

總公司:香港德輔道中 71 號永安集團大廈八樓 客戶服務熱線:3187 5100 傳真:3906 9922 HEAD OFFICE: 8/F., Wing On House, 71 Des Voeux Road Central, Hong Kong. Customer Service Hotline: 3187 5100 Fax: 3906 9922

## 汽車意外事故報告書 MOTOR ACCIDENT INSURANCE CLAIM FORM

本公司專用 Office Use 賠案編號 Claim No.

/中間が必 TNICTID ANICE F									
	OLICY DETAIL	S							
保戶名稱							保單號碼		
Name of Insured						man to serie	Policy No		
身份證號碼 Identity Card No	性別 Say	出生日期 Data of Birth	DD	月 MM	年 VV	職業 Occupation	聯絡T	電話 vot Tol No	
地址	Sex	_ Date of Birtii	_ טט _	IVIIVI _	11	Occupation	Conta 電郵	ict lei No	
Address							=====================================		
*本公司將會以電話短訊	1或電郵發送索	償表格確認函予保.	<b></b>						
Our Company will send	the Claim Ackn	owledgement to the	Insured by	y SMS or E	lmail.				
☑归丰年次州 D.J.J.	CT 1 37-1.1	-1-							
<b>受保車輛資料 Particular</b> 車輛登記號碼 廠名	s of Insured veni 及型號	cie	亩癿同	<b></b>		引擎號碼	汽缸容量	出廠年份	
	e & Model		Chass			Engine No.	Cubic Capacity		ufacture
							i		
	^ /		Mede VII.e		AL-FH	\	The Company of the Co		
意外發生時該車所作用差 Purpose of use at time of a			營業 Business		出租   Hire	試車 □ Trial	其他 (請說明 □ Others (pleas		
意外發生後該車是否曾被			Dusiness		是 是	<del></del>	請提供驗車報告	e specify)	
Was the vehicle detained f			accident?		☐ Yes		please provide MVE rep	ort.	
如 閣下之保單乃綜合		=		<b>÷</b> ?	是	否	r		
Any claim in respect of in						☐ No			
如"是",該車現停泊在	何處?					車行/聯絡人姓名及電			
If "yes", where is the locat					Repai	rer/ Contact Person a	nd Tel No.		
請用 'X' 在車身簡圖顯			Lot.	<del>-) (-)</del>	1.4.				
Please use 'X' to indicate	uie damaged par	t(s) of vehicle.	1 1	<u> </u>	後 back				
		11011	٠ ٢٠٠١	<u>, , , , , , , , , , , , , , , , , , , </u>					
該車以往是否曾有任何家				是	否	如"是"請提供資			
Any prior claim record(s)	for the vehicle?			Yes	☐ No	If "yes", give detail	ls		
駕駛人資料 Particulars	of Driver								
姓名	職業	身	<b></b>		聯絡	電話 出	上生日期 日	月	年
Name	Occupation					NoD	ate of Birth DD	MM	YY
駕駛執照號碼				次發出日期			駕駛經驗		年
Driving Licence No.		Date of	first issue	of valid di	iving licence		Driving Experier	nce	Years
地址									
Address	/S		*** Fee		пп-	++/11。 (2-主3-	VIII.		
與保戶之關係: Relationship with Insured			親屬 Relative		朋友   Friend	其他 (請記 □ Others (ple	元明) ease specify)		
如駕駛人並非車主,車当			relative		Titolia	_ outers (pre	是 是	否	
If the driver was not the ov			h the own	er's knowle	edge and cons	ent?	Yes	□ No	
駕駛人過去三年是否涉及	及任何交通意外	?		馬	를 否	如"是"請提供詳			
Has the driver been involv			ast 3 year	s? 🗌 Ye	s 🗌 No	If "yes", please give	full details		
駕駛人過去五年是否曾被							是	否	
Has the driver been convid		fence that involving	deduction	of driving	offence points	s during the past five	years?  Yes	☐ No	
如"是"請提供詳細資料									
If "Yes", please give full d						加"目"注担供次	ki		
是次意外前駕駛人是否曾 Has the driver consumed a			ccident?	是 □ Yes	否 □ No	如 "是" 請提供資 If "yes", give detail			
意外後駕駛人是否進行潛			coldent.	是	否		後駕駛程序表格副本		
Has the driver conducted a				Yes	☐ No	If "yes", please pro	vide screening breath tes	t report.	
是次意外前駕駛人是否曾				是	否	如"是"請提供資源			
Has the driver taken any d	rugs prior to this			Yes	∐ No	If "yes", give detail			
有否與第三者訂立口頭頭	2444177444	s accident?							
Ic there any oral or written			u(iac)?	是 □ Vac	否 □ No	如"是"請提供資 If "ves" give detail		aamant	
Is there any oral or written			y(ies)?	定 Yes	台 No		料及有關協議副本 Is and a copy of such agre	eement	
遇事情況			y(ies)?					eement	
遇事情況 Circumstance of Accident	agreement mad	e with the third party							
<b>遇事情况</b> Circumstance of Accident	agreement mad 時間	e with the third party	地點	Yes	□ No	If "yes", give detail	ls and a copy of such agre 時速	公:	里/時
<b>遇事情況</b> Circumstance of Accident 日期 Date	agreement mad 時間	e with the third party	地點	Yes	□ No		s and a copy of such agre 時速 Speed	公. km	里/時 I/hour
<b>遇事情況</b> Circumstance of Accident 日期 Date 報案警署	agreement mad 時間 Time	e with the third party	地點 Place	Yes	□ No □ No	If "yes", give detail	ls and a copy of such agre 時速 Speed 案件編:	公. kn 號	n/hour
遇事情況 Circumstance of Accident 日期 Date 報案警署 Which Police Station repo	agreement mad 時間 Time	e with the third party	地點 Place	Yes	□ No 服案日期 Date reported	If "yes", give detail	s and a copy of such agre 時速 Speed 案件編: Case No	公. km 號 D	n/hour
<b>遇事情況</b> Circumstance of Accident 日期 Date	時間 Time rted	e with the third party	地點 Place	Yes	□ No 服案日期 Date reported 請繪圖讀 Give bel	If "yes", give detail 说明遇事時有關車輛 low rough sketches of	時速 Speed 案件編 Case No i及傷者 (如適用) 所處.	公: km 號 5 之位置	n/hour
遇事情況 Circumstance of Accident 日期 Date 報案警署 Which Police Station repo 請詳述遇事經過(如拍下	時間 Time rted	e with the third party	地點 Place	Yes	□ No 服案日期 Date reported 請繪圖讀 Give bel	If "yes", give detail 说明遇事時有關車輛 low rough sketches of	s and a copy of such agre 時速 Speed 案件編: Case No i及傷者(如適用)所處.	公: km 號 5 之位置	n/hour
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遇事情況 Circumstance of Accident 日期 Date 報案警署 Which Police Station repo 請詳述遇事經過(如拍下 Detailed description of acc	時間 時間 Time rted 現場情況,請 cident (please sul	e with the third party  是供照片) bmit photos of the so	地點 Place	Yes	□ No 服案日期 Date reported 請繪圖讀 Give bel	If "yes", give detail 说明遇事時有關車輛 low rough sketches of	時速 Speed 案件編 Case No i及傷者 (如適用) 所處.	公: km 號 5 之位置	n/hour

第三者資料						
Particulars of Third Party 車輛登記號碼	損毀部份			損毀情	\$·□	
Vehicle Registration No		hicle damaged			of damage	
車輛類別:      私家車		的士 _ 公共小		電單車	_ 其他 (請說明)	
Type of Vehicle: Private		Taxi Dublic	-	-	Others (please specify)	
受保駕駛人在意外前是否認識 Does the insured driver know th	或另二者? ne third party(ies) prior to the acci	ident?	是 □ Yes	否 □ No		
	姓名	電話	地址			
	Name	Tel. No.	Address			
1. (對方車主) (Third Porty Vohiolo Owner	.)					
2. (對方駕駛人)	·)		-			
(Third Party Driver)						
其他損毀財物 (請說明)						
Other property damaged (please	e specify)					
。 傷者或死者資料(受保駕駛人降	余外)					
Particulars of Injured Persons or I	Deceased (other than the insured di	river)				
是否有人受傷?	是否	如"是",傷者被送		1 1 1 10		
Is there any person injured?	Yes No	If "yes", which hosp 是否需要驗傷?	ottal was the injure	ed admitted? _ 是	否 預計康復日期	
		Any medical examin	nation required?		□ No Expected date of recovery	
傷者/死者身份是:	受保車輛乘客	·	對方車輛負			
Injured person/deceased was:	passenger of insured veh	icle			le pedestrian	
	僱員(在工作期間內)	0 1	對方車輛		其他 (請說明)	
lai. /→	employee (in the course				ehicle others (please specify)	
姓名 Name	姓別 年齡 職業 Sex Age Occupation	受傷: Part o	简见 of body injured		受傷程度 (輕微,中等,嚴重) Degree of injury (minor, medium, serious)	
T (dille)	sen rige occupation	1 411 0	or coup injured		zegree or injury (immor, incurum, serious)	
_						
3						
目 <b>擊</b> 証人資料 Particulars of Eye Witnesses						
性名	電話	地址				
Name	电动 Tel. No.	Address				
1						
2						
			<b>雲償文件</b>			
1. 已簽妥車輛登記文件副本(	(前、悠百)	Required Clai	ims Documents			
Copy of both front and back	pages of duly signed Vehicle Registra	tion Document				
2. 駕駛人身份証及駕駛執照副 Copy of the driver's Identity						
Copy of the driver's Identity Card and Driving Licence 3. 証明駕駛人具兩年或以上駕駛經驗之文件						
Documentary proof of the driver's driving experience with 2 years or above 4. 駕駛人簽同附上向警方索取資料授權書						
The enclosed Authorization Letter be duly signed by the Driver for obtaining relevant information from the Police						
<ol> <li>任何警方函件及/或警方錄戶 Any Police's letters and/or st</li> </ol>						
6. 租車合約或駕駛授權書副本	x (適用於小巴、的士或租用車輛)					
Copy of rental agreement or 7. 維修報價單(推定全損情況)	letter of authorization for driving (for 涂外)	public light bus, taxi or h	ired vehicle)			
Repair estimate (except for c						
			事項 ent Notes			
ħ.t.	BETILANA - 사구(BL) U - A	•	ant Notes	### <b>7</b> ## '	BET IT PD → IT IN USE MAIN A CO THE MAIN	
					閣下保單之保障權益將會受到影響。 is as soon as possible. Otherwise, your right of	
Should you receive summi	, and or correspondence in	indemnity will be			and the possible of the mise, join right of	

MOT-CF-2201-V01

## 聲明及授權

## **Declaration and Authorization**

本人聲明上述資料完整及正確無訛,並無隱瞞任何重要資料。

本人明白本人提供的資料,為中銀集團保險有限公司("貴公司")提供保險業務所需,並可能使用於下列目的:

- 處理及審批本人的保險申請或本人將來提交的保險申請; (i)
- 執行本人保單的行政工作及提供與本人保單相關的服務;
- (iii) 分析或調查、處理及支付本人保單有關的索償;
- 發出繳交保費通知及向本人收取保費及欠款; (iv)
- 任何與保險有關的產品或服務的任何更改、變更、取消或續期; (v)
- (vi) 就以上用途聯絡本人;
- (vii) 青公司行使任何代位權;
- 其它與上述用途有直接關係的附帶用途;及 (viii)
- 遵循適用法律,條例及業内守則及指引

- 貴公司亦可因應上述用途將本人的個人資料移轉予下列各方: (a) 就上述用途,向 貴公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問(包括:醫療服務供應商、緊急救援服務供應商、電話促銷 (a) 商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商);
- 處理索賠個案的理賠師、理賠調查員及醫療顧問; (b)
- 追討欠款的收數公司或索償代理;
- (d) 保險資料服務公司及信貸資料服務公司;
- 再保公司及再保經紀; (e)
- 本人的保險經紀(若有); (f)
- (g)
- 貴公司的法律及專業業務顧問; 貴公司的關連公司(以《公司條例》內的定義為準); (h)
- 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」)及其會員,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 (i) 何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能; 透過「聯會」移轉予任何「聯會」的會員,以達到任何上述或有關目的;
- (i)
- 任何有關的公司,或任何其他從事與保險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調查或其他服務提供者,以達到任何上述或有關目的; (k)
- 保險索償投訴局及同類的保險業機構;及
- (m) 法例要求或許可的政府機關。

本人在此授權 貴公司可向「聯會」從保險業內收集的資料中查閱及/或核對本人任何資料。

此外,經本人同意,貴公司可能會以其它方式使用及披露本人的個人資料。

本人有權查閱及要求更正由 貴公司持有有關本人的個人資料。如有需要,可向 貴公司法律與合規部提出 (電話: 2867 0888,傳真: 3906 9939)。

clare that the above information is complete and true to the best of my knowledge and belief and I have not withheld any material information connected with this claim

I understand that the information I provide to Bank of China Group Insurance Company Limited ("the Company") is collected to enable the Company to carry on insurance business and may be used for the purpose of:

- (i) processing and evaluating my insurance application and any future insurance application I may make;
- administering my insurance policy and providing services in relation to my insurance policy;
- (iii) analysis or investigating, processing and paying claims made under my insurance policy;
- (iv)
- invoicing and collecting premiums and outstanding amounts from me; any alterations, variations, cancellation or renewal of any insurance related product or service; (v)
- contacting me for any of the above purposes; exercising any right of subrogation; (vi)
- other ancillary purposes which are directly related to the above purposes; and (viii)
- complying with applicable laws, regulations or any industry codes or guidelines. (ix)

The Company may disclose my personal data for the above purposes to the following classes of transferees:

- the above purposes (including medical service providers, emergency assistance services, relemarketers, mailing houses, IT service providers and data processors); (a)
- in the event of a claim, loss adjudicators, claims investigators and medical advisors; in the event of default, debt collectors and recovery agents; (b)
- (c) (d) insurance reference bureaus or credit reference bureaus;
- (e) (f) reinsurers and reinsurance brokers; my insurance broker (if I have one);
- (g) (h) the Company's legal and professional advisors; the Company's related companies (as that term is defined in the Companies Ordinance);
- any association, federation or similar organization of insurance companies ("Federation") and its members that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; (i)
- any member(s) of the "Federation" by the "Federation" for any of the above or related purposes; any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider (j) (k) providing services relevant to insurance business for any of the above or related purposes;
- (1)
- the Insurance Claims Complaints Bureau and similar industry bodies; and organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or (m) through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information, and;
- (n) government agencies and authorities as required or permitted by law.

The Company 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.

Moreover, the Company may also use and disclose my personal data otherwise with my consent.

I have the right to obtain access to and to request correction of any personal information concerning myself held by the Company. Requests for such access can be made to the Company's Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).

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

## AUTHORIZATION LETTER 授權書

Date:		<u></u>			
To wh	nom it may conce	ern,			
	Traffic Accident (Involving vehicle				
With	reference to the o	captioned accid	ent, I was	the driver of vehicle no	
obtain invest to obt	n all relevant in tigation report, main in relation to	formation, doc nedical report as the captioned a	nd any La accident f	and records including but not aw Court documents which I m	s vehicle, is fully authorized by me to limited to police statements, police ay have made or I am lawfully entitled but not limited to Police Force on my behalf.
				d mail to Claims Department of the Voeux Road Central, Hong K	of Bank of China Group Insurance Co Kong.
Thanl	k you for your ki	nd attention in	this matte	r.	
Yours	faithfully,				
Name	<b>:</b> :				
敬啓者	<b></b>				
	關於	年	月	日涉及車輛編號	的交通意外
7	在上述交通意外發	後生時,本人是:	車輌	的司機。	
庭的政		言方機構或/及其	性第三者		表本人向包括但不限於警方、醫院及法 及記錄,包括但不限於警方口供、警方
<u>د</u> آ	請將該等文件寄回	可中銀集 <b>團</b> 保險	有限公司班	理賠部,地址為香港德輔道中7	1 號永安集團大厦八樓。
į	敬希垂注。				
簽名	:				
姓名	:				
日期	:				