



總公司：香港德輔道中 71 號永安集團大廈 8 樓 電話：2867 0888 傳真：3906 9922  
HEAD OFFICE: 8/F., WING ON HOUSE, 71 DES VOEUX ROAD CENTRAL, HONG KONG.  
TEL: 2867 0888 FAX: 3906 9922

本公司專用  
Office Use  
賠案編號  
Claim No. \_\_\_\_\_

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

**保單資料**  
**INSURANCE POLICY DETAILS**

保戶名稱 \_\_\_\_\_ 保單號碼 \_\_\_\_\_  
Name of Insured \_\_\_\_\_ Policy No. \_\_\_\_\_

身份證號碼 \_\_\_\_\_ 性別 \_\_\_\_\_ 出生日期 \_\_\_\_\_ 日 \_\_\_\_\_ 月 \_\_\_\_\_ 年 \_\_\_\_\_ 職業 \_\_\_\_\_ 聯絡電話 \_\_\_\_\_  
Identity Card No. \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ DD \_\_\_\_\_ MM \_\_\_\_\_ YY Occupation \_\_\_\_\_ Contact Tel No. \_\_\_\_\_

地址 \_\_\_\_\_ 電郵 \_\_\_\_\_  
Address \_\_\_\_\_ E-mail \_\_\_\_\_

**受保車輛資料**  
**Particulars of Insured Vehicle**

車輛登記號碼 Registration No.	廠名及型號 Make & Model	車身底盤號碼 Chassis No.	引擎號碼 Engine No.	汽缸容量 Cubic Capacity	出廠年份 Year of Manufacture

意外發生時該車所作用途： 自用  營業  出租  試車  其他（請說明）  
Purpose of use at time of accident :  Private  Business  Hire  Trial  Others (please specify) \_\_\_\_\_

意外發生後該車是否曾被警方拘留及檢驗？  
Was the vehicle detained for inspection by the police after the accident?  是  否 如 "是" 請提供驗車報告  
If "yes", please provide MVE report.

如 閣下之保單乃綜合保險單，是否打算要求索償受保車輛之損失？  
Any claim in respect of insured vehicle if it is covered under Comprehensive terms?  是  否

如 "是"，該車現停泊在何處？  
If "yes", where is the location of the vehicle? \_\_\_\_\_

請用 'X' 在車身簡圖顯示損毀的位置。  
Please use 'X' to indicate the damaged part(s) of vehicle.

前  
front

後  
back

該車以往是否曾有任何索償記錄？  
Any prior claim record(s) for the vehicle?  是  否 如 "是" 請提供資料  
If "yes", give details \_\_\_\_\_

**駕駛人資料**  
**Particulars of Driver**

姓名 \_\_\_\_\_ 職業 \_\_\_\_\_ 兼職 \_\_\_\_\_ 聯絡電話 \_\_\_\_\_ 出生日期 \_\_\_\_\_ 日 \_\_\_\_\_ 月 \_\_\_\_\_ 年 \_\_\_\_\_  
Name \_\_\_\_\_ Occupation \_\_\_\_\_ Part-time job \_\_\_\_\_ Tel No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ DD \_\_\_\_\_ MM \_\_\_\_\_ YY \_\_\_\_\_

駕駛執照號碼 \_\_\_\_\_ 有效駕駛執照首次發出日期 \_\_\_\_\_ 駕駛經驗 \_\_\_\_\_ 年  
Driving Licence No. \_\_\_\_\_ Date of first issue of valid driving licence \_\_\_\_\_ Driving Experience \_\_\_\_\_ Years

地址 \_\_\_\_\_  
Address \_\_\_\_\_

與保戶之關係： 僱員  親屬  朋友  其他（請說明）  
Relationship with Insured :  Employee  Relative  Friend  Others (please specify) \_\_\_\_\_

如駕駛人並非車主，車主是否知道及同意車輛被使用？  
If the driver was not the owner, was the vehicle being used with the owner's knowledge and consent?  是  否

駕駛人過去三年是否涉及任何交通意外？  
Has the driver been involved in any traffic accidents over the past 3 years?  是  否 如 "是" 請提供詳細資料  
If "yes", please give full details \_\_\_\_\_

駕駛人過去五年是否曾被判任何觸犯交通條例而被扣分？  
Has the driver been convicted of traffic offence that involving deduction of driving offence points during the past five years?  是  否  
如 "是" 請提供詳細資料  
If "Yes", please give full details \_\_\_\_\_

是次意外前駕駛人是否曾飲用過含有酒精成份之飲品？  
Has the driver consumed any intoxicating liquor prior to this accident?  是  否 如 "是" 請提供資料  
If "yes", give details \_\_\_\_\_

意外後駕駛人是否進行酒後駕駛程序檢查呼氣測試？  
Has the driver conducted any screening breath test?  是  否 如 "是" 請提供酒後駕駛程序表格副本  
If "yes", please provide screening breath test report.

是次意外前駕駛人是否曾服用任何藥物？  
Has the driver taken any drugs prior to this accident?  是  否 如 "是" 請提供資料  
If "yes", give details \_\_\_\_\_

有否與第三者訂立口頭或書面協議？  
Is there any oral or written agreement made with the third party(ies)?  是  否 如 "是" 請提供資料及有關協議副本  
If "yes", give details and a copy of such agreement \_\_\_\_\_

**遇事情況**  
**Circumstance of Accident**

日期 \_\_\_\_\_ 時間 \_\_\_\_\_ 地點 \_\_\_\_\_ 時速 \_\_\_\_\_ 公里 / 時  
Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_ Speed \_\_\_\_\_ km/hour

報案警署 \_\_\_\_\_ 報案日期 \_\_\_\_\_ 案件編號 \_\_\_\_\_  
Which Police Station reported \_\_\_\_\_ Date reported \_\_\_\_\_ Case No. \_\_\_\_\_

請詳述遇事經過（如拍下現場情況，請提供照片）  
Detailed description of accident (please submit photos of the scene, if any)

請繪圖說明遇事時有關車輛及傷者（如適用）所處之位置  
Give below rough sketches of the road indicating the position of any involved vehicles and injured (if any) at the time of accident.

**第三者資料**  
**Particulars of Third Party**

車輛登記號碼 \_\_\_\_\_ 損毀部份 \_\_\_\_\_ 損毀情況 \_\_\_\_\_  
Vehicle Registration No. \_\_\_\_\_ Portion of vehicle damaged \_\_\_\_\_ Details of damage \_\_\_\_\_

車輛類別：  
Type of Vehicle:  私家車 Private Car  貨車 Goods Vehicle  的士 Taxi  公共小巴 Public Light Bus  電單車 Motorcycle  其他 (請說明) Others (please specify) \_\_\_\_\_

受保駕駛人在意外前是否認識第三者?  
Does the insured driver know the third party(ies) prior to the accident?  Yes  No

姓名 \_\_\_\_\_ 電話 \_\_\_\_\_ 地址 \_\_\_\_\_  
Name \_\_\_\_\_ Tel. No. \_\_\_\_\_ Address \_\_\_\_\_

對方車主  
1. Third Party Vehicle Owner \_\_\_\_\_

對方駕駛人  
2. Third Party Driver \_\_\_\_\_

其他損毀財物 (請說明)  
Other property damaged (please specify) \_\_\_\_\_

**傷者或死者資料(受保駕駛人除外)**  
**Particulars of Injured Persons or Deceased (other than the insured driver)**

是否有人受傷?  
Is there any person injured?  Yes  No

如"是", 傷者被送入那間醫院?  
If "yes", which hospital was the injured admitted? \_\_\_\_\_

是否需要驗傷?  
Any medical examination required?  Yes  No

預計康復日期?  
Expected date of recovery? \_\_\_\_\_

傷者/死者身份是:  
Injured person/deceased was:  受保車輛乘客 passenger of insured vehicle  對方車輛駕駛人 driver of third party vehicle  途人 pedestrian  
 僱員(在工作期間內) employee (in the course of employment)  對方車輛乘客 passenger of third party vehicle  其他 (請說明) others (please specify) \_\_\_\_\_

姓名 \_\_\_\_\_ 姓別 \_\_\_\_\_ 年齡 \_\_\_\_\_ 職業 \_\_\_\_\_ 受傷部位 \_\_\_\_\_ 受傷程度 (輕微, 中等, 嚴重)  
Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_ Part of body injured \_\_\_\_\_ Degree of injury (minor, medium, serious)

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**目擊証人資料**  
**Particulars of Eye Witnesses**

姓名 \_\_\_\_\_ 電話 \_\_\_\_\_ 地址 \_\_\_\_\_  
Name \_\_\_\_\_ Tel. No. \_\_\_\_\_ Address \_\_\_\_\_

1. \_\_\_\_\_  
2. \_\_\_\_\_

**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 貴公司提供保險業務所需，並可能使用於下列目的：  
— 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；  
— 任何索償，或該等索償的調查或分析；  
— 行使任何代位權；及  
可能移轉予：  
— 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其他服務提供者，以達到任何上述或有關目的；  
— 現存或不時成立的任何保險公司協會或聯會或同類組織（「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  
— 透過「聯會」移轉予任何「聯會」的會員，以達到上述或有關目的。  
此外，本人授權 貴公司可向「聯會」從保險業收集的資料中查閱及/或核對本人任何資料。本人明白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，本人將向貴公司辦公室提出（電話：2867 0888，傳真：2522 1705）  
I declare 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 Co Ltd ("the Company") is collected to enable the Company to carry on insurance business and may be used for the purpose of:  
- any insurance or financial related products or services or any alterations, variations, cancellation or renewal of said products or services;  
- any claim or investigation or analysis of such claim;  
- exercising any right of subrogation; and  
may be transferred to:  
- 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 for any of the above or related purposes;  
- 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  
- any members of the "Federation" by the "Federation" for any of the above or related purposes.  
Moreover, the Company is hereby authorized to obtain access to any / or to verify any of my data with the information collected by the "Federation" from the insurance industry. I understand 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 Administration Department of the Company (Tel: 2867 0888 / Fax: 2522 1705).

\_\_\_\_\_  
駕駛人簽署  
Signature of Driver  
日期  
Date:

\_\_\_\_\_  
保戶簽署 (如屬公司請加蓋章)  
Signature of Insured (with company chop if applicable)  
日期  
Date:

**所需索償文件**  
**Required Claims Documents**

- 已簽妥車輛登記文件副本 (前、後頁)  
Copy of both front and back pages of duly signed Vehicle Registration Document
- 駕駛人身份証及駕駛執照副本  
Copy of the driver's Identity Card and Driving Licence
- 證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
- 駕駛人簽回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
- 任何警方函件及/或警方錄取之口供紙  
Any Police's letters and/or statement made to the Police
- 租車合約或駕駛授權書副本 (適用於小巴、的士或租用車輛)  
Copy of rental agreement or letter of authorization for driving (for public light bus, taxi or hired vehicle)
- 維修報價單(推定全損情況除外)  
Repair estimate (except for constructive total loss)

**注意事項**  
**Important Notes**

倘 閣下收到第三者索償文件、法庭令狀及 / 或傳票，請勿回覆及盡快提交保險公司處理，否則 閣下保單之保障權益將會受到影響。  
Should you receive summons, writ and / or correspondence from third parties, please forward the same unanswered to us as soon as possible. Otherwise, your right of indemnity will be prejudiced.

## AUTHORIZATION LETTER

### 授權書

Date: \_\_\_\_\_

To whom it may concern,

Re: Traffic Accident on \_\_\_\_\_

Involving vehicle no. \_\_\_\_\_

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With reference to the captioned accident, I was the driver of vehicle no. \_\_\_\_\_.

Please note that Bank of China Group Insurance Co. Ltd., the insurer of this vehicle, is fully authorized by me to obtain all relevant information, documents and records including but not limited to police statements, police investigation report, medical report and any Law Court documents which I may have made or I am lawfully entitled to obtain in relation to the captioned accident from government authorities including but not limited to Police Force, Hospital and Law Court and/or non-government authorities and/or third parties on my behalf.

Kindly furnish all the documents requested and mail to Claims Department of Bank of China Group Insurance Co. Ltd. situated at 8/Floor, Wing On House, 71 Des Voeux Road Central, Hong Kong.

Thank you for your kind attention in this matter.

Yours faithfully,

\_\_\_\_\_  
Name:

敬啓者：

關於\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日涉及車輛編號\_\_\_\_\_的交通意外

在上述交通意外發生時，本人是車輛\_\_\_\_\_的司機。

本人現授權「中銀集團保險有限公司」作為承保上述車輛的保險公司，代表本人向包括但不限於警方、醫院及法庭的政府機構或/及非官方機構或/及其他第三者索取有關是次意外之各項文件及記錄，包括但不限於警方口供、警方調查報告、醫療報告及任何法庭文件。

請將該等文件寄回中銀集團保險有限公司理賠部，地址為香港德輔道中 71 號永安集團大廈八樓。

敬希垂注。

簽名：\_\_\_\_\_

姓名：

日期：