

**第三者遇事報告書**  
**THIRD PARTY ACCIDENT REPORT FORM**
*For Office Use Only*
*Claim No.*

保戶資料 INSURED INFORMATION		
1. 保戶名稱 Name of Insured		2. 保險單編號 Policy No.
3. 保期期限 Period of Insurance	由      D    M    Y      至 From    D    M    Y      To    D    M    Y	4. 電話號碼 Telephone No.
5. 聯絡地址 Contact Address		

損失報告 LOSS REPORT	
1. 意外發生日期及時間 Date & Time of Loss	
2. 意外地點 Location of Loss	
3. 意外詳情 Details of Loss (包括傷者資料,受傷程度或損壞程度) (Including the details of the injured person, Nature and extent of injury or damage)	
4. 誰首先發現此意外? Who first discovered loss?	
5. 在何時發現? When this loss was discovered?	
6. 證人資料 Witness Information	
曾否通知警察或消防署? <span style="float:right">有      否</span> Have the Police Authorities / Fire Service Department been informed? <span style="float:right"><input type="checkbox"/> Yes      <input type="checkbox"/> No</span> 若有,請填上報案之警署名稱及警方檔案紀錄號碼 If Yes, please give the Police Station name and record number: _____ 如意外屬於遺失財物、盜竊或惡意破壞,保戶必須立即報警。 Police must be notified immediately for any theft, missing / stolen items or malicious damage incident.	
以前曾否遭遇同樣性質的損失? 若有,請詳述。 Do you have any similar loss in the past? If Yes, Please provide details. 是 Yes <input type="checkbox"/> / 否 No <input type="checkbox"/> _____	

聲明 DECLARATION
本人/本公司聲明上述各項全部屬實及本人/本公司並無其他保單補償或保障本人/本公司因此意外引起之損失。同時,本人/本公司明白及同意保險公司提供此表格給本人/本公司並不構成保險公司放棄保單上條例所授予之權利。本人/本公司並願意協助保險公司辦理一切有關之索償事宜。 I/We hereby declare that the foregoing particulars are true and correct in every respect to the best of my/our knowledge and belief, and that I/We have no other policy indemnifying me/us in respect of this loss or accident. It is also understood and agreed that the furnishing of this form by the insurance company to me/us shall not constitute a waiver of any of the conditions of the policy. I/We undertake to give the Company all assistance in my/our power in dealing with the matter.



## 收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

本人明白本人提供的資料為中國太平洋保險(香港)有限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業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的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，本人授權中國太平洋保險(香港)有限公司可向「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中國太平洋保險(香港)有限公司持有有關本人的個人資料。如有需要，本人將向中國太平洋保險(香港)有限公司個人資料(私隱)條例監察主任提出。(電話：(852) 2541 4338，傳真：(852)2541 4332)

I understand that the information I provide to China Pacific Insurance Co. (HK) Ltd. is collected to enable China Pacific Insurance Co. (HK) Ltd. to carry on insurance business and may be used for the purpose of:

- any insurance or financial related product or service or any alternations, variations, cancellation or renewal of such product 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 claim 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 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, China Pacific Insurance Co. (HK) Ltd. is hereby authorized to obtain access to and/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 China Pacific Insurance Co. (HK) Ltd. . Requests for such access can be made to the Personal Data (Privacy) Ordinance Compliance Officer of China Pacific Insurance Co. (HK) Ltd.. (Telephone No.: (852) 2541 4338, Fax No.: (852) 2541 4332)

保戶簽署(如屬公司請蓋章)

Signature of Insured

(with company chop if applicable)

日期

Date



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