## 安盛保險有限公司

AXA General Insurance Hong Kong Limited 30/F Hongkong Telecom Tower Taikoo Place 979 Kings Road Quarry Bay Hong Kong Tel 2523 3061 Fax 2810 0706 Email axahk@axa-insurance.com.hk



## Motor Vehicle Accident Report 汽車意外報告

保戶	姓名 Name			職業 Occupation		保單號數 Policy No.				
INSURED	地址 Address 電話 Telephone									
受保車輛 INSURED VEHICLE	汽車名稱 Make 當失事時該車作何使用	汽缸容量 Cubic capacity	貨車載 <sup>這</sup> Carrying	重量 g capacity	車牌號數 Registration	No.	估計該車 Approximate Value at time of Accident			
	State for what purpose the vehi was used when the accident ha									
	司機姓名 Name of driver			出生日期 Date of Birth		與保戶之關 Relationshi	條 ip with the Insured			
	地址 Address					電話 Telephone				
司機	駕駛執照號碼 Licence No.	首次教 Date	發牌日期 of first Issue		執照到期日 Expiry Date	<b>:</b>	駕駛經驗 Driving Experience:			
DRIVER	是否受薪司機 Is he your paid driver?	任職幾久 If so, how long has he been in your service?	Has he	以前曾否有意外 been concerned prosecutions for	l in any previou	is accident? ar nces. (if any)	nd, if so, give particulars			
	除保戶外,司機是否擁有私家車?若有,請列明車牌號碼及保險公司名稱 If a person other than Insured was driving, does driver also own a car? If so, state car No.& Insurance Co.									
	出事日期及時間:Date and time	e of accident	出事地	點 Place where	accident occur	red				
出事詳情			/下午 M/PM 發出警告		你以為失事過失					
DETAILS OF ACCIDENT	Speed of insured vehicle at time of the accident	What warning your driver of	ng did		In your opinion 自己 口 Self		fault? 雙方 Both Parties			
	請將此意外之 Please give a full description	詳細情形填 on the back of this fo	寫 於 背rm, explaining	頁 並 加 how the accide	以解釋 ent happened.					
自車損壞	在何處可檢驗該車 Where the vehicle may be inspe	ected?								
OWN DAMAGE	估計修理費若干?請將估價單攤 What is the probable cost of rep For Company's approval before	air? (Estimate must be	submitted							
	請詳述下列情況: State details	of the followings, if any	,							
第 三 者 THIRD PARTY	有否損壞他人財物: Damage to property &/ or vehicle of other parties:	涉及第三者之車牌, Registration No., N the Insurance Co. o	ame, Telephone	No and the nar	ne of		損壞程度: Nature of Damage:			
	有否傷害他人: Injury to oth	—————————————————————————————————————								
	傷者姓名: Name:	地址: Address:		受傷程度: Injury susta	lined :	答,否則 Has notice	由你自行承賠 e been received of any claim			
							rd party? Give particulars,			

unanswered, with this form.

WITNESSES		姓名 Name			地 址 Address		備 註 Remarks
新音響段記載性限形合							
	證 人				nous reliance which we change in the control of the	naan ja mili kandu mahkan ya ke maama mada mada mada wa mana dii kumumum addidisi maha Andu maama mad	
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Did a Police officer take particulars	·		A-tr (1, this is true		Alk eth D.k. TOT	100 - 140 -	
国		Did a Police officer	State his	Did you or your driver to police? If so, at whi	report the accident	Has any summons bee	en received or any polic
<b>ECLARATION 撃</b> 明  人/ 我們遊擊明此來懷表格內的資料就本人/ 我們所知所信,全部正確無識,並無任何保留。本人/ 我們授權持行本人/ 我們記錄或資料(包括本人/我們之口供)人士或賜體,向安盛保險有限公司或其認可代理人,提供與本家僅等的定效保險人之追債權有關之記錄或資料。此授權特別和之效力等同正本。 We hereby declare that to the best of my/our knowledge and belief the above statement and particulars contained herein are in all respects true and melete and are made without reservation of any kind. I/We further authorise any individual or entity holding any records (including any statements ken) 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 knowledge to AXA General Insurance Hong Kong Limited or its authorised representatives. A Photostat copy of this authorisation shall be considered as ective and valid as the original.	-,	DRITTALING VI					
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Insured's Signature	達同司機身(ease return	Please make a sketch 份証及駕駛執照副本寄上 the completed claim form	showing road I	opies of driver's ID ca		ce for our handling.	5本人/我們之口供)
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