

汽車遇事報告書
MOTOR VEHICLE CLAIM FORM

東京海上火災保險(香港)有限公司
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Please complete fully and return immediately 填妥請即交回本公司

No admission, offer, payment of indemnity should be made in respect of liability for Property Damage, Bodily Injury or Death without the written consent of the Company.
未得本公司書面許可之前不得承認有關損壞財產、傷害身體或引至死亡之責任而提議賠償。

INSURED 保戶

Name 姓名 Policy No. 保單號碼

Address 地址 Tel. No. 電話號碼

INSURED VEHICLE 受保之車輛

Registration No. 車牌號碼	Make 牌子	Approximate Speed 行車速度	If loaded, what was cargo? 是否載有貨物	No. of Passengers 乘客人數

For what purpose was the vehicle being used when the accident occurred?

當遇事時該車作何用途?

DRIVERS 駕駛人

Name 姓名 Age 年齡

Address 地址 Tel. No. 電話號碼

License No. 駕駛執照號碼 Year of Driving Experience 多少年駕駛經驗

Is he/she Your relative 是否車主親屬 Your friend 朋友 Your employee 僱員

Was he/she driving on your order or permission? 駕駛人是否已得車主同意駕駛該車輛?

Is he/she insured by any other Motor Policy? 駕駛人持有其他汽車保單否?

DAMAGE TO PROPERTY 物業之損毀

To Insured Vehicle 本身車輛	To other Vehicle 對方車輛	To any other property 其他財物

INJURY TO PERSONS 傷者

Name 姓名	Address 地址	Extent of injury 受傷情形

WITNESSES 見證人

Passenger's Names 乘客姓名	Address 地址	Other Witnesses' Names 其他見證人姓名	Address 地址

Has a claim been made on you by a Third Party? If in writing, Please forward the communication unanswered. If verbally, give particulars.
對方曾否向汝要求賠償，如為書面請求，請將原件於未覆之前交來，若是口頭上請求，則請將詳情述明。

Any Writs, Notice of Prosecution by the police or communication from a Third Party should be sent to the Company immediately upon receipt.
無論任何文件，凡屬警方提出控訴之通知書或第三者方面之信件，均應請立即交本公司處理。

