



CHINA MERCHANTS INSURANCE COMPANY LIMITED

招商局保險有限公司

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The forwarding of this form for completion is not an admission of liability upon the part of the Company.
發出此通知書不能作為保險公司已經承認賠償之責任

MOTOR ACCIDENT REPORT FROM 汽車失事報告表

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. Please return this form within 7 days.
請詳細填報本表格上每一項目及於七天內交回本公司，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物損毀賠償之責任。

INSURED 受保人

Full Name 姓名 / 商號 _____

Office Address 工作地址 _____

_____ Tel No. 電話 _____

Residential Address _____

_____ Tel No. 電話 _____

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 trailers 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 如有 請(a)說明貨物品類 _____ (b) owner 物主 _____

Weight of load on (a) vehicle 載貨重量 汽車 _____ (b) trailers 拖車 _____

* DELETE AS REQUIRED 請將不適用劃去

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過車輛，必須回答以下各項問題

Name 姓名 _____ Identity Card/Passport No. 身份證號碼 _____

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 有/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
如該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 of any offence in connection with any motor vehicle ? Yes/No*
司機曾否觸犯交通條例 曾/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*
司機曾否被任何保險公司拒絕投保或續保 曾/否

Does the driver own a motor vehicle of his / her own? Yes/No*
該司機是否擁有任何屬於自己的車輛 是/否*

If YES, give name and address of his insurer 如是，請寫上保險公司之名稱及地址 _____

_____ Their Policy No. 保單號碼 _____ Car No. 車牌 _____

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 for examination photocopy of vehicle Registration Document, Driver's Driving Licence and H.K. Identity Card 請將車輛登記文件，司機之駕駛執照與身份証的影印本一併交本公司，以便查閱。

ACCIDENT 意外發生情況

Date 日期 _____ Time 時間 _____ 上午/下午*
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 (b) at the moment of the accident
時速：意外前 _____ km/h 公里 意外時 _____ km/h 公里

Speed limit on the road Was the insured in or on the vehicle ? Yes/No*
行車速度限制 _____ km/h 公里 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
發生意外時受保車輛與路邊距離 _____ metres 公尺

State fully what happened 請詳述遇事經過 _____

Please sketch below plans of the accident and indicate : 請在下面空白處畫上草圖及註明

(a) the names and approximate widths of roads including traffic lights, signs, warnings etc.

街道名稱闊度及交通燈，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 _____

DAMAGE TO INSURED VEHICLE 受保車輛之損壞情形

What is the extent of damage to the insured vehicle ? 受保車輛之損壞情度 _____

Repairer's name 修理廠名稱 _____

Address 地址 _____

Tel. No. 電話 _____

Is the vehicle at the repairers premises ?

現該車是否在修理廠

Yes/No*

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

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 _____

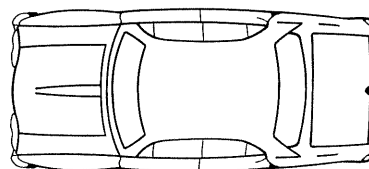
Insurers and Policy No.

保險公司名稱及保單號碼 _____

Apparent damage

明顯之損壞程度 _____

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



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

Name and address of owner (if known) 物主之姓名及地址 _____

Nature of damage 損壞程度 _____

Name and address of owner (if known) 物主之姓名及地址 _____

Nature of damage 損壞程度 _____

PERSONS INJURED 受傷者之情況

Name and address 姓名及地址 _____

(state whether driver, 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*

POLICE 警方

Were particulars taken by or reported to the police ? 當時有無警方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 ?

有否任何人因這次意外而被檢控

YES/NO*

有 / 否*

If YES, give (a) name of person

(b) offence

如有, 請列明被檢控者姓名 _____ 檢控罪名 _____

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?

YES/NO*

有 / 否*

If YES, what was the result ? 如有, 結果如何? _____

Any communications including summons you receive about the accident should not be answered but sent immediately to the Company. If the accident did not involve injury and was caused by the other party, complaint shall be made by the driver regarding the driving manner of the opposite driver so that police can carry out further investigation.

始接獲有關任何函件包括告票請勿作答必須先交來本公司以便採取適當行動。如接獲有關如意外中並無傷亡而肇事由對方引致, 司機應於意外起十天內向警方投訴對方司機之駕駛態度, 以便警方作進一步調查。

DECLARATION 聲明

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.

以上所列乃屬真實並無重複保險且願協助公司辦理一切。

Chop

公司蓋章

Signature of Insured

保單持有人簽名 _____ I/D No. 身份證號碼 _____ Date 日期 _____

Signature of driver 駕駛人簽名 _____ I/D No. 身份證號碼 _____ Date 日期 _____

The Officer-in-Charge
Traffic Accident Enquiry Office

Dear Sirs,

Re : Traffic Accident on
At
Involving vehicle No.

I was the driver of vehicle No. _____ at the time of the above accident.

I consent (if do not consent, please tick here) to the Commissioner of Police releasing a copy of this statement and my personal data to any bona fide party to the accident, their legal representatives and/or insurers.

Yours faithfully,

Signature of the driver

啓者：

關於以下交通意外

事發日期：

事發地點：

涉及車輛編號：

本人乃上述交通意外時車輛編號 _____ 之司機。

本人 同意 (如不同意，請在方格內加上勾號) 警務處處長將本人之口供副本及個人資料交給上述交通意外之有關人仕，其法律代表及/或保險公司。

此致

交通意外調查署長

司機簽名