



The forwarding of this form for compensation is not an admission of liability upon the part of the Company .

此通知書不能作為保險公司已經承認賠償損失之責任。

It is important that a complete answer be given to every question. If insufficient space is provided for your answer, please continue on a separate sheet. No admission, offer, payment or indemnity should be made in respect of liability for bodily injury, death, or property damage without the written consent of the Company.

請詳細填報本表格上每一項目。在未得到本公司書面認許之前，不得作出或承擔任何有關人身傷亡或財務損毀賠償之責任。

**INSURED OR POLICYHOLDER 保單持有人**

Full Name 姓名 \_\_\_\_\_

Private Address 住宅地址 \_\_\_\_\_

\_\_\_\_\_ Tel No. 電話 \_\_\_\_\_ Fax No. 傳真 \_\_\_\_\_

Business Address 職業地址 \_\_\_\_\_

\_\_\_\_\_ Tel No. 電話 \_\_\_\_\_ Fax No. 傳真 \_\_\_\_\_

Occupation / Business 行業/職業 \_\_\_\_\_

**VEHICLE 汽車之細節**

Policy No. 保單號碼 \_\_\_\_\_

Registration No. 註冊號碼 \_\_\_\_\_ Make / Model 廠名及款式 \_\_\_\_\_

Cubic Capacity 馬力 \_\_\_\_\_ Year of Make 年份 \_\_\_\_\_

Carrying Capacity 載客人數 \_\_\_\_\_ Value before accident 失事前之價值 \_\_\_\_\_

Is the vehicle under a hire purchase or loan agreement? YES/NO\* 該車是否有分期付款合約？是/否

If YES, state name of the finance or lending company, their address and agreement number. 如是，請註明該財務公司名稱，地址及合約號碼。

State fully the purpose for which the vehicle was being used at the time of accident. 在交通意外發生時，該車作為何種用途。

Number of trailer attached to the vehicle 該車是否連接有拖車，如是，請詳述細節 \_\_\_\_\_ Value of trailers before accident 意外前之拖車價值 \_\_\_\_\_

Were goods being carried? 是否載有貨物? YES/NO\* 是/否

If YES, state (a) description 如是，請 (a) 說明貨物品類 \_\_\_\_\_ (b) owner 物主 \_\_\_\_\_

Weight of load on (a) vehicle 載重貨車 汽車 \_\_\_\_\_ (b) trailers 拖車 \_\_\_\_\_

**Additional Questions for Motor Cycles or Scooters only 如車輛是電單車，請回答以下問題：**

Was a sidecar attached? 是否連接側車? YES/NO\*

Was a pillion passenger being carried? 是否載有後座乘客? YES/NO\*

\*Please delete whichever is applicable 請刪去不適用者





## DRIVER 司機之細節

Note: All the questions should be answered, whether or not the Insured was driving.

注意: 不論保單持有人是否駕駛遇事車輛, 必須回答以下各項問題。

Name 姓名 \_\_\_\_\_ HKID Card No./Passport No. 身份證號碼 / 護照號碼 \_\_\_\_\_

Address 地址 \_\_\_\_\_

\_\_\_\_\_ Tel. No. 電話 \_\_\_\_\_

Occupation 職業 \_\_\_\_\_ Date of Birth 出生日期 \_\_\_\_\_

Is the driver employed by you? YES/NO\*  
 司機是否受僱於閣下? 是/否

Was the vehicle being driven with your permission? YES/NO\*  
 在駕駛該車前, 司機有否徵求閣下同意? 是/否

Was the car normally driven by the above driver? YES/NO\*  
 該車是否經常由該司機駕駛? 是/否

If the driver is not the Insured, please state their relationship  
 如果司機不是保單持有人, 請寫上與保單持有人之關係 \_\_\_\_\_

Has the driver been convicted for any offence in connection with any motor vehicle? YES/NO\*  
 司機有否曾觸犯交通條例? 有/否

If YES, give details including Dates  
 如是, 請寫上事情細節及日期 \_\_\_\_\_

Has the driver ever been refused motor vehicle insurance or continuance thereof? YES/NO  
 司機有否曾被任何保險公司拒絕投保或續保? 是/否

Does the driver own a motor vehicle? YES/NO\*  
 該司機是否擁有任何車輛? 是/否

If Yes, give name and address of the insurer  
 如是, 請寫上保險公司之名稱及地址。 \_\_\_\_\_

\_\_\_\_\_ Policy No.  
 保單號碼 \_\_\_\_\_

Was the driver licensed to drive the vehicle? YES/NO\*  
 該司機是否擁有駕駛車輛之執照? 是/否

If YES, was the licence full / provisional\*? Licence No.  
 如是, 駕駛執照是正式 / 臨時? 執照號碼 \_\_\_\_\_

How long has the driver held a full licence? Date Passed Expiry Date  
 司機擁有正式執照之時間? 合格日期 \_\_\_\_\_ 到期日 \_\_\_\_\_

Kindly present to us herewith the examination photocopy of Vehicle Registration Document, Driver's Driving Licence and HKID Card.  
 請將車輛登記文件, 司機之駕駛執照與香港身份證的影印本一併交本公司, 以便查閱。

## DAMAGE TO INSURED VEHICLE 保單持有人之車輛損壞情形

What is the extent of damage to the insured vehicle? 保單持有人之車輛損壞程度? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

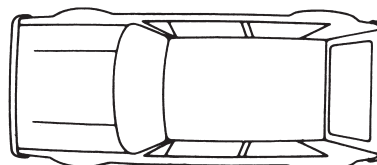
Repairer's name 修理廠名稱 \_\_\_\_\_

Show area of impact by arrow and extent of damage  
 by crosses on the diagram  
 請在圖上用箭咀指出被撞部份及用X列出

Address 地址 \_\_\_\_\_

\_\_\_\_\_

Tel. No. 電話 \_\_\_\_\_



Is the vehicle at the repairers premises? YES/NO\*  
 現該車是否在修理廠? 是/否

If not, when will it be taken in for repair? (See also Guidance Notes )  
 如否, 將會在何時送往修理廠? \_\_\_\_\_

In all cases where your vehicle is damaged and you are entitled to claim under the policy; please send an estimate for repairs to the Company immediately.

任何情形下, 如閣下打算從保單獲得賠償, 請附上估價單。

**ACCIDENT 意外發生情況**

Date 日期 \_\_\_\_\_ Time 時間 \_\_\_\_\_ am/pm

Place 地點 \_\_\_\_\_

Weather 天氣情況 \_\_\_\_\_ Visibility 視野 \_\_\_\_\_

What lights were lit on the vehicle?

汽車之何種燈光在開亮?

Speed: (a) before the accident \_\_\_\_\_ km/h (b) at the moment of the accident \_\_\_\_\_ km/h

時速; 意外前 意外時

Speed limit on the road \_\_\_\_\_ km/h Was the insured in or on the vehicle? YES/NO\*

行車速度限制 保單持有人是否在車上 是/否

Condition and type of road surface

道路情況 \_\_\_\_\_

Distance from the nearside at moment of accident \_\_\_\_\_ metres

發生意外時受保車輛距離路邊 \_\_\_\_\_ 公尺

State fully what happened

請詳述遇事經過 \_\_\_\_\_

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Please sketch below plans of the accident and indicate: 請在下面空白處畫一草圖:

- (a) the names and approximate widths of roads including traffic lights, signs, warnings etc.  
街道名稱、闊度、交通燈、交通標誌警告指示、路標等。
- (b) position and direction of progress (by means of arrows) of all vehicles and persons concerned.  
意外中牽連的車輛及第三者之位置及方向(請用箭咀指明)

Positions just before the accident  
意外發生前之位置Positions at the moment of the accident  
意外發生時之位置

State names and address of all 請在以下各項填上姓名及地址

(a) Passengers

乘客 \_\_\_\_\_

(b) Independent Witnesses

在場目擊證人 \_\_\_\_\_

**POLICE 警方**

Were particulars taken by or reported to the police: 當時警方有否在場處理此事或向警署報告:

If YES, (a) give name of Station

如有, 請寫上那一區警署人員 \_\_\_\_\_

(b) attach a copy of their report.

請付警方報告

YES/NO\*

有/否

Police Report Book No.

報案號碼 \_\_\_\_\_

Has any person been or may any person be charged with any offence arising from the accident?

任何人有否因這次意外而被檢控?

If YES, give (a) name of person

如有, 請列明

(a) 被檢控者姓名 \_\_\_\_\_

(b) Offence

檢控罪名 \_\_\_\_\_

YES/NO\*

有/否

Was the driver of the Insured Vehicle tested for alcohol or drugs?

受保車輛之司機有否接受酒精或藥物試驗?

If YES, What was the result?

如有, 結果如何? \_\_\_\_\_

YES/NO\*

有/否

**OTHER VEHICLES INVOLVED 第三者之車輛損壞情形**

Name and address of driver and/or owner. 第三者之姓名地址。

Name 姓名 \_\_\_\_\_ Registration No. 汽車登記號碼 \_\_\_\_\_

Address 地址 \_\_\_\_\_

Insurers and Policy No. 保險公司名稱及保單號碼 \_\_\_\_\_

Apparent damage 明顯之損壞程度 \_\_\_\_\_

Name 姓名 \_\_\_\_\_ Registration No. 汽車登記號碼 \_\_\_\_\_

Address 地址 \_\_\_\_\_

Insurers and Policy No. 保險公司名稱及保單號碼 \_\_\_\_\_

Apparent damage 明顯之損壞程度 \_\_\_\_\_

**OTHER PROPERTY DAMAGED (APART FROM VEHICLES) 第三者之財物損壞情形**

Name and address of owner 物主之姓名及地址 \_\_\_\_\_

Nature of damage 損壞程度 \_\_\_\_\_

**PERSON INJURED 受傷者之情況**Name and address 姓名及地址  
(state whether driver or passenger, and in which vehicle, or pedestrian)  
(請註明是司機，乘客或是行人)Apparent injuries  
明顯的受傷程度Taken to hospital  
有否被送往醫院

_____	_____	YES/NO* 有/否
_____	_____	YES/NO* 有/否
_____	_____	YES/NO* 有/否
_____	_____	YES/NO* 有/否

If a front seat passenger was injured, was he/she wearing a seat belt ?

如車頭乘客受傷，他/她有否配戴安全帶？

If a motor cyclist or his passenger was injured, was he/she wearing a safety helmet?

如電單車司機或乘客受傷，他/她有否配戴頭盔？

YES/NO\*

有/否

YES/NO\*

有/否

Any communication you receive about the accident should not be answered but sent immediately to the Company  
如接獲有關任何函件請勿作答必須先交來本公司以便採取適當行動**DECLARATION**I/We hereby declare the foregoing particulars are true in every respect and that I/we have no other policy of insurance indemnify me/us in respect of this accident and I/we undertake to give the Company all assistance in my/our power in dealing with the matter.  
以上所列乃屬真實並無重複保險且願協助公司辦理一切。

In accordance with the provisions of the Personal Data (Privacy) Ordinance of Hong Kong, by signing below, I/we consent that the personal information collected or held by FWD General Insurance Company Limited (whether contained in this Application or otherwise obtained) is provided and may be disclosed to individuals or organisations within or outside of Hong Kong for the purpose of administration of claim or analysis of it.

根據香港個人資料(私隱)條例，本人，簽署如下，同意富衛保險有限公司得到或持有之本人個人資料(該等資料可能在此表格提供或從其他途徑得到)可透露予本港或海外之個人或組織機構以作為處理任何索償分析之用途。

Signature &amp; Chop, if applicable 簽名及公司蓋章，如適用 \_\_\_\_\_ HKID Card No. 香港身份證號碼 \_\_\_\_\_ Date 日期 \_\_\_\_\_

