

汽車意外報告表

Motor vehicle accident report form

詳細填報申請賠償表格上每一項目可避免延誤處理台端之賠償事宜。

To avoid delay in the administration of your claims it is imperative that each question on this report form be fully answered.

保單資料

Insurance policy details

保險代理公司
Agent

保單號碼 Policy no.	投保類別 Cover	到期日期 Expiry date
保戶姓名 Policy holder	職業之詳細資料 Occupation in detail	
地址 Address		
身份証號碼 HKID card no.	聯絡電話 Contact telephone	

保單持有人的車輛

Policy holder's vehicle

註冊號碼 (車牌) Registration number	製造年份 Year of manufacturing	廠名及款式 Make and model	機器容量 Engine capacity

車輛當時之用途

For what exact purpose was the vehicle being used _____

是否已得車主之同意使用該車?

Was it used on the car owner's order or with his/her permission?

是 否
 Yes No

司機之細節

Particulars of driver

姓名 Name	出生日期 Date of birth	身份証號碼 HKID card no.
地址 Address	聯絡電話 Contact tel. no.	
駕駛執照號碼 Driving licence no.	正式 <input type="checkbox"/> Full	臨時 <input type="checkbox"/> Provisional
首次發牌日期 Date licence first issued	到期日期 Expiry date	
與投保人關係 Relationship with insured		

- | | 是
Yes | 否
No | 如“是”請列詳細資料
If “Yes” give full details |
|--|--------------------------|--------------------------|--|
| ❖ 是次意外前十二小時內司機曾否服用任何藥物?
Has the driver taken any drugs during 12 hours prior to this accident? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| ❖ 是次意外前十二小時內司機曾否飲用過含有酒精成份之飲品?
Has the driver consumed any intoxicating liquor during 12 hours prior to this accident? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| ❖ 是次意外後司機曾否被進行酒精測試及其結果?
Has the driver been tested for alcohol following this accident and what is the result? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| ❖ 過去三年內是否曾因不小心或魯莽駕駛被停牌或扣分?
Had the driver's licence ever been endorsed or canceled because of careless or reckless driving and have points ever been deducted due to the so offence(s) in the past 3 years? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| ❖ 三年內有否交通意外?
Has the driver been involved in previous accidents over the past 3 years? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 如司機並非車主，車主是否知道車輛被用?
If the driver was not the owner, was vehicle being used with the owner's knowledge and consent | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 司機是否擁有私家車?
If the driver own a car himself? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 有否投保(保險公司名稱)?
With whom is it insured? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

証人/乘客

Witness/ passenger

乘客之姓名及地址

Name and address of your passenger: _____

乘客中是否有閣下之僱員?

Is there any passenger in your employ?

是 否
 Yes No

見証人之姓名及地址

Name and address of all independent witnesses _____

❖ 閣下必須回答此項問題

This question must be answered

保單持有人汽車損壞情況

Damage to policy holder's vehicle

如閣下之保單是受保該車之損壞，請述：—

If the policy covers against damage to your vehicle, please state:-

損壞情況

Details of damage _____

估計修理費用(請附估價單)

Estimated cost of repairs (Attach repairer's estimate if obtained)\$ _____

修理廠名稱、地點及電話號碼

Repairer's name, address & telephone number _____

該車是否已在修理廠?

Is the vehicle at the repairer's premises? 是 否 如未，請說明該車在何處 _____

該車曾否被拖往政府驗車中心接受驗車

Has the vehicle been retained by the government vehicle centre for inspection? 是 否 _____

如“是”，請說明驗車中心

If "Yes", please state which centre _____

遇事情況及損壞情形

Circumstances of accident, loss or damage

日期 _____ 時間 _____ 上午/下午
Date _____ Time _____ a.m. / p.m.

地點

Place _____

車速

Speed of car _____ 天氣及路面情況 _____
Weather & road condition _____

請詳述遇事過程地點位置等並附草圖標明路面情況如路闊、交通燈、交通標誌、讓線等等。(如空白位置不足可另附紙張)

Give full details of occurrence and make a rough sketch where appropriate showing road widths, traffic lights, signs, warnings, etc. Indicate directions of vehicle with an arrow. (If space is insufficient, please use a separate sheet of paper.)

遇事過程

Description of accident

草圖

Sketch

Private & Confidential 私人及保密文件

在填報以下資料前，閣下應立刻向警方報告此次意外

Before completing the questions below, you should report the accident to the police immediately

警方報告號碼

Police report no. _____

(請附上口供及警方報案紙收據)

(Please attach statement and police report slip)

請指明何處警署及其他有關紀錄

Please indicate station concerned and any other relevant information _____

如認為意外之責任在對方，你必須向交通部提出投訴

If other driver is at fault, you have to lodge a complaint against him/her. Yes

是

No

否

請用「√」號於適合方格內

(Tick as appropriate)

請解釋原因

Please explain why you failed to do so. _____

閣下及／或司機

Has the policy holder & / or driver

1. 曾否收受或給予對方任何補償?

made or received any compensation to or from the party?

Yes

是

No

否

數目

Amount _____

2. 曾否與對方達成任何與此意外有關書面協議?如有，請給予該正本

made any written agreement with the other party in connection with

Yes

是

No

否

this accident? If so, please let us have its original.

第三者之車輛或財物損壞情形

Particulars of third party vehicle involved or of other property damaged

汽車號碼或其他損壞物件名稱

Vehicle registration mark or other damaged property _____

車輛類別、廠名款式及顏色

Type, make model & colour of the vehicle _____

損壞情形

Extents of damages:

輕微

Slight

普通

Normal

嚴重

Serious

物主姓名

Name of owner _____

電話

Telephone _____

地址

Address _____

司機姓名及身份證號碼

Name of driver & HKID card no. _____

電話

Tel no. _____

地址

Address _____

第三者之保險公司名稱及受保範圍

Details of third party's Insurers, and cover _____

受傷者之情況

Particulars of person(s) injured

是否有人受傷?

Is there any person(s) injured? Yes

是

No

否

(如空白位置不足可另附紙張)

(If space is insufficient, please use a separate sheet of paper)

姓名及地址

Name(s) and address(es) _____

性別及年齡

Sex and age _____

受傷情況

Nature of injuries sustained? _____

意外發生時，傷者有否在車上戴上安全帶?

Did injured person(s) put on safety belt(s) in the car the time of accident?

Yes

有

No

無

Private & Confidential 私人及保密文件

如接到有關函件於未答覆前必須立即交來蘇黎世保險有限公司以便採取適當之行動，否則閣下之有關此意外之賠償事宜可能受影響

All communications relating to the accident must be forwarded unanswered immediately to Zurich Insurance Company Limited for attention; otherwise your indemnity may be adversely affected.

Declaration and authorization

聲明及授權

本人／吾等在此聲明本人／吾等已盡一切能力保證上述各節均屬實情
I/We declare that, to the best of my/our knowledge, these statements are true.

本人／吾等明白並同意一切由蘇黎世保險有限公司（「貴公司」）從此表格或由貴公司及其關連機構（「蘇黎世集團」）以其他任何方式所收集及保存之個人資料，均可能被「蘇黎世集團」使用於下列目的：

I/We understand and agree that the personal information collected or held by Zurich Insurance Company Ltd. ("the Company"), whether contained in this form or otherwise obtained by the Company and/or its associated companies ("the Zurich Group"), may be used by the Zurich Group for the following purposes:

1. 評核、辦理、評估及決定此項申請、索償或其他服務；
to assess, process, evaluate and determine my/our requests for applications, claims or services;
2. 辦理及履行銀行賬戶或信用卡直接付款；
to process and give effect to my/our requests for direct debit authorization or credit card payment;
3. 收取應繳付予「蘇黎世集團」之保費及/或自負額；
to collect any premium and/or deductible payable to the Zurich Group;
4. 分析、調查、批核及/或決定本人／吾等之索償；
to analyze, investigate, approve and/or determine my/our claims;
5. 回覆、處理及辯護任何對本人／吾等之索償、訴訟及/或起訴；
to answer, handle and defend any claim, action and/or proceedings brought against me/us;
6. 行使代位權及/或根據保單條例賦予「蘇黎世集團」之其他權利；
to exercise the Zurich Group's rights as more particularly defined in applicable policy wordings, including but not limited to the subrogation right;
7. 交予及提供第三方服務供應商以執行上述目的，第三方服務供應商包括法律諮詢人、調查員、理賠師、再保公司、醫護及復康人員、考察員、專業人員、維修人員、追討公司及會計師等；
to disclose and transfer to the Zurich Group's authorized service providers for their carrying out of the above mentioned purposes, and such service providers include legal advisors, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, debt collectors and accountants;
8. 履行任何香港法庭或其他監管機構所發出之合法要求或命令，包括保險業監管局、香港保險業聯會、核數師、香港政府或其相關機構；
to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and governmental-related establishments;
9. 進行市場調查、保險研究及數據統計，供「蘇黎世集團」研發相關服務及保險產品。
to conduct market research, insurance surveys, and to compile statistics, for the Zurich Group's development of services and insurance products.

本人／吾等明白本人／吾等可向貴公司之個人資料私隱主任要求查閱、更正及/或更改由「蘇黎世集團」持有有關本人／吾等的任何個人資料，地址為香港港島東華蘭路 18 號港島東中心 24 - 27 樓。本人／吾等同意貴公司有權收取合理之行政費用。

I/We understand that I/we have the right to access to, correct and/or change any of my/our personal information held by the Zurich Group by contacting the Company's Personal Data Privacy Officer at 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong. I/we agree that the Company may charge a reasonable administrative fee.

本人明白本人可以書面向貴公司之個人資料私隱主任要求停止收取「蘇黎世集團」任何市場推廣資料。

I/We understand I/we may also contact the Personal Data Privacy Officer if I/we do not wish to receive any marketing materials from the Zurich Group.

如中文譯本與英文有異，概以英文文本為準。

日期 _____ 保單持有人簽名及蓋印 _____
Date _____ Policy holder's signature and chop _____

駕駛者簽名 _____
Driver's signature _____

TO WHOM IT MAY CONCERN

Dear Sirs,

Re : Date of traffic accident :
 Involved vehicle : _____

I hereby confirm my consent that my statement which was made to the Police regarding the above traffic accident can be release to Zurich Insurance Company Limited.

In addition, please release to my Motor Insurers any other relevant information as they may require in handling my insurance claim arising out of the captioned accident.

Signature: _____

Name: _____

I.D. Card No.: _____

Date: _____

車輛保險之一般索償程序

1. 如閣下涉及交通事故並牽涉及人命傷亡或受保車輛遭受盜竊，應盡快通知警方。如意外中並無牽涉及人命傷亡，閣下亦應於意外發生後二十四小時內到警署備案。
2. 應記下第三者之重要資料，例如：
 - 被牽涉之車輛的車牌號碼；
 - 被牽涉之車主與司機的姓名及地址；
 - 被牽涉之車輛的保險公司名稱及其保單號碼；
 - 被牽涉之傷者的個人資料；
 - 被牽涉之傷者的傷勢；
 - 警方之報案號碼。
3. 為保障閣下之權益，如此事故是由於第三者疏忽所導致，應於十日內正式向警方提出投訴。
4. 切勿與第三者簽署任何協議書，否則可能導致對方擺脫在此事故中之責任及有可能令閣下喪失追討之權利。
5. 即使閣下認為此事故有可能是由於閣下疏忽所致，也不能向對方承認任何責任或同意作出賠償。
6. 閣下須連同下列證明文件副本，填妥附上之車輛索償表格，如事故涉及第三者傷亡則需再填寫附上的車輛索償補充表。
 - 由車房發出有關閣下車輛之維修報價單 <適用於綜合保險(全保)>；
 - 損毀車輛之相片，維修發票及收據正本 <只適用於擋風玻璃索償>
 - 受保車輛登記文件；
 - 警署報案編號紙及有關擬控告通知書；
 - 警方口供及所有有關部門發出的文件；
 - 酒精測試報告；
 - 司機駕駛執照及其他身份證明文件，例如身份証或護照。

7. 所有有關此事故之文件應不予回應，並即時轉交本公司處理。

重要提示：有關<無申請賠償折扣(NCD)>之計算方法及運作，詳請可參考保單內第十六條之敘述。

Claim procedures - Motor insurance

1. If you are involved in a traffic incident involving bodily injury or your vehicle is stolen, you should report to the police immediately or if no bodily injury is involved, you should report the case in person at the nearest police station not later than 24 hours after the accident.
2. Note down the essential information of the third party(ies) involved, such as
 - Vehicle registration number(s) of the vehicle(s) involved;
 - Name(s) and address(es) of the driver(s) and owner involved;
 - Name of insurance company(ies) and their policy number(s) of the vehicle(s) involved;
 - Personal particulars of the injured person(s) involved;
 - Extent of injury of the injured person(s) involved;
 - Police reporting case number.
3. To protect your own interest, lodge a complaint to the police within ten days if the incident was caused by the negligence of the third party(ies).
4. Do not sign any agreement with the third party(ies) because it may absolve them of responsibility and you may sign away your rights for recovery.
5. Even though you think the incident was possibly caused by your fault, no admission of liability or offer of settlement should be made.
6. Complete the attached Motor Claim Form and send it together with copies of the following supporting documents to us immediately after the accident.
 - The repair quotation if you are claiming under Comprehensive cover of your policy, i.e. damage to your own vehicle
 - Photos of the damaged vehicle, the original repair invoice and official receipt if you are claiming only the windscreen damage
 - A full set of Vehicle Registration Document of the insured vehicle;
 - Report chit from the police and any Notice of Intended Prosecution;
 - Police statement and other related documents from related authorities;
 - Breath Screening Test Report;
 - Driver's driving licence and any other identity document, such as ID card or passport.

In case the incident involves third party(ies) bodily injury, you are also requested to complete the attached Bodily Injury Questionnaire

7. All documents in relation to the incident must be unanswered and forwarded to our Company immediately.

Important Note: In relation to the No Claim Discount (NCD) operation, please refer to Section (16) No Claim Discount of the policy for details.

蘇黎世保險有限公司(於瑞士註冊成立之公司)

理賠部：香港港島東華蘭路18號港島東中心24 - 27樓

Zurich Insurance Company Limited (a company incorporated in Switzerland)

Claims dept.: 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong

電話：29039388

圖文傳真：29681660

Tel : 29039388

Fax : 29681660

QUESTIONNAIRE

Claim No.: _____

Vehicle No. _____

1. What part of your vehicle struck the Injured person?
肇事時閣下之車輛那部份觸及傷者? _____
2. Did the wheels of your vehicle go over any part of Injured person's body?
當時閣下車輪之車輪曾否輾過傷者身體之任何部份? _____
3. Give the following details of the injured person:
請描述該傷者,
 Male 男 Female 女 Approximate age 年齡 _____
4. Was the Injured person able to walk after the accident?
傷者遇事後能否步行? _____
5. Did the Injured person go to hospital?
傷者在遇事後曾否被送往醫院? _____
6. Did the injured person walk to the ambulance or was he or she carried?
事後傷者自行抑或由救護人員抬上救護車? _____
7. Please put a tick in the appropriate box regarding the apparent injury suffered by the injured person:
請指出傷者之受傷位置:
 Right Leg 右腿部 Right Arm 右臂部 Head 頭部
 Left Leg 左腿部 Left Arm 左臂部 Main Body 身軀
8. Did the injury appear minor or serious?
傷者傷勢屬於輕微抑或嚴重? _____
9. Was the person conscious?
傷者遇事後是否清醒? _____
10. Was blood coming out of their
傷者下列部份當時曾否出血
i. Ears 耳部 ii. Eyes 眼部 iii. Nose 鼻子 iv. Mouth 口部
11. Do you have any further details regarding the injury suffered by the injured person?
請詳述有關傷者所受其他傷害情況於下:
12. Who is the injured person?
傷者是誰?
i. Pedestrian ii. Passenger iii. Passenger of third party vehicle
行人 車上乘客 第三者車上乘客
13. How did the injured person dress like?
傷者當時的服飾如何? _____