



Blue Cross 藍十字

An AIA Company 友邦保險成員公司



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Blue Cross HK App

MOTOR INSURANCE CLAIM FORM

汽車保險賠償申請表



Sun Flower Insurance Brokers Limited
Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong
Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.com
Thank you for considering Sun Flower to be one of your selected intermediaries.
We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

Please complete and sign this Claim Form, and provide the relevant documents listed in Part VIII to avoid delay in claim process. Do not make any admission, offer or promise of payment or payment to the Third Party and/or commence any repair work, without the Company's prior written consent. Notice shall also be given in writing to the Company immediately if the Policyholder or any person claiming to be indemnified shall have knowledge of any intended prosecution, inquest or fatal inquiry in respect of any occurrence which may give rise to a claim. Third party correspondence, Court Notice, Summons, Writs and Order should be forwarded to the Company immediately on receipt by the Policyholder and/or the driver unanswered. The Policyholder shall give immediate notice to the Police in case of theft or other criminal act which may be the subject of a claim under this Policy.

請填妥並簽署此賠償申請表，連同第八部分所列相關文件交回，以免延誤索償進程。在沒有獲得本公司書面同意的情況下，不得向第三者作出任何承認、提議、承諾付款或付款及／或進行修理。保單持有人或受保人得悉任何與是次意外及可能引致索償之擬予控告通知書或死因研訊必須立即書面通知本公司。任何第三者的書信、法庭通告、傳票、入稟狀及書面命令，請不要回覆並立即提交本公司，以便處理。如事件涉及車輛盜竊或刑事活動，保單持有人必須立即向警方報案。

The Company is entitled to request for further information or other specific claim form to be completed, and assign a surveyor/an insurance adjuster for investigation and/or assessment.

本公司有權要求索償者提供更多資料或填寫其他專用索償表格，以及委派保險理算人進行調查及／或評估。

Completion and submission of this Claim Form shall not be construed as admission of liability on the part of the Company.

填寫及遞交此賠償申請表並不表示本公司承擔賠償責任。

I. Policy and Personal Particulars 保單及個人資料

Claim No. (Office use)

索償編號 (本公司專用)

Policy / Certificate No. 保單編號	Name of Policyholder 保單持有人姓名	
HKID Card / Passport No. 香港身分證／護照號碼	E-mail Address 電郵地址	Phone No. 聯絡電話
Correspondence Address 通訊地址		

II. Insured Vehicle 承保車輛

Vehicle Reg. No. 車牌號碼	Make & Model 廠名型號	Year of Manufacture 製造年份
Engine No. 引擎號碼	Chassis No. 車身底盤號碼	
Date of purchase 購入日期	Hire purchase owner 所屬財務公司	
No. of passengers being carried at time of accident including driver 意外時，包括駕駛者在內所載乘客人數	Nature of goods being carried at time of accident 意外時，所載貨物種類	
Purpose of journey at time of accident 意外時，行程的目的		
<input type="checkbox"/> Business use 業務用途 <input type="checkbox"/> For Hire or Reward 出租或收取報酬 <input type="checkbox"/> Domestic use 私人用途 <input type="checkbox"/> Other, please specify 其他，請註明：_____		

III. Driver 駕駛者

Name 姓名	Date of Birth 出生日期	Phone No. 聯絡電話	E-mail Address 電郵地址
Residential Address 住宅地址		HKID Card / Passport No. 香港身分證／護照號碼	
		Driving Licence No. 駕駛執照號碼	
Correspondence Address (if different from Residential Address) 通訊地址 (如不同於住宅地址)		Driving experience (Years) 駕駛經驗 (年)	
		Occupation 職業	
Were you driving with Policyholder's permission 是否已獲保單持有人同意駕駛肇事車輛 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		Do you own a motor vehicle? 閣下是否擁有汽車? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
Relationship with Policyholder 與保單持有人之關係 <input type="checkbox"/> Same 屬同一人 <input type="checkbox"/> Employer or Employee 僱主或僱員 <input type="checkbox"/> Relative or friend 親屬或朋友 <input type="checkbox"/> Other, please specify 其他，請註明：_____		Vehicle Reg. No. 車牌號碼：_____	
		Insurance Company 保險公司：_____	
		Policy No. 保單號碼：_____	

IV. Details of the Accident 意外詳情

Windscreen damage 擋風玻璃損毀
Others 其他

Date 日期	Time 時間	Location 地點
Weather condition 天氣狀況	Condition of the road 路面情形	Speed of insured vehicle 行車速度
<p>Was another person responsible for the accident? 意外之責任屬另一方? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 未知 If "Yes/Unknown", please provide detail. 如 "是/未知"，請提供資料 Name 姓名: Vehicle Reg. No: 車牌號碼 Relationship with the policyholder and/or driver 目擊者與保單持有人及/或司機之關係 Role/Position 身份/職位: Phone No. 聯絡電話: Email Address 電郵地址: Address 地址:</p>		<p>Reported to Police? 有否向警方報案? <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 Police Report No. 報案編號 _____ Police Station 警署 _____ Date of Report 報案日期 _____ Any Police Action taken? 警方會否採取行動? <input type="checkbox"/> Yes 會 <input type="checkbox"/> No 不會</p>
		<p>Have you admitted responsibility? 閣下是否已承認責任?</p>
<p>Details of accident (Please use separate sheet if insufficient space) 意外詳情 (如空位不足，請另頁說明)</p>		
<p>Sketches - please draw vehicles, directions, traffic signs and marks on the road (Please use separate sheet if insufficient space) 圖解-請畫出汽車、駕駛方向、交通標誌及路上之痕跡 (如空位不足，請另頁說明)</p>		
<p>Before the accident 意外前</p>		<p>After the accident 意外後</p>
<p>Whenever possible, please obtain names of witnesses, bystanders or persons in the immediate vicinity who may have seen the accident or heard statements made by any of the persons involved. (Please use separate sheet if insufficient space) 請盡可能提供證人、旁觀者或附近可能目睹意外或聽到任何涉事人士對話的現場人士資料 (如空位不足，請另頁說明)</p> <p>Name 姓名 Age 年齡 Vehicle Reg. No 車牌號碼 Relationship between the witness and the policyholder and/or driver 目擊者與保單持有人及/或司機之關係 Role / Position 身份/職位 Phone No. 聯絡電話 Email Address 電郵地址 Address 地址:</p>		

V. Own Damage 汽車損失及損毀

Details of damage 損毀情況		Estimate of repair(HK\$)估計修理費 (港幣\$)
Name of repairer 維修車房之名稱	Phone No. 聯絡電話	Address 地址

VI. Third Party Property Damage (Including Government Properties) 第三者財物損毀 (包括政府公物)

(Please use separate sheet if insufficient space 如空位不足，請另頁說明)

Vehicle Reg. No 車牌號碼	Details of damage 損毀情況
Type of Vehicle 車輛類別	
Name of Third Party Vehicle/ Property Owner 車主/物主姓名	Was the incident caused by negligence of the Third Party? 事件是否因第三者疏忽引致? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If "Yes", please provide details. 如 "是"，請詳細列明。
Name of Third Party driver 駕駛者姓名	Is the Third Party Claimant insured 第三者是否有其他保險保障? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If "Yes", please provide the following details. 如有，請提供詳情。 Name of insurance company 保險公司名稱: _____ Policy No 保單編號: _____
Phone No. 聯絡電話: E-mail Address 電郵地址: Address 地址:	Was the Third Party claiming property damage? 第三者財物損毀索償? <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 Description of Damaged Property 損毀物品種類 _____ Estimate Repair or Replacement Costs (HK\$) 估計維修或更換費用 (港幣\$) _____ Amount Claimed (HK\$) 索償金額 (港幣\$) _____
Other 其他: Government Department 政府部門	Did you receive any Third Party Claim? 閣下已收到第三者索償? <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 If "Yes", please provide details and attach copy of demand letter, Writ and/or Court documents, if any. 如 "有"，請詳細列明及附上索償信、入稟狀及/或法庭文件，如有

VII. Persons Injured in the Accident 傷者 (Please use separate sheet if insufficient space 如空位不足，請另頁說明)

Vehicle Reg. No 車牌號碼: Name 姓名: Age 年齡: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女 Identity of Injured Person 傷者的身分 <input type="checkbox"/> Driver in other vehicle(s) 其他車輛之司機 <input type="checkbox"/> Passenger in other vehicle(s) 其他車輛之乘客 <input type="checkbox"/> Passenger in Insured vehicle 受保車輛之乘客 <input type="checkbox"/> Bicyclist 騎單車的人 <input type="checkbox"/> Pedestrian 行人 Occupation 職位: Phone No. 聯絡電話: E-mail Address 電郵地址: Address 地址:	Nature & extent of injury 受傷性質及程度 Was ambulance called? 是否召援救護服務? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 Was the injured sent to hospital/nearby doctor? 傷者是否已送到醫院/附近醫生診所? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 Name of Hospital/Doctor 醫院/醫生名 Was the incident caused by negligence of the Injured Party? 事件是否因傷者疏忽引致? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If "Yes", please provide details. 如 "是"，請詳細列明 Was the Injured Party claiming any compensation? 傷者是否索取賠償? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 Amount claimed(HK\$) 索償金額 (港幣\$) Breakdown of the compensation(HK\$), if any 索償項目金額 (港幣\$) Did you receive any Injured Party Claim? 閣下已收到傷者索償? <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 If "Yes", please provide details and attach copy of demand letter, Writ and/or Court documents, if any. 如 "有"，請詳細列明及附上索償信、入稟狀及/或法庭文件，如有
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VIII. Claim Documents 索償文件

This Claim Form must be submitted immediately, even if any of the claim documents is not readily available. 如未能即時提供任何索償文件，此賠償申請表亦必須立即呈遞。

Claim documents to be submitted to the Company must include, but are not limited to the following documents. The Company may reasonably further request you to provide supplementary information or evidence. For details of the Claims Conditions, please refer to the Terms and Conditions of the Policy.

閣下須提交包括但不限於以下列明的索償文件致本公司。本公司可能會在合理的情況下要求閣下提供補充資料及證明。有關詳細索償條件，閣下可參閱保單條款及細則。

General 一般所須資料	Copy of Driver's I.D. card and valid driving licence 駕駛者之身分證及有效駕駛執照副本 Copy of the Hong Kong vehicle registration document (both sides) 車輛登記文件副本 (正面及背面) Police report and statement to police, if any 警方報告及警方口供記錄，如有 Copy of the Screening Breath Test Result Form, if any 呼氣測試檢驗報告，如有 Colour photos of the scene of the accident and the vehicles positions, if any 意外現場環境及肇事車輛位置之彩色照片，如有 Colour photos of the vehicles and the point of impact, if any 肇事車輛及碰撞位置之彩色照片，如有
Own Damage 汽車損失及損毀	An estimate of repair costs 維修報價 Colour photos of the damaged vehicle and windscreen 損毀車輛及擋風玻璃之彩色照片 Other supporting documents, if any 其他證明文件，如有 Copy of intended prosecution, inquest or fatal inquiry, if any 擬予控告通知書及死因研訊通知書副本，如有
Third Party Property Damage/ Bodily Injury 第三者財物損毀/人身傷亡	Letter of claim and correspondences from third parties 第三者索償文件及往來書信 Court Notice, Summons, Writs, Order and legal documents 法庭通告、傳票、入稟狀、書面命令及法律文件 Other supporting documents that may assist in defending the Third Party claim, if applicable 其他證明文件以助抗辯第三者索償，如適用

IX. Authorisation and Declaration 授權及聲明

I/We hereby authorise any person, party and/or authority to disclose to Blue Cross (Asia-Pacific) Insurance Limited ("the Company") or its authorised representative, any and all information with respect to my/our loss, police statement made and the like for the purpose of assessing my/our claim request(s). A photocopy of this authorisation shall have the same effect as the original.

本人/我們謹此授權任何持有本人/我們之任何記錄或資料的人士、有關人等、及/或有關當局，向藍十字(亞太)保險有限公司(「貴公司」)或其授權代表提供任何或所有有關本人/我們之損失、口供或任何相關資料作評估賠償申請之用途。此授權書之正本及副本皆具同等效力。

I/We hereby declare that all the above information, statements and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have no other insurance policy indemnifying me/us in respect of this incident. I/We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this request or inform the Company of all material information may render the Company unable to accept or process this request and all rights to recover under the Policy shall be forfeited. I/We understand that the issuance or completion of this Claim Form does not constitute admission of liability or guarantee payment of the claim on behalf of the Company.

本人/我們謹此聲明，上述所有問題的答案包括所有資料、口供及細節均是準確無誤、真實及為事實之全部，並且是盡本人/我們所知及所信而作答的。本人/我們在這事件並沒有其他保險賠償。本人/我們並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知貴公司任何有關此索償申請之重要資料，將可能導致貴公司不能接受或處理此索償申請及喪失所有追討保單權益之權利。本人/我們明白此索償表格之發出及填妥並不代表貴公司確認責任或保證賠償。

I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form. 本人/我們確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。

Signature of Policyholder
(with company chop if appropriate)

保單持有人簽署

(並公司蓋章，如適用。)

Signature of Driver

駕駛者簽署

Name 姓名

Name 姓名

Date 日期

(dd/mm/yy 日/月/年)

Date 日期

(dd/mm/yy 日/月/年)

The Chinese version of this Form is for reference only. In case of any discrepancy between the Chinese and English versions, the English version shall prevail. 此表格的中文譯本僅供參考之用，文義如與英文本有歧異，概以英文為準。