

MOTOR VEHICLE CLAIM FORM

<p>Please note:</p> <ul style="list-style-type: none"> All questions must be answered. If not applicable, please answer "N/A". If the accident was caused by other driver's & person's fault, please lodge a complaint to the police within 10 days. Any writs, Notice of Prosecution by the police or communication from a Third Party should be sent to the Company immediately upon receipt. 	<p>請注意：</p> <ul style="list-style-type: none"> 所有問題必須作答，如不適用，請填上「不適用」。 如意外是由其他駕駛者或人仕所引至，請於事發後十天內向警方作出投訴、要求警方調查。 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，必須盡快送交本公司處理。
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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，傷害身體或引致死亡之責任而提議賠償。

1. Details of the Insured 保戶資料

Name 名稱		Policy No. 保單號碼	
Cover 保障類別	<input type="checkbox"/> Comprehensive Cover 綜合保障	Insured Value (HK\$) 投保價值 (港幣)	<input type="checkbox"/> Third Party Cover 第三者法律責任保障
Occupation/Business 職業/行業			
Address 地址			
Daytime Contact No. 日間聯絡電話		Facsimile No. 傳真號碼	Email 電郵

2. Details of Insured Vehicle 受保車輛資料

Registration No. 車輛登記號碼	Make of Vehicle 車輛牌子	Model of Vehicle 車輛型號
Engine No. 引擎號碼	Engine Capacity 引擎容量	Year of Manufacture 出廠年份
Purpose of use at the time of accident: 意外發生時，車輛之用途為：		
<input type="checkbox"/> Private 自用 <input type="checkbox"/> Commercial 商用 <input type="checkbox"/> Hire 租賃 <input type="checkbox"/> Others (Please specify): 其他 (請詳述):		
Has the car been modified or altered from the manufacturer's standard specification? 受保車輛是否曾被改裝至與原生產商之標準規格不同？		
<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If "Yes", please describe in details. 如「是」，請詳細說明。		

3. Details of Driver 駕駛人資料

Name 姓名	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Date of Birth 出生日期	____/____/____ dd 日 / mm 月 / yyyy 年
Address 地址			
Contact Phone No. 聯絡電話	Home 住宅	Office 公司	Mobile 手機
Email 電郵			
Occupation/Business 職業/行業	Position held 職位	Year of service 服務年期	
Employer's Name & Address 僱主名稱及地址			
Date of First Driving License Issued 首次獲發駕駛執照日期	____/____/____ dd 日 / mm 月 / yyyy 年	Place of Issue 簽發地區	
Relationship with the Insured 與保戶關係			
<input type="checkbox"/> Self 保戶本人 <input type="checkbox"/> Friend 朋友 <input type="checkbox"/> Employee 僱員 <input type="checkbox"/> Relative (Relationship): 親屬 (關係): <input type="checkbox"/> Others (Please specify): 其他 (請詳述):			
Did the driver obtain the Insured's permission to use the vehicle? 駕駛人是否已獲保戶准許使用該車輛？		Was the driver under the influence of intoxicating liquor or drugs? 駕駛人是否在酒精或藥物影響下駕駛？	
<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
Has the driver &/or the Insured paid to or received from any other vehicle owner, driver, passenger, person(s), etc. as compensation to the damaged property &/or bodily injury? 駕駛人及/或保戶有否支付或收取任何其他車主、駕駛者、乘客、人士等之款項作為財物損毀及/或人身傷害之賠償？			
<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If "Yes", please state the amount and whom it was paid to or received from, together with a copy of the relevant receipt, agreement, etc. 如「是」，請列明金額及收款人或付款人資料，及呈交有關之收據、和解書副本。			
<input type="checkbox"/> The driver &/or the Insured has/have paid compensation to third party 駕駛人及/或保戶已支付賠償予第三者		Amount (HK\$) 金額 (港幣)	
<input type="checkbox"/> The driver &/or the Insured has/have received compensation from third party 駕駛人及/或保戶已收取第三者之賠償		Amount (HK\$) 金額 (港幣)	
Third Party's name & capacity 第三者姓名及身份			

4. Driving and Insurance Record 駕駛及保險記錄

<p>Have the Insured or Driver ever been convicted of any traffic offence or had any traffic-related prosecutions pending during the 3 years immediately before the present accident (except illegal parking)? 在是次意外日期前的最近三年內，保戶或駕駛人有否曾因觸犯交通條例而被定罪或有與任何交通事故有關而又未完結之檢控（違例泊車除外）？</p>	
Insured 保戶	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If "Yes", please give particulars (including the offence involved and date). 如「是」，請詳細說明（包括涉及之罪行及日期）。	
Driver 駕駛人	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
<p>Have the Insured or Driver had any accident(s)/loss(es) in connection with any motor vehicle during the 3 years immediately before the present accident? 在是次意外日期前的最近三年內，保戶或駕駛人曾否牽涉與汽車有關之意外/損失？</p>	
Insured 保戶	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If "Yes", please give details of the accident, car registration no. and name of insurance company involved. 如「是」，請詳述意外情形，與所涉及之車輛登記號碼及保險公司名稱。	
Driver 駕駛人	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
<p>Have the Insured or Driver made a motor insurance claim in 3 years immediately before the present accident? 在是次意外日期前的最近三年內，保戶或駕駛人曾否因交通事故而索償？</p>	
Insured 保戶	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If "Yes", please give details. 如「是」，請提供詳情。	
Driver 駕駛人	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
<p>Have the Insured or Driver ever been disqualified from driving or accumulated more than 6 driving offence point in 24 months immediately before the present accident? 在是次意外日期前的 24 個月內，保戶或駕駛人有否曾被取消駕駛資格或扣減超過 6 分的違規記錄？</p>	
Insured 保戶	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If "Yes", please give details. 如「是」，請提供詳情。	
Driver 駕駛人	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
<p>Have the Insured or Driver ever been declined insurance or had your motor insurance cancelled or renewal refused by any insurer? 保戶或駕駛人曾否被保險公司拒絕投保、續保或取消保險單？</p>	
Insured 保戶	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If "Yes", please give details. 如「是」，請提供詳情。	
Driver 駕駛人	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

5. Damage Details to the Insured Vehicle 受保車輛之損毀詳情

Details of damage 損毀詳情	<input type="checkbox"/> Slight 輕微	<input type="checkbox"/> Normal 一般	<input type="checkbox"/> Serious 嚴重			
	<input type="checkbox"/> Front 車頭	<input type="checkbox"/> Rear 車尾	<input type="checkbox"/> Left 左車身	<input type="checkbox"/> Right 右車身	<input type="checkbox"/> Top 車頂	<input type="checkbox"/> Bottom 車底
	<input type="checkbox"/> Others (Please specify): _____ 其他(請詳述): _____					
If insured for Comprehensive cover, please state: 如投保全保保障，請述明：			Estimated repair cost (attach repairer's quotation, if available) 估計維修費用（如有修理廠報價單，請一同附上）		Amount (HK\$): 金額（港幣）: _____	
Name, address, phone no. & contact person of Repairer: 修理廠名稱、地址、電話及聯絡人：						
Is the vehicle at the Repairer's premises? 車輛是否放置於修理廠？			<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否, the vehicle is now at 車輛現放置於 _____			
After the accident, has the vehicle been detained by the government vehicle examination centre for inspection? 意外發生後，車輛是否曾被拖往政府驗車中心驗車？						<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If "Yes", please state the centre's location. 如「是」，請說明驗車中心地點						

6. Accident Details 意外詳情

Date 日期	/ / dd 日 / mm 月 / yyyy 年	Time 時間	: □ am 上午 □ pm 下午	Location 地點
Speed of the insured vehicle at the time of accident 遇事時受保車輛之行車時速		Km 公里		In the driver's opinion, who was at fault? 遇事司機之意見，意外是那一方之過失做成？ □ Self 己方 □ Others 他方
Please describe how the accident happened. 請詳述意外發生經過。 (This part must be completed even if police statement is attached, otherwise your rights / the claim process may be affected.) (即使已附有警方口供，此部亦必須填寫，否則閣下之索償權利/進度或會受到影響。)				
Sketch 遇事簡圖 (Please also complete this part. 此部份亦必須填寫。) (This part must be completed even if police's sketch is attached, otherwise your rights / the claim process may be affected.) (即使已附有警方之簡圖，此部亦必須填寫，否則閣下之索償權利/進度或會受到影響。)				

7. Other Vehicle(s) / Property(ies) Damaged 其他車輛 / 財物損毀

Vehicle(s) / Property(ies) damaged 其地車輛/財物損毀			
If other vehicle(s) is/are involved, state the type: 如牽涉其他車輛，請列明車種：			
Extent of Damage 損毀詳情			
Name of Owner 物主名稱			
Address of Owner 物主地址			
Tel. No. of Owner 物主電話			

8. Details of Injured Person(s) 傷者資料

Did the accident cause bodily injury or death? <input type="checkbox"/> Yes 是 此意外是否造成人身受傷或死亡? <input type="checkbox"/> No 否			
If "Yes", please provide the details of all injured/deceased person(s). 如「是」, 請提供所有傷亡者資料			
Name: 姓名:		Age: 年齡:	Gender: 性別: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Identity of the Injured/Deceased: <input type="checkbox"/> Passenger of insured vehicle 受保車輛乘客 <input type="checkbox"/> Passenger of other vehicle 其他車輛乘客 <input type="checkbox"/> Driver of other vehicle 其他車輛司機 <input type="checkbox"/> Pedestrian 途人			
Extent of injury <input type="checkbox"/> Slight 輕微 <input type="checkbox"/> Serious 嚴重 <input type="checkbox"/> Fatal 死亡 <input type="checkbox"/> Coma 昏迷 <input type="checkbox"/> Fracture 骨折 <input type="checkbox"/> Bleeding 流血 <input type="checkbox"/> Others (Please specify): _____			
Part of injury <input type="checkbox"/> Head 頭 <input type="checkbox"/> Body 身體 <input type="checkbox"/> Limbs 手腳		Name of Hospital 醫院名稱	
Name: 姓名:		Age: 年齡:	Gender: 性別: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Identity of the Injured/Deceased: <input type="checkbox"/> Passenger of insured vehicle 受保車輛乘客 <input type="checkbox"/> Passenger of other vehicle 其他車輛乘客 <input type="checkbox"/> Driver of other vehicle 其他車輛司機 <input type="checkbox"/> Pedestrian 途人			
Extent of injury <input type="checkbox"/> Slight 輕微 <input type="checkbox"/> Serious 嚴重 <input type="checkbox"/> Fatal 死亡 <input type="checkbox"/> Coma 昏迷 <input type="checkbox"/> Fracture 骨折 <input type="checkbox"/> Bleeding 流血 <input type="checkbox"/> Others (Please specify): _____			
Part of injury <input type="checkbox"/> Head 頭 <input type="checkbox"/> Body 身體 <input type="checkbox"/> Limbs 手腳		Name of Hospital 醫院名稱	
Name: 姓名:		Age: 年齡:	Gender: 性別: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Identity of the Injured/Deceased: <input type="checkbox"/> Passenger of insured vehicle 受保車輛乘客 <input type="checkbox"/> Passenger of other vehicle 其他車輛乘客 <input type="checkbox"/> Driver of other vehicle 其他車輛司機 <input type="checkbox"/> Pedestrian 途人			
Extent of injury <input type="checkbox"/> Slight 輕微 <input type="checkbox"/> Serious 嚴重 <input type="checkbox"/> Fatal 死亡 <input type="checkbox"/> Coma 昏迷 <input type="checkbox"/> Fracture 骨折 <input type="checkbox"/> Bleeding 流血 <input type="checkbox"/> Others (Please specify): _____			
Part of injury <input type="checkbox"/> Head 頭 <input type="checkbox"/> Body 身體 <input type="checkbox"/> Limbs 手腳		Name of Hospital 醫院名稱	

9. Witness(es) Details 目擊者資料

Was / Were there any witness(es)? <input type="checkbox"/> Yes 是 意外現場是否有目擊者? <input type="checkbox"/> No 否			
If "Yes", please provide the following information. 如「是」, 請提供以下資料			
	1.	2.	3.
Name 姓名			
Age 年齡			
Gender 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Address 地址			
Tel. No. 電話			
Email 電郵			
Identity of the Witness 目擊者之身份			

10. Police Report 警方報告

Has accident been reported to the police? <input type="checkbox"/> Yes 是 是否向警方報告是次意外? <input type="checkbox"/> No 否		
If "Yes", please provide: 如「是」, 請提供:	Name of police station 警署名稱	Police Report No. 警方檔案號碼
	Date of Report 報案日期	Officer's name &/or no. 警員姓名及/或號碼
If "No", please state the reason. 如「否」, 請提供原因:		
Have you performed the screening breath test by the police? If yes, please advise the reading result. 是否曾接受警方之酒精呼氣測試? 如是, 請告知測試讀數。		<input type="checkbox"/> Yes 是, the reading is 讀數是: _____ <input type="checkbox"/> No 否

11. Declaration & Authorization 聲明及授權書

I/We hereby declare that to the best of my/our knowledge and belief, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind. I/ We authorize any individuals or entity holding any records or knowledge of me/us, to furnish to The Tokio Marine and Fire Insurance Company (Hong Kong) Limited ("the Company") or its authorized representative, any and all information relevant to the settling of this claims and/or the Insurer's right of recovery. The information provided by me/us to the Company is collected to enable the Company to carry on insurance business and may be used for the purpose of: (i) any insurance or financial related product or service or any alterations, variations, cancellations or renewal of the said products or services; (ii) any claim or investigation or analysis of such claim or detection and prevention of fraud claim; and (iii) exercising any right of subrogation; and may be transferred to: (iv) 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 providing services relevant to insurance business or fraud prevention organizations or other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph) or the police and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information for any of the above or related purposes; (v) any association, federation or similar organization of insurance companies ("Federation") 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; and (vi) any members of the Federation by the Federation for any of the above or related purposes.

本人/我們現聲明上述所填報的一切資料均屬正確無訛, 並無任何保留。本人/我們茲授權持有本人任何資料之人士或團體, 可以將部份或全部有關本索償事宜或與保險公司的追償權有關之記錄或資料給與東京海上火災保險(香港)有限公司(「貴公司」)或其代理人。本人/我們明白本人/我們提供的資料為 貴公司提供保險業務所需, 並可能使用於下列目的: (i) 任何與保險或財務有關的產品或服務, 或該等產品或服務的任何更改、變更、取消或續期; (ii) 任何索償, 或該等索償的調查或分析、偵測和防止欺詐索償行為; 及 (iii) 行使任何代位權; 可能移轉予: (iv) 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, 或防欺詐組織, 或其他保險公司(無論是直接地, 或是通過防欺詐組織或本段中指定的其他人士), 或警察, 或和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者), 以達到任何上述或有關目的; (v) 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」), 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何聯會會員的利益而不時在合理要求下賦予聯會的職能; 及 (vi) 或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。

Moreover, the Company is hereby authorized to obtain access to and/or to verify any data provided by me/us with the information collected by the Federation from the insurance industry.
此外, 本人/我們授權 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/我們任何資料。

I/We understand that I/we have the right to obtain access to and to request correction of any personal information concerning myself/ourselves held by the Company. Requests for such access can be made in writing to the Compliance Officer, 27A, United Centre, 95 Queensway, Hong Kong. A photostat of this authorization shall be considered as effective and valid as the original.
本人/我們明白本人/我們有權查閱及要求更正由 貴公司持有有關本人/我們的個人資料。如有需要查閱, 本人/我們可用書面寄香港金鐘道九十五號統一中心 27A, 向 貴公司條例遵行主任提出。此授權書之影印本具同等效力。

Signature of Insured 保戶簽署
(with Company Chop, if incorporated
如屬公司法團, 請蓋公司章)

Signing Date
簽署日期

Signature of Driver
駕駛人簽署

Signing Date
簽署日期

Please complete fully and return together with the following documents immediately
請填妥並連同以下文件立即交回本公司

- | | |
|--|------------------------|
| 1. Original letter of authorization duly signed by the Driver | 1. 駕駛人正式簽署之授權書正本 |
| 2. Copy of the Driver's Hong Kong Identity Card & valid driving licence | 2. 駕駛人之香港身份證及有效之駕駛執照副本 |
| 3. Copy of valid "Vehicle Registration Document" (both sides) of Insured Vehicle | 3. 受保車輛之「車輛登記文件」副本 |
| 4. Copy of police statement | 4. 警方口供副本 |
| 5. Copy of screening Breath Test Result Form | 5. 檢查呼氣測試報告副本 |

To the Office-in-Charge of the Hong Kong Police Force
致香港警察

Claim No. 索償檔案編號:

Letter of Consent 同意書

Accident/Incident on _____ :

意外/事故日期

Involving vehicle :

牽涉車輛

Police Report No. :

警方檔案編號

I, the undersigned hereby authorize any police station to disclose to The Tokio Marine and Fire Insurance Co. (HK) Ltd. &/or their authorized loss adjuster &/or legal representative _____, any and all information &/or documents including a copy of my statement concerning the above occurrence for the purpose of assessment of an insurance claim.

Further, I confirm that a photocopy of this letter shall be as valid as the original.

本人茲授權任何警局披露任何及一切有關以上事件的資料包括本人的口供副本予東京海上火災保險（香港）有限公司及/或其委托之公證行/法律代表 _____，以便評估本人的保險索償事宜。

此外，本人更確認此同意書之影印本有著與正本同樣之效力

Signature 簽署

Name 簽署者姓名

Date 日期

HKID Card / Passport No.
香港身份證/護照號碼