是否已落口供	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

(VII) Damages to the Insured Vehicle 承保車輛損毀情況

Details of damage 損毀情況	Estimate of repair 估計修理費
Where may it be inspected - Name / Address of the garage 在何處可檢驗該車輛 - 車房名稱及地址	

(VIII) Third Parties Involved in the Accident 第三者

(1)	Reg. Marks 車牌號碼	Type of Vehicle 車輛類別	Driver 駕駛人
	Address / Tel. 地址 / 電話		
	Insurance Co. 保險公司	Details of Damage 損毀情況	
(2)	Reg. Marks 車牌號碼	Type of Vehicle 車輛類別	Driver 駕駛人
	Address / Tel. 地址 / 電話		
	Insurance Co. 保險公司	Details of Damage 損毀情況	
(3)	Reg. Marks 車牌號碼	Type of Vehicle 車輛類別	Driver 駕駛人
	Address / Tel. 地址 / 電話		
	Insurance Co. 保險公司	Details of Damage 損毀情況	
Any damages to third party property (if yes, please give details) 有否造成其他方面財物之損毀 (如有，請述詳情)			

(IX) Persons Injured in the Accident 傷者

(1)	Name 姓名	Age 年齡	Occupation 職業
	Address / Tel. 地址 / 電話		
	Registration Marks 車牌號碼	Nature of injury 受傷情況	
(2)	Name 姓名	Age 年齡	Occupation 職業
	Address / Tel. 地址 / 電話		
	Registration Marks 車牌號碼	Nature of injury 受傷情況	
(3)	Name 姓名	Age 年齡	Occupation 職業
	Address / Tel. 地址 / 電話		
	Registration Marks 車牌號碼	Nature of injury 受傷情況	

(X) Witnesses 證人

(1)	Name 姓名	Age 年齡	Occupation 職業
	Address / Tel. 地址 / 電話		
	Registration Marks 車牌號碼	Relationship to driver or any other parties involved 與駕駛人之關係或其他任何有關人仕之關係	
(2)	Name 姓名	Age 年齡	Occupation 職業
	Address / Tel. 地址 / 電話		
	Registration Marks 車牌號碼	Relationship to driver or any other parties involved 與駕駛人之關係或其他任何有關人仕之關係	

(XI) Authorization 授權 / Declaration 聲明

I hereby authorize the Police Station concerned to release my statement to China Pacific Insurance Co., (H.K.) Ltd. A photostat copy of this authorization shall be considered as effective and valid as the original.
本人授權警方向中國太平洋保險(香港)有限公司提供本人之口供紀錄。此授權書之副本具有正本之同等效力。

I / We hereby declare to the best of my / our knowledge belief that the above statements and particulars to be true and correct and I / We have no other insurance policy indemnifying me / us in respect of this accident. I / We hereby further agree that if I / We have made or shall make any false statement or concealment, the Policy shall be void and all rights to recovery thereunder shall be forfeited.
本人 / 我等在此聲明以上一切資料均屬真實，及在此次意外中，本人 / 我等並無得到其他保險賠償。
本人 / 我等亦同意，如以上或將來提供之資料有虛假成份或有隱瞞，此保險單將被作廢，而一切索償權利亦將喪失。

PERSONAL INFORMATION COLLECTION STATEMENT
收集個人資料聲明

I understand that the information I provide to China Pacific Insurance Co. (HK) Ltd. is collected to enable China Pacific Insurance Co. (HK) Ltd. to carry on insurance business and may be used for the purpose of:

- any insurance or financial related product or service or any alternations, variations, cancellation or renewal of such product or services;
- any claim or investigation or analysis of such claim;
- exercising any right of subrogation; and

may be transferred to:

- any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
- any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation and
- any members of the "Federation" by the "Federation" for any of the above or related purposes.

Moreover, China Pacific Insurance Co. (HK) Ltd. is hereby authorized to obtain access to and/or to verify any of my data with the information collected by the Federation from the insurance industry.

I understand I have the right to obtain access to and to request correction of any personal information concerning myself held by China Pacific Insurance Co. (HK) Ltd. . Requests for such access can be made to the Personal Data (Privacy) Ordinance Compliance Officer of China Pacific Insurance Co. (HK) Ltd.. (Telephone No.: (852) 2541 4338, Fax No.: (852) 2541 4332)

本人明白本人提供的資料為中國太平洋保險(香港)有限公司提供保險業務所需，並可能使用於下列目的：

- 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；
- 任何索償，或該等索償的調查或分析；
- 行使任何代位權；及

可能移轉予：

- 任何有關的公司，或任何其他從事與保險業或再保險業務有關的公司，或與保險業務有關的中介人或索償或其他服務提供者，以達到任何上述或有關目的；
- 現存或不時成立的任何保險公司的協會或聯會或同類組織(「聯會」)，以達到任何上述或有關目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；及
- 透過「聯會」移轉予任何「聯會」的會員，以達到上述或有關目的。

此外，本人授權中國太平洋保險(香港)有限公司可向「聯會」從保險業收集的資料中查閱及/或核對本人任何資料。本人明白本人有權查閱及要求更正由中國太平洋保險(香港)有限公司持有有關本人的個人資料。如有需要，本人將向中國太平洋保險(香港)有限公司個人資料(私隱)條例監察主任提出。(電話：(852) 2541 4338，傳真：(852)2541 4332)

Remark :

1. Do not admit liability and forward all correspondence to the Company.
2. Estimate of repairs must be approved by the Company prior to the commencement of repairs.
3. The Company does not admit liability by the issue of this accident report form.

1. 不可向對方承認責任，並須將一切函件送交本公司
2. 必須經本公司批准方可對損毀車輛進行修理。
3. 本公司發出此報告書，並不表示承認任何責任。

Date 日期	Signature of Driver 駕駛人簽署
Date 日期	Signature of Insured(with company chop if applicable) 保戶簽署(如屬公司請蓋章)

備註：

請填妥 " 汽車意外報告書 " 及 " 要求查閱個人資料表格 II "(由錄取口供者填寫) 後連同下列文件交回我司：

- 1 出事司機的駕駛執照副本
- 2 車輛登記証副本『正、底面』
- 3 口供紙副本

To: Senior Inspector of Police,
Investigation and Support Division,
Traffic HKI / KE / KW / NTN / NTS.

TKE RN _____

授權書
Letter of Authorization

意外日期
Date of Accident : _____
意外地點
Location of Accident : _____
牽涉車輛
Involved Vehicle(s) : _____

本人/公司 授權 **中國太平洋保險(香港)有限公司** 向貴司/署 索取有關 本人/公司 之任何資料，以作保險索償評估用途。此授權書之影印本與正本具同等效力。

本人已閱讀過以上內容及明白此授權書，並簽名作實。

I/We hereby authorize **China Pacific Insurance Co., (H.K.) Ltd.** to access and obtain all of my/our information from any person, company, authority, and/or legal entity for the purpose of assessment of an insurance claim. A photocopy of this authorization shall be considered as effective and valid as the original.

I have read the above authorization and confirm my understanding and consent by signing below.

簽署及 蓋章 (如適用)
Signature & Chop (if applicable) : _____

姓名 (正楷)
Name (in Block Letter) : _____

香港身份證/商業登記號碼
HKID/Business Registration No. : _____

日期
Date : _____