



重要事項  
IMPORTANT

Claims Department  
8/F 118 Connaught Road West H.K.  
Tel: 3606 9193 Fax: 2810 7756

汽車遇事報告書  
MOTOR VEHICLE ACCIDENT

FOR OFFICE USE ONLY

Claim No. ....  
HP: .....  
Excess: .....  
Expiry: .....  
A/C: .....

- 請詳細填報本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 execution of your claim it is imperative that each question on this report form be full answered.
- 台端日後如接獲有關之一切文件及法律書信應儘速遞交敝公司辦理。  
If you receive any legal documents/communications in any way connected with the accident please forward them to the company immediately.
- 在該汽車未修理之前保戶應將此遇事報告書連同修理估價單乙份一併送交本公司並得本公司同意方可進行修理。  
Prior to the commencement of repairs this Claim Form together with copies of estimate if available must be forwarded to the Company and its consent obtained.

保單號碼

Policy No. ....

保戶 INSURED	保戶姓名 Policy Holder .....		職業 Occupation .....	
	地址 Address .....		住宅電話號碼 Home Telephone .....	
				辦公室電話號碼 Office Telephone .....
受保車輛 INSURED VEHICLE	註冊號碼/車牌 Registration Number/License Number		廠名及款式 Make and Model	
			年份 Year	
				保額 Insured Amount
車輛用途 USE OF VEHICLE	車輛當時之正確用途 For what exact purpose was the vehicle being used? .....			
	是否已得閣下之同意使用該車 Was it used on your order or with your permission? .....			
駕駛人資料 PARTICULARS OF DRIVER	姓名 Name .....		電話號碼 Tel. No. ....	出生日期 Date of Birth .....
	地址 Address .....			
	司機是否	車主	受薪司機	車主之親屬或朋友
	Is driver: I)	(a) Owner? .....	(b) Owner's paid driver? .....	(c) Owner's relative or friend? .....
	II) 是否醉酒? Under the influence of intoxicating liquor or drugs? .....			
	駕駛執照號碼 Driving Licence No. ....		到期日期 Expiry Date .....	考驗及格日期 Date passed test .....
	正式 / 臨時 Full/Provisional (Delete in appropriate)		正式駕駛車類 Classification Code .....	
	警方曾否控訴該司機? Is any Police Action being taken against the Driver in respect of the alleged accident? .....			
	以前曾否發生交通意外事件 有 / 無 如有, 講述日期情況 Is previously involved in an accident? YES/NO (If YES, give particulars and dates)			
	司機是否另持有第三者保險? 請列明其保險公司, 保單號數, 車牌及車主等等。 Does the person who was driving (other than the Insured) hold any other policy of indemnity against liability to Third Parties? .....			
意外詳情 DESCRIPTION OF ACCIDENT	日期 Date .....	時間 Time .....	地點 Place .....	
	天氣 Weather .....	路面情況 Condition of Road Surface .....		車速 Speed .....
	請詳述遇事過程地點位置等並附草圖標明路面情況如路闊, 交通燈, 交通標誌, 讓線等等。 Give full details of occurrence and make a rough sketch where appropriate showing road widths, traffic lights, signs, warnings, etc.			
	Indicate directions of vehicles with an arrow.			
	Description of accident .....			

<b>警察報告 POLICE REPORT</b>	<p>閣下曾否向警方報告此次意外事件？ 有 / 無 Did you report this accident to the police? YES/NO</p> <p>如有，請指明何處警署及其他有關之記錄 If YES, indicate station concerned and any other relevant information .....</p> <p>閣下曾否向警方投訴對方？ 有 / 無 Have you lodged a complaint to the police against the other party? YES/NO</p> <p>警方報告 Police Report No. .... (請附上口供及警方草圖副本) (Please attach statement and police sketch copies)</p>
<b>證人 WITNESSES</b>	<p>乘客之姓名地址及電話號碼 Names and addresses and telephone number of your passengers: - .....</p> <p>乘客中是否有閣下之僱員 Are any of the passengers in your employ? .....</p> <p>見證人之姓名及地址 Names and addresses of all independent witnesses .....</p>
<b>受保車輛之 損毀情況 DAMAGE TO INSURED VEHICLE</b>	<p>損毀部份 Damaged portion .....</p> <p>損毀程度 Extent of damage .....</p> <p>損毀車輛尚可供使用 <input type="checkbox"/> The damaged vehicle can still be driven for use.</p> <p>損毀車輛已拖 / 送往修理 <input type="checkbox"/> The damaged vehicle was towed/delivered for repair.</p> <p>可往下述地點檢查該車 The damaged vehicle can be inspected at .....</p> <p>聯絡人 電話 修理費估價 Contact person..... Tel. No. .... Estimated repair charges.....</p> <p>該車是否被拖往政府驗車中心接受驗車？ 有 / 無 Has the vehicle ever been inspected by the Government Vehicle Examination Centre? YES/NO</p> <p>如有，何處驗車中心？ 驗車結果 If YES, which Centre? ..... Outcome of inspection .....</p>
<b>第三者財物 損失情況 INJURY OR DAMAGE TO OTHER PARTY</b>	<p>物主姓名 地址 電話 Name of vehicle/Property Owner ..... Address ..... Tel. No. ....</p> <p>司機姓名 地址 電話 Name of Driver ..... Address ..... Tel. No. ....</p> <p>第三者之保險公司名稱及受保範圍 Name of Third Party's Insurers, and cover .....</p> <p>汽車號碼或其他損壞物件名稱 損壞情況 Damaged Property: ..... Nature of damage .....</p>
<b>傷者情況 PERSON(S) INJURED INCL. VEHICLE OCCUPANTS</b>	<p>是否有人受傷？ 是 / 否 人數 Is there any person(s) injured? YES/NO Number .....</p> <p>姓名 性別 年齡 地址 / 聯絡電話 Name ..... Sex ..... Age ..... Address/Tel.No. ....</p> <p>受傷情況 Nature of Injuries .....</p>
<b>司機意見 DRIVER'S OPINION</b>	<p>以司機之意見，認為誰人導致及需要對此次交通意外負責？ In driver's opinion, which party should be held responsible for causing this accident? .....</p>
<b>與他人達成 之協議 AGREEMENT MADE WITH OTHER PARTY</b>	<p>閣下或司機 Has the policyholder &amp;/or driver</p> <p>曾否與對方達成任何與此意外有關之協議 是 / 否 數目 (i) made any agreement with the other party in connection with this accident? YES/NO AMOUNT: .....</p> <p>曾否收受或給予對方任何賠償 是 / 否 數目 (ii) made or received any compensation to or from the other party? YES/NO AMOUNT: .....</p>
<b>聲明及授權書 DECLARATION AND AUTHORIZATION</b>	<p>以上所列乃屬真實並無重複保險且願協助公司辦理一切 I/we hereby declare the foregoing particulars are true in every respect and that I/we have no other policy of insurance indemnifying 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.</p> <p>本人等現授權任何機構可將本人等之意外或損失報告等資料給予亞洲保險有限公司作為評估現有個案之用途。此授權書之副本與正本同等有效。 I/We hereby authorize any authorities or organization that has any records or knowledge of my/our accident to furnish to Asia Insurance Co., Ltd., any and all information with respect to my/our report of accident for the purpose of assessment of my/our present case. A photostat copy of this authorization shall be considered as effective and valid as the original.</p> <p>保戶簽字蓋章 駕駛者簽字 SIGNATURE ..... (Insured) SIGNATURE (Driver) .....</p> <p>日期 日期 DATE ..... DATE .....</p>

草圖  
SKETCH



The Superintendent of Police  
Traffic Accident Enquiry Section

Sir,

Re: Traffic Accident on  
at  
Involving Vehicle No. \_\_\_\_\_

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I was the driver / passenger(s) of Vehicle No. \_\_\_\_\_ at the time of the above Accident and shall be grateful if you will kindly release my statement and sketch about it as recorded with your Office to the **ASIA INSURANCE COMPANY LIMITED.**

Yours faithfully,

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Signature of Driver / Passenger