

汽車意外報告表

Motor vehicle accident report form



詳細填報申請賠償表格上每一項目可避免延誤處理台端之賠償事宜。

To avoid delay in the administration of your claims it is imperative that each question on this report form be fully answered.

保單資料

Insurance policy details

保險代理公司

Agent

保單號碼 Policy no.	投保類別 Cover	到期日期 Expiry date
保戶姓名 Policy holder	職業之詳細資料 Occupation in detail	
地址 Address		
身份証號碼 HKID card no.		聯絡電話 Contact telephone

保單持有人的車輛

Policy holder's vehicle

註冊號碼 (車牌) Registration number	製造年份 Year of manufacturing	廠名及款式 Make and model	機器容量 Engine capacity

車輛當時之用途

For what exact purpose was the vehicle being used _____

是否已得車主之同意使用該車?

Was it used on the car owner's order or with his/her permission?

是 否
 Yes No

司機之細節

Particulars of driver

姓名 Name	出生日期 Date of birth	身份証號碼 HKID card no.
地址 Address		聯絡電話 Contact tel. no.
駕駛執照號碼 Driving licence no.	正式 (<input type="checkbox"/> Full	臨時 <input type="checkbox"/> Provisional)
首次發牌日期 Date licence first issued	到期日期 Expiry date	
與投保人關係 Relationship with insured		

- | | 是
Yes | 否
No | 如“是”請列詳細資料
If “Yes” give full details |
|--|--------------------------|--------------------------|--|
| ❖ 是次意外前十二小時內司機曾否服用任何藥物?
Has the driver taken any drugs during 12 hours prior to this accident? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| ❖ 是次意外前十二小時內司機曾否飲用過含有酒精成份之飲品?
Has the driver consumed any intoxicating liquor during 12 hours prior to this accident? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| ❖ 是次意外後司機曾否被進行酒精測試及其結果?
Has the driver been tested for alcohol following this accident and what is the result? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| ❖ 過去三年內是否曾因不小心或魯莽駕駛被停牌或扣分?
Had the driver's licence ever been endorsed or canceled because of careless or reckless driving and have points ever been deducted due to the so offence(s) in the past 3 years? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| ❖ 三年內有否交通意外?
Has the driver been involved in previous accidents over the past 3 years? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 如司機並非車主，車主是否知道車輛被用?
If the driver was not the owner, was vehicle being used with the owner's knowledge and consent | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 司機是否擁有私家車?
If the driver own a car himself? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 有否投保(保險公司名稱)?
With whom is it insured? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Private & Confidential 私人及保密文件

在填報以下資料前，閣下應立刻向警方報告此次意外

Before completing the questions below, you should report the accident to the police immediately

警方報告號碼

Police report no. _____

(請附上口供及警方報案紙收據)

(Please attach statement and police report slip)

請指明何處警署及其他有關紀錄

Please indicate station concerned and any other relevant information _____

如認為意外之責任在對方，你必須向交通部提出投訴

If other driver is at fault, you have to lodge a complaint against him/her. Yes

No

請用「√」號於適合方格內

(Tick as appropriate)

請解釋原因

Please explain why you failed to do so. _____

閣下及/或司機

Has the policy holder & / or driver

1. 曾否收受或給予對方任何補償?

made or received any compensation to or from the party?

Yes

No

數目

Amount _____

2. 曾否與對方達成任何與此意外有關書面協議?如有，請給予該正本

made any written agreement with the other party in connection with

Yes

No

this accident? If so, please let us have its original.

第三者之車輛或財物損壞情形

Particulars of third party vehicle involved or of other property damaged

汽車號碼或其他損壞物件名稱

Vehicle registration mark or other damaged property _____

車輛類別、廠名款式及顏色

Type, make model & colour of the vehicle _____

損壞情形

Extents of damages:

輕微

Slight

普通

Normal

嚴重

Serious

物主姓名

Name of owner _____

電話

Telephone _____

地址

Address _____

司機姓名及身份證號碼

Name of driver & HKID card no. _____

電話

Tel no. _____

地址

Address _____

第三者之保險公司名稱及受保範圍

Details of third party's Insurers, and cover _____

受傷者之情況

Particulars of person(s) injured

是否有人受傷?

Is there any person(s) injured? Yes

No

(如空白位置不足可另附紙張)

(If space is insufficient, please use a separate sheet of paper)

姓名及地址

Name(s) and address(es) _____

性別及年齡

Sex and age _____

受傷情況

Nature of injuries sustained? _____

意外發生時，傷者有否在車上戴上安全帶?

Did injured person(s) put on safety belt(s) in the car the time of accident?

有

Yes

無

No

如接到有關函件於未答覆前必須立即交來蘇黎世保險有限公司以便採取適當之行動，否則閣下之有關此意外之賠償事宜可能受影響

All communications relating to the accident must be forwarded unanswered immediately to Zurich Insurance Company Ltd for attention; otherwise your indemnity may be adversely affected.

聲明及授權

Declaration and authorization

本人／吾等在此聲明本人／吾等已盡一切能力保證上述各節均屬實情。

I/We declare that, to the best of my/our knowledge, these statements are true.

本人／吾等明白並同意以下有關 Zurich Insurance Company Ltd (「本公司」) 處理所收集及保存本人／吾等之個人資料。

I/We understand and agree the following issues about the arrangement of my/our personal information collected or held by Zurich Insurance Company Ltd.

1. 由 Zurich Insurance Company Ltd (「本公司」) 收集或持有的客戶 (包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人) 個人資料，均可供本公司使用作以下**強制性用途**，以便為客戶提供服務(否則本公司將無法為未能提供所需資料的客戶提供服務)：

The personal information of customers (include policy owners, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by Zurich Insurance Company Ltd ("Company") may be used by the Company for the following **obligatory purposes** necessary in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information):

- (1) 辦理，調查(及協助他人調查)和決定保險申請、保險索償及提供持續的保險服務；
to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;
- (2) 辦理付款要求及直接付款授權；
to process requests for payment, and for direct debit authorization;
- (3) 處理任何對客戶的索償、訴訟及／或司法程序；以及行使本公司的權利(詳情見適用保單條款所定)，包括但不限於 代位權；
to manage any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right;
- (4) 編撰統計數字，或作會計及精算用途；
to compile statistics or use for accounting and actuarial purposes;
- (5) 符合對本公司及／或其所屬集團(「蘇黎世保險集團」)具約束力的任何本地或外國法例、規則、守則或指引的披露規定及如需要時進行核對程序；
to meet the disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company and/or its group ("Zurich Insurance Group") and conduct matching procedures where necessary;
- (6) 遵循香港法院及監管機構作出的合法要求或指令，包括但不限於保險業監理處、香港保險業聯會、核數師、政府組織和政府相關機構；
to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and government-related establishments;
- (7) 債務追討；
to collect debts;
- (8) 便利本公司的認可服務供應商，就上述目的為本公司及／或客戶提供服務；及
to facilitate the Company's authorized service providers to provide services to the Company and/or the customers for the above purposes; and
- (9) 使本公司的實際或建議承讓人能夠評核擬進行涉及有關轉讓的交易。
to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.

2. 本公司可就**強制性用途**，向以下於香港境內或境外的人士提供任何客戶個人資料：

The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the **obligatory purposes**:-

- (1) 蘇黎世保險集團成員公司，或任何進行保險或再保險相關業務的其他公司或中介人；
companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary;
- (2) 任何向蘇黎世保險集團提供行政、電訊、電腦、付款或其他與其業務運作有關的服務的代理人、承包商或第三方服務供應商；
any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the Zurich Insurance Group in connection with the operation of its business;
- (3) 第三方服務供應商，包括法律顧問、會計師、調查員、理賠師、再保公司、醫護及復康顧問、考察員、專家、維修人員、及資料處理者；
third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors;

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- (4) 信貸諮詢機構、而在客戶欠賬時，任何債務追收代理或進行索償或調查服務的公司；
credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
- (5) 根據對蘇黎世保險集團或其任何關連機構具約束力的任何法例，及就任何由政府、監管或其他機關所頒佈且蘇黎世保險集團或其任何關連機構預期須遵守的任何規例、守則或指引而言，蘇黎世保險集團有責任向其作出披露的任何人士；
any person to whom the Zurich Insurance Group is under an obligation to make disclosure under the requirements of any law binding on the Zurich Insurance Group or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Zurich Insurance Group or any of its associated companies are expected to comply;
- (6) 根據主管司法權區的法院的任何頒令的任何人士；及
any person pursuant to any order of a court of competent jurisdiction; and
- (7) 蘇黎世保險集團的任何實際或建議承讓人或蘇黎世保險集團對保單持有人的權利的受讓人。
any actual or proposed assignee of the Zurich Insurance Group or transferee of the Zurich Insurance Group's rights in respect of the policy owners:

3. 所有客戶均有權以書面向本公司之個人資料私隱主任（地址如下）要求查閱、修正及／或更改由本公司所持有有關其本身的任何個人資料。

All customers have the right to access to, correct, or change any of their own personal information held by the Company by request in writing to the Company's Personal Data Privacy Officer at the address below.

個人資料私隱主任
香港港島東華蘭路 18 號
港島東中心 26 樓

Personal Data Privacy Officer
26/F, One Island East
18 Westlands Road
Island East
Hong Kong

4. 根據私隱條例，本公司有權收取合理費用，藉以處理任何資料的查閱要求。
In accordance with the Ordinance, the Company has the right to charge a reasonable fee for processing any data access request.
5. 本通知的中英文版本如有任何歧異或不一致，概以英文版為準。
In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.

日期 _____
Date _____

保單持有人簽名及蓋印 _____
Policy holder's signature and chop _____

駕駛者簽名 _____
Driver's signature _____

TO WHOM IT MAY CONCERN

Dear Sirs,

Re : Date of traffic accident :
 Involved vehicle : _____

I hereby confirm my consent that my statement which was made to the Police regarding the above traffic accident can be release to Zurich Insurance Company Ltd.

In addition, please release to my Motor Insurers any other relevant information as they may require in handling my insurance claim arising out of the captioned accident.

Signature: _____

Name: _____

I.D. Card No.: _____

Date: _____

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車輛保險之一般索償程序

1. 如閣下涉及交通事故並牽涉及人命傷亡或受保車輛遭受盜竊，應盡快通知警方。如意外中並無牽涉及人命傷亡，閣下亦應於意外發生後二十四小時內到警署備案。
2. 應記下第三者之重要資料，例如：
 - 被牽涉之車輛的車牌號碼；
 - 被牽涉之車主與司機的姓名及地址；
 - 被牽涉之車輛的保險公司名稱及其保單號碼；
 - 被牽涉之傷者的個人資料；
 - 被牽涉之傷者的傷勢；
 - 警方之報案號碼。
3. 為保障閣下之權益，如此事故是由於第三者疏忽所導致，應於十日內正式向警方提出投訴。
4. 切勿與第三者簽署任何協議書，否則可能導致對方擺脫在此事故中之責任及有可能令閣下喪失追討之權利。
5. 即使閣下認為此事故有可能是由於閣下疏忽所致，也不能向對方承認任何責任或同意作出賠償。
6. 閣下須連同下列證明文件副本，填妥附上之車輛索償表格，如事故涉及第三者傷亡則需再填寫附上的車輛索償補充表。
 - 由車房發出有關閣下車輛之維修報價單 <適用於綜合保險(全保)>；
 - 損毀車輛之相片，維修發票及收據正本 <只適用於擋風玻璃索償>
 - 受保車輛登記文件；
 - 警署報案編號紙及有關擬控告通知書；
 - 警方口供及所有有關部門發出的文件；
 - 酒精測試報告；
 - 司機駕駛執照及其他身份證明文件，例如身份証或護照。
7. 所有有關此事故之文件應不予回應，並即時轉交本公司處理。

重要提示：有關 <無申請賠償折扣(NCD)> 之計算方法及運作，詳請可參考保單內第十六條之敘述。

Claim procedures - Motor insurance

1. If you are involved in a traffic incident involving bodily injury or your vehicle is stolen, you should report to the police immediately or if no bodily injury is involved, you should report the case in person at the nearest police station not later than 24 hours after the accident.
2. Note down the essential information of the third party(ies) involved, such as
 - Vehicle registration number(s) of the vehicle(s) involved;
 - Name(s) and address(es) of the driver(s) and owner involved;
 - Name of insurance company(ies) and their policy number(s) of the vehicle(s) involved;
 - Personal particulars of the injured person(s) involved;
 - Extent of injury of the injured person(s) involved;
 - Police reporting case number.
3. To protect your own interest, lodge a complaint to the police within ten days if the incident was caused by the negligence of the third party(ies).
4. Do not sign any agreement with the third party(ies) because it may absolve them of responsibility and you may sign away your rights for recovery.
5. Even though you think the incident was possibly caused by your fault, no admission of liability or offer of settlement should be made.
6. Complete the attached Motor Claim Form and send it together with copies of the following supporting documents to us immediately after the accident.
 - The repair quotation if you are claiming under Comprehensive cover of your policy, i.e. damage to your own vehicle
 - Photos of the damaged vehicle, the original repair invoice and official receipt if you are claiming only the windscreen damage
 - A full set of Vehicle Registration Document of the insured vehicle;
 - Report sheet from the police and any Notice of Intended Prosecution;
 - Police statement and other related documents from related authorities;
 - Breath Screening Test Report;
 - Driver's driving licence and any other identity document, such as ID card or passport.

In case the incident involves third party(ies) bodily injury, you are also requested to complete the attached Bodily Injury Questionnaire

7. All documents in relation to the incident must be unanswered and forwarded to our Company immediately.

Important Note: In relation to the No Claim Discount (NCD) operation, please refer to Section (16) No Claim Discount of the policy for details.

蘇黎世保險有限公司(於瑞士註冊成立之公司)

理賠部：香港港島東華蘭路18號港島東中心25-26樓

Zurich Insurance Company Ltd (a company incorporated in Switzerland)

Claims dept.: 25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong

電話：29039388

圖文傳真：29681660

Tel: 29039388

Fax: 29681660

QUESTIONNAIRE

Claim No.: _____

Vehicle No. _____

1. 肇事時閣下之車輛那部份觸及傷者?
What part of your vehicle struck the Injured person? _____
2. 當時閣下車輪之車輪曾否輾過傷者身體之任何部份?
Did the wheels of your vehicle go over any part of Injured person's body? _____
3. 請描述該傷者:
Give the following details of the injured person:
 男 Male 女 Female 年齡 Approximate age _____
4. 傷者遇事後能否步行?
Was the Injured person able to walk after the accident? _____
5. 傷者在遇事後曾否被送往醫院?
Did the Injured person go to hospital? _____
6. 事後傷者自行抑或由救護人員抬上救護車?
Did the injured person walk to the ambulance or was he or she carried? _____
7. 請指出傷者之受傷位置:
Please put a tick in the appropriate box regarding the apparent injury suffered by the injured person:
 右腿部 Right Leg 右臂部 Right Arm 頭部 Head
 左腿部 Left Leg 左臂部 Left Arm 身軀 Main Body
8. 傷者傷勢屬於輕微抑或嚴重?
Did the injury appear minor or serious? _____
9. 傷者遇事後是否清醒?
Was the person conscious? _____
10. 傷者下列部份當時曾否出血
Was blood coming out of their
i. 耳部 Ears ii. 眼部 Eyes iii. 鼻子 Nose iv. 口部 Mouth
11. 請詳述有關傷者所受其他傷害情況於下:
Do you have any further details regarding the injury suffered by the injured person?

12. 傷者是誰?
Who is the injured person?
i. 行人 Pedestrian ii. 車上乘客 Passenger
iii. 第三者車上乘客 Passenger of third party vehicle
13. 傷者當時的服飾如何?
How did the injured person dress like? _____