



Motor Vehicle Accident Report
汽車意外報告

保 戶 INSURED	姓名 Name		職業 Occupation		保單號數 Policy No.	
	地址 Address				電話 Telephone	
受保車輛 INSURED VEHICLE	汽車名稱 Make	汽缸容量 Cubic capacity	貨車載重量 Carrying capacity	車牌號數 Registration No.	估計該車 Approximate Value at time of Accident	
	當失事時該車作何使用 State for what purpose the vehicle was used when the accident happened					
司 機 DRIVER	司機姓名 Name of driver		出生日期 Date of Birth		與保戶之關係 Relationship with the Insured	
	地址 Address				電話 Telephone	
	駕駛執照號碼 Licence No.		首次發牌日期 Date of first Issue		執照到期日 Expiry Date:	駕駛經驗 Driving Experience:
	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?	該司機以前曾否有意外而被控告 Has he been concerned in any previous accident? and, if so, give particulars of any prosecutions for motoring offences. (if any)			
	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.					
出事詳情 DETAILS OF ACCIDENT	出事日期及時間：Date and time of accident			出事地點 Place where accident occurred		
	日期： Date:	時間： Time	上午/下午 AM/PM			
	受保車輛出事之速率 Speed of insured vehicle at time of the accident	該司機曾否發出警告 What warning did your driver give?		你以為失事過失屬何方 In your opinion who was at fault? 自己 <input type="checkbox"/> 對方 <input type="checkbox"/> 雙方 <input type="checkbox"/> Self Opposite Both Parties		
請將此意外之詳細情形填寫於背頁並加以解釋 Please give a full description on the back of this form, explaining how the accident happened.						
自車損壞 OWN DAMAGE	在何處可檢驗該車 Where the vehicle may be inspected?					
	估計修理費若干？請將估價單擲下經我公司核准後始能進行修理 What is the probable cost of repair? (Estimate must be submitted For Company's approval before repairs are carried out)					
第 三 者 THIRD PARTY	請詳述下列情況： State details of the followings, if any:					
	有否損壞他人財物： Damage to property &/ or vehicle of other parties:		涉及第三者之車牌，姓名，電話之保險公司 Registration No., Name, Telephone No and the name of the Insurance Co. of other parties concerned:			損壞程度： Nature of Damage:
	有否傷害他人： Injury to other persons		傷者姓名： Name:		地址： Address:	受傷程度： Injury sustained:
				曾否收到第三者索償之任何通知？ 若有則請連同表格寄來，但不可作 答，否則由你自行承賠 Has notice been received of any claim from a third party? Give particulars, and if claim is in writing, forward it, unanswered, with this form.		

證 人 WITNESSES	姓 名 Name	地 址 Address			備 註 Remarks
警 察 POLICE	曾有警員紀錄此情形否 Did a Police officer take particulars	請告其號碼 State his number	此項意外向何警署報案，檔案號碼： Did you or your driver report the accident to police? If so, at which Police station and the case No.	閣下司機或曾收到任何傳票或警察控告否 Has any summons been received or any police action taken against you or your driver?	

DESCRIPTION OF ACCIDENT: 請詳述出事時汽車之車速、天氣、路面情況、正確地點及出事過程
stating speed, weather, road condition. exact place and process accident

繪 圖 SKETCH PLAN: 請繪圖加以說明行車路線，車輛以及行人等情況並以箭咀指示方向
Please make a sketch showing road layout, vehicles, pedestrians etc., also indicate directions of movement by arrows.

請連同司機身份証及駕駛執照副本寄上
Please return the completed claim form together with copies of driver's ID card and driving licence for our handling.

DECLARATION 聲明

本人 / 我們茲聲明此索償表格內的資料就本人 / 我們所知所信，全部正確無訛，並無任何保留。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，提供與本案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 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 complete and are made without reservation of any kind. 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 Photostat copy of this authorisation shall be considered as effective and valid as the original.

Insured's Signature _____

Date: _____

Driver's Signature _____