



汽車意外報告書 MOTOR VEHICLE ACCIDENT REPORT FORM

For Office Use Only

Claim No.:

Policy No.:

被保人 The Insured	姓名 Name:		保單號碼 Policy No.:	
	地址 Address:			
	職業 Occupation:		電話號碼 Telephone No.:	
被保車輛 The Insured Vehicle	登記號碼 Registration No.:		製造年份 Year of Manufacture:	
	牌子款式 Make and Model:		馬力 Cubic Capacity:	
	保期由 Insurance Period: From:		至 To	投保險種* Coverage*: () Comprehensive 全險 () Third Party 第三者責任險
肇事駕駛人資料 The driver at the time of accident	姓名 Name:		職業 Occupation:	
	地址 Address:			
	出生日期 Date of Birth:		身分證號碼 Identity Card No.:	
	駕駛執照號碼 Driving License No.:		考取日期 Approval Date:	地方 Place:
	駕駛人身份* Driver's Identity*: () Owner () Owner's Paid Driver () Owner's relative or friend () Others, please specify:			
	出事時該汽車作何用途? For what purpose was the driver using the vehicle?			
	駕駛人是否得到車主命令或同意? Was the driver driving on owner's order or permission?			
	駕駛人是否有其他汽車保單? 如有, 請詳列資料: Was the driver insured by any other policy? If so, please give the particulars thereof:			
	警方有無向駕駛人提出控訴*? Any Police Action being taken against the driver*? () Yes () No			
	駕駛人是否認為應對今次意外負責*? Did the driver consider himself responsible for the accident*? () Yes () No			
証人 Witness	摘要 Particulars	第一証人 No. 1 Witness	第二証人 No. 2 Witness	
	姓名 Name			
	地址 Address			
	電話號碼 Telephone Number			
	與肇事駕駛人之關係 Relationship with driver			
車輛本身損毀 Own Damage	損毀情況 Details of damage:			
	估計維修費用 Estimated repair cost: (如有估價單, 請附上) (with repairer's estimate, if available)			
	修理人 Repairer's Name:			
	何處可以檢驗該損毀車輛? Where may the damaged vehicle be inspected?			

* 請在適當處填上(✓)號
Please (✓) in the appropriate box

第三者人身傷亡 Third Party Bodily Injury	摘要 Particulars	甲第三者 Third Party 'A'	乙第三者 Third Party 'B'			
	姓名 Name					
	地址 Address					
	受傷情況 Nature of injuries					
	與此意外之關係* Relationship to this accident*	<input type="checkbox"/> Other vehicle's driver 與事司機 <input type="checkbox"/> Passenger 乘客 <input type="checkbox"/> Pedestrian 路人 <input type="checkbox"/> Others 其他:	<input type="checkbox"/> Other vehicle's driver 與事司機 <input type="checkbox"/> Passenger 乘客 <input type="checkbox"/> Pedestrian 路人 <input type="checkbox"/> Others 其他:			
第三者財產損毀 Third Party Property Damage	摘要 Particulars	甲第三者 Third Party 'A'	乙第三者 Third Party 'B'			
	姓名 Name					
	地址 Address					
	與此意外之關係* Relationship to this accident*	<input type="checkbox"/> Vehicle Owner 車主 <input type="checkbox"/> Vehicle Driver 汽車司機 <input type="checkbox"/> Other Property Owner 其他財產擁有人	<input type="checkbox"/> Vehicle Owner 車主 <input type="checkbox"/> Vehicle Driver 汽車司機 <input type="checkbox"/> Other Property Owner 其他財產擁有人			
	損毀情況 Nature of damage					
所損財產名稱 Description of the damaged property						
意外發生情況 Circumstances of the Accident	日期 Date:	時間 Time:	上午/下午 a.m./p.m.	大約行車速度 Approximate Speed:	時速 m.p.h.	
	意外所在地 Place of Accident:					
	在何處警署報案 Police station to which report of accident has been made:					
	日期 Date:	時間 Time:	上午/下午 a.m./p.m.	報告號碼 Report No.:		
	(請在適當方格內劃上"✓"號 Please "✓" in the appropriate box)					
	事件類型 Type of Incident <input type="checkbox"/> 碰撞 Collision <input type="checkbox"/> 惡意破壞 Malicious Damage <input type="checkbox"/> 失火 Fire <input type="checkbox"/> 偷竊 Theft <input type="checkbox"/> 撞破玻璃 Windscreen <input type="checkbox"/> 行人事件 Pedestrian Incident <input type="checkbox"/> 其他 (請指明) Other (Pls. specify)		路面類型 Road Type <input type="checkbox"/> 雙程 Dual Carriageway <input type="checkbox"/> 單程 Single Carriageway <input type="checkbox"/> 大路 Major Road <input type="checkbox"/> 小路 Minor Road <input type="checkbox"/> 停車場 Car Park <input type="checkbox"/> 地盤 Construction Site <input type="checkbox"/> 其他 (請指明) Other (Pls. specify)		意外地點 Accident Location <input type="checkbox"/> 路口位 Road Junction <input type="checkbox"/> 迴旋處 Roundabout <input type="checkbox"/> 交通燈位 Traffic Lights <input type="checkbox"/> 行人輔助線 Pedestrian Crossing <input type="checkbox"/> 斑馬線 Zebra Line <input type="checkbox"/> 天橋 Flyover <input type="checkbox"/> 隧道 Tunnel <input type="checkbox"/> 彎位 Bend <input type="checkbox"/> 直路 Straight Road <input type="checkbox"/> 其他 (請指明) Other (Pls. specify)	
	路面情況 Road Conditions <input type="checkbox"/> 乾 Dry <input type="checkbox"/> 濕 Wet <input type="checkbox"/> 修路 Under Repair <input type="checkbox"/> 補面 Oil Patches <input type="checkbox"/> 水浸 Flooded <input type="checkbox"/> 坑/穴 Pot Holes <input type="checkbox"/> 鬆沙/碎石 Loose Sand/Gravel <input type="checkbox"/> 泥濘 Muddy <input type="checkbox"/> 其他 (請指明) Other (Pls. specify)		天氣情況 Weather Conditions <input type="checkbox"/> 陰沉 Dull <input type="checkbox"/> 晴朗 Fine <input type="checkbox"/> 陽光充足 Sunny <input type="checkbox"/> 大雨 Heavy Raining <input type="checkbox"/> 微雨 Drizzling <input type="checkbox"/> 霧 Fog <input type="checkbox"/> 強風 Strong Winds <input type="checkbox"/> 颶風 Typhoon <input type="checkbox"/> 其他 (請指明) Other (Pls. specify)		<input type="checkbox"/> 貨車 Lorry <input type="checkbox"/> 電車 Tram <input type="checkbox"/> 電單車 Motor Cycle <input type="checkbox"/> 單車 Pedal Cycle <input type="checkbox"/> 行人 Pedestrian <input type="checkbox"/> 死物 Stationary Object <input type="checkbox"/> 沒有碰撞 No Collision <input type="checkbox"/> 其他 (請指明) Other (Pls. specify)	
			與其他車輛碰撞 Collision with <input type="checkbox"/> 私家車 Private Car <input type="checkbox"/> 的士 Taxi <input type="checkbox"/> 巴士/旅遊巴 Franchised Bus/Omnibus <input type="checkbox"/> 小巴 Minibus <input type="checkbox"/> 客貨車 Van		碰撞類型 Impact type <input type="checkbox"/> 碰撞其他移動車輛 Hit Moving Vehicle <input type="checkbox"/> 碰撞靜止車輛 Hit Stationary Vehicle <input type="checkbox"/> 碰撞停泊車輛 Hit Parked Vehicle <input type="checkbox"/> 行駛時被車輛碰撞 Hit By Moving Vehicle <input type="checkbox"/> 靜止時被碰 Hit Whilst Stationary <input type="checkbox"/> 碰撞物件 Hit Object <input type="checkbox"/> 翻倒行人事件 Pedestrian incident <input type="checkbox"/> 其他 (請指明) Other (Pls. specify)	

* 請在適當處填上(✓)號
Please (✓) in the appropriate box

Personal Information Collection Statement

1. Sampo Japan Nipponkoa Insurance (Hong Kong) Co., Ltd. (“**We / us**”) are committed to protecting the personal data of our customers. We are also committed to the implementation of the data protection principles set out in Schedule 1 of Personal Data (Privacy) Ordinance (“**the PDPO**”)(Chapter 486 of the laws of Hong Kong). From time to time it is necessary for you to supply us with your personal data which may be used, stored, processed, transferred, disclosed or shared by us for the following purposes: (A) processing and evaluating your application or request for and any alterations, variations, cancellation, renewals and reinstatements of any insurance products and / or services offered by us; (B) administering your insurance policy and providing services in relation to your insurance policy; (C) any purposes in connection with any claims made by or against or otherwise involving you in respect of any products and / or services provided by us, including processing and / or investigating any claims; (D) invoicing and collecting premiums and / or outstanding amounts from you; (E) sales or marketing of products and / or services; (F) exercising any right of subrogation, if applicable; (G) contacting you for any of the above purposes; (H) other ancillary purposes which are directly related to the above purposes; and (I) meeting the requirements to make disclosure under (i) the requirements of any law binding on us; or (ii) any guidelines issued by regulatory or other authorities or industry bodies including any association, federation or similar organization of insurance companies (“**Federation**”) with which we are expected to comply; or (iii) complying with any requirements, policies or measures for using data and information within the NKSJ Holdings, Inc (“**the Group**”) in accordance with any Group-wide programmes from time to time for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities.
2. With your consent, we may also use your name, your contact details, demographic information, policy details, products and services portfolio information, transaction pattern and behavior, and financial background held by us to contact you with direct marketing communications regarding financial and insurance products by mail, email, telephone, facsimile or SMS. Tick the box below if you do not consent to receive such direct marketing communications. You may in future withdraw your consent to the use of your personal data for direct marketing purposes and thereafter we shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please inform us by writing to the address in Point 7.
3. With your consent, we may also provide your name, your contact details, demographic information, policy details, products and services portfolio information, transaction pattern and behavior, and financial background held by us to the following transferees: (I) third party financial institutions, insurers, banks, credit card companies, securities and investment services providers; (II) third party reward, loyalty, privileges programme providers or merchants; and (III) charitable or non-profit making organizations for gain who may send you direct marketing communications regarding (1) insurance, banking, credit card, financial, provident fund scheme and related products and services; (2) reward, loyalty or privileges programmes and related products and services; and (3) donations and contributions for charitable and / or non-profit making purposes by mail, email, telephone, facsimile or SMS. Tick the box below if you do not consent to us providing your personal data to any transferees specified above or do not wish to receive direct marketing communications from any transferees specified above. You may in future withdraw your consent to the provision of your personal data to a transferee for direct marketing purposes and thereafter we shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please inform us by writing to the address in Point 7.
4. We may disclose your personal data for the above purposes to (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors); (b) in the event of a claim, loss adjusters, claims investigators and medical advisors; (c) in the event of default, debt collectors and recovery agents; (d) insurance reference bureaus or credit reference bureaus; (e) reinsurers and reinsurance brokers; (f) your insurance broker, if applicable; (g) our legal and professional advisors; (h) our related companies; (i) the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; (j) the Insurance Claims Complaints Bureau and similar industry bodies; and (k) government agencies and authorities as required or permitted by law. We may also use and disclose your personal data otherwise with your consent.
5. It is mandatory to provide all of the personal data requested on this form, failing which we would not be able to process your application.
6. If this form is returned without ticking any of the boxes below, it means that you do not wish to opt-out from any form of direct marketing communications from us and / or any transferees specified above. Your choice on whether or not to receive direct market communication as indicated in this form would replace any choice communicated by you to us prior to this application.
7. You may seek access to and request correction of any personal data we hold about you by contacting: The Data Protection Officer, Sampo Japan Nipponkoa Insurance (Hong Kong) Co., Ltd, 19/F, Lincoln House, Taikoo Place, 979 King's Road, Island East, Hong Kong.

收集個人資料聲明

1. 日本財產保險（香港）有限公司（“本公司”）致力於保障本公司顧客的個人資料。本公司亦致力遵守《個人資料（私隱）條例》（“《條例》”）（香港法律第 486 章）附表 1 列明的保障資料原則。閣下可能因下列各項目的需要不時向本公司提供閣下的個人資料而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：(A) 處理和評估閣下就本公司所提供的產品及／或服務的申請或要求，或作任何更改、變更、取消、續期和復效；(B) 執行閣下保單的行政工作及提供與閣下保單相關的服務；(C) 與就本公司提供的任何產品及／或服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括處理及／或索賠調查；(D) 發出繳交保費通知及向閣下收取保費及／或欠款；(E) 銷售或推廣產品及／或服務；(F) 行使任何代位權，如適用；(G) 就以上用途聯絡閣下；(H) 其它與上述用途有直接關係的附帶用途；及 (I) 根據 (i) 對本公司有約束力的任何法律的規定或 (ii) 監管或其他管理機構或行業組織（包括保險公司組成的任何聯會、協會或類同組織）（“**「聯會」**”）發出的並期望本公司遵守的任何指引的規定而作出的披露；或 (iii) 為遵守根據集團方案於 NKSJ Holdings, Inc（“**集團**”）內使用資料及資訊的任何要求、政策或措施，而該集團方案乃為符合制裁或預防或偵測清洗黑錢、恐怖分子融資或其他非法活動的目的而不時被制定的。
2. 經閣下同意，本公司可能使用本公司持有閣下的姓名、聯絡資料、人口統計資料、保單資料、產品及服務組合資料、交易模式及行爲、及財務背景，通過書信、電郵、電話、傳真或短訊與閣下聯絡，提供金融及保險產品的直接促銷通訊。若閣下不欲接收有關直接促銷通訊，請在以下的方格內填上「√」。閣下將來可就本公司使用閣下的個人資料作直接促銷用途撤回以上的同意；此後，本公司會在不收取任何費用的情況下停止使用該等資料作直接促銷之用。如閣下欲撤回以上同意，閣下可以書面通知本公司，書面通知可郵寄至第 7 點所載的地址。
3. 經閣下同意，本公司亦可能為收取利潤提供本公司持有閣下的姓名、聯絡資料、人口統計資料、保單資料、產品及服務組合資料、交易模式及行爲、及財務背景給下列受讓人：(I) 第三者金融機構、承保商、銀行、信用卡公司、證券及投資服務供應商；(II) 第三方獎賞、長期客戶或優惠計劃供應商或商號；(III) 及慈善或非牟利機構。受讓人可以通過書信、電郵、電話、傳真或短訊與閣下聯絡，提供 (1) 保險、銀行、信用卡、財務、公積金計劃及相關的產品及服務；(2) 獎賞、長期客戶或優惠計劃及相關的產品及服務；及 (3) 為慈善及／或非牟利用途的捐款及捐贈的直接促銷通訊。若閣下不欲接收有關直接促銷通訊，請在以下的方格內填上「√」。閣下將來可就本公司向受讓人提供閣下的個人資料作直接促銷用途撤回以上的同意；此後，本公司會在不收取任何費用的情況下停止使用該等資料作直接促銷之用。如閣下欲撤回以上同意，閣下可以書面通知本公司，書面通知可郵寄至第 7 點所載的地址。

4. 本公司亦可因應上述用途披露閣下的個人資料予下列受讓人：(a) 就上述用途，向本公司提供行政、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）；(b) 處理索賠個案的理賠師、理賠調查員及醫療顧問；(c) 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；(e) 再保公司及再保經紀；(f) 閣下的保險經紀；(g) 本公司的法律及專業顧問；(h) 本公司的關連公司；(i) 香港保險業聯會（或同類的保險公司聯會）及其會員；(j) 保險索償投訴局及同類的保險業機構；(k) 法例要求或許可的政府機關。經閣下同意，本公司可能會以其它方式使用及披露閣下的個人資料。
5. 閣下必須提供本表格要求的所有個人資料，否則，本公司將無法處理閣下的申請。
6. 如閣下遞交本表格時並沒有在以下任何方格內填上「√」號，即代表閣下並不拒絕本公司及／或上述的受讓人任何形式的直接促銷通訊。閣下在本表格內有關是否接收直接促銷通訊的選擇，會取代任何閣下之前已告知本公司的選擇。
7. 閣下若需查詢及更改本公司所持有閣下的個人資料，可聯絡日本財產保險（香港）有限公司資料保障主任，地址為：香港港島東英皇道九七九號太古坊林肯大廈十九樓。

I acknowledge and confirm that I have read and understood the Personal Information Collection Statement ("PICS"). I confirm that I have been advised to read carefully the PICS, and I have read it carefully its effect and impact in respect of my personal data collected or held by Sompo Japan Nipponkoa Insurance (Hong Kong) Co., Ltd. I hereby give my acknowledgement and agree to the use and transfer of my personal data by Sompo Japan Nipponkoa Insurance (Hong Kong) Co., Ltd. in accordance with the PICS, including the use and provision of my personal data for the purpose of direct marketing.

本人確認本人已閱讀並明白《收集個人資料聲明》（“《該聲明》”）。本人確認本人已被通知本人須詳細閱讀《該聲明》，而本人已詳細閱讀《該聲明》對日本財產保險（香港）有限公司所收集或持有之本人的個人資料的影響。本人特此確認並同意日本財產保險（香港）有限公司根據《該聲明》使用及轉移本人的個人資料，包括在直接促銷中使用及將本人個人資料提供予上述的受讓人。

[Important: If you do not agree to the use and provision of your personal data for direct marketing as set out in the PICS, please tick the box below and we will not use your personal data for direct marketing.]

[重要通知：如閣下不同意根據《收集個人資料聲明》使用和轉移閣下的個人資料作直接促銷用途，請在下列方格內填上剔號（“√”），本公司將不會使用閣下的個人資料作為直接促銷用途。]

- Please tick if you do not consent to receive direct marketing communications from us. 若閣下反對接收本公司的直接促銷通訊，請在方格內填上「√」。
- Please tick if you do not consent to receive direct marketing communications from any transferees specified above. 若閣下反對接收上述的受讓人的直接促銷通訊，請在方格內填上「√」。

聲 明
DECLARATION

以上所述乃屬真實情形並無將所知有關該意外事件之任何情形隱藏不向貴公司報告又並無購買其他保險足以賠償此次意外事件。I/We hereby declared that the foregoing particulars are true in every respect, that I/We have not withheld from the Company any information within my/our knowledge connected with the accident and that I/We have no other policy indemnifying me/us in respect of this accident.

被保人簽署

Signature of Insured: _____

日期

Date: _____

駕駛人簽署

Signature of Driver: _____

AUTHORIZATION LETTER

Date:
Claim No.:

To Whom It May Concern:

I, _____ Driving License No. _____ reside at

do hereby authorize **Sompo Japan Nipponkoa Insurance (Hong Kong) Co., Ltd.**
(Insurer of Vehicle No. _____) to obtain the following information and copy
of document marked with 'o' under reference of your Report No.
_____ :-

- (o) Particulars of the other driver(s) involved in the traffic accident (i.e. the driver's name and address and his/her insurers' name and address);
- (o) Statement which was made by me at your station;
- () Others:

Signature of Driver: _____

Name of Driver: _____

Vehicle No.: _____