



QBE HONGKONG & SHANGHAI INSURANCE LIMITED
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CLAIMS HOTLINE 賠償部熱線: (852) 2877 8608
CLAIMS FAX 賠償部傳真: (852) 3607 0529

FOR AGENT USE:

Agent name:

Tel no.:

MOTOR ACCIDENT CLAIM FORM 汽車意外索償申請表

A. NOTES 注意事項

- All questions must be answered. If not applicable, write "n/a".
所有問題必須作答。如不適用者，請填上「不適用」。
- The issue of this claim form is not an admission of liability by QBE Hongkong & Shanghai Insurance Ltd.
發出此索償申請表並不代表昆士蘭聯保保險有限公司承認任何責任。
- If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
若填報資料的位置不足，請填寫於附加紙上。
- Please return this claim form together with the following documents:
呈交此索償申請表時請一併遞交以下文件：
 - Original letter of authorization duly signed by the driver
司機正式簽署之授權書正本
 - Copy of the insured's (if an individual) HK identity card
保戶（如屬個人）之香港身份證副本
 - Copy of driver's HK identity card & driving license
司機之香港身份證及駕駛執照副本
 - Copy of vehicle registration documents (both sides)
車輛登記文件副本（正面及背面）
 - Copy of police statement
口供副本
 - Copy of screening Breath Test Result Form
檢查呼氣測試報告副本
- Any communication including letters, claims, writs, summons and process which the insured and / or the insured driver receive in any way connected with this accident must be notified and forwarded to QBE Hongkong & Shanghai Insurance Ltd. immediately upon receipt. You must not respond to any of them without the written consent of QBE Hongkong & Shanghai Insurance Ltd.
保戶及 / 或受保司機如收到任何有關此意外之信件、索償、令狀、傳票或法律程序文件等，應立即通知及交予昆士蘭聯保保險有限公司處理。未經昆士蘭聯保保險有限公司書面同意，請勿自行回覆。
- No admission, offer, payment or indemnity shall be made in respect of liability for property damage, bodily injury or death without the written consent of QBE Hongkong & Shanghai Insurance Ltd.
未經昆士蘭聯保保險有限公司書面同意，請勿就財物損毀或人命傷亡承認任何責任、提出建議、支付任何款項或賠償。

B. DETAILS OF THE INSURED 保戶資料

Policy no. 保單號碼：				
Cover 保障類別：	<input type="checkbox"/> Comprehensive 綜合全保	<input type="checkbox"/> Third party fire & theft 第三者責任及火盜險	<input type="checkbox"/> Third party only 第三者責任保險	<input type="checkbox"/> Property damage (commercial vehicle) 商用汽車財產全保
Name of the insured 保戶姓名：				
Address 地址：				
Home tel. no. 住宅電話：		Office tel. no. 辦公室電話：		Mobile tel. no. 流動電話：
Contact Person 聯絡人姓名：				
Email 電郵：		Occupation / business 職業 / 行業：		

C. DETAILS OF THE INSURED VEHICLE 受保車輛資料

Registration no. 車輛登記號碼：	Make of vehicle 牌子：	Model 款式：		
Engine no. 引擎號碼：	Engine capacity 引擎容量：	Year of manufacture 製造年份：		
Purpose of use at the time of accident 發生意外時，該車之用途為：	<input type="checkbox"/> Private 自用	<input type="checkbox"/> Commercial 商用	<input type="checkbox"/> Hire 租賃	<input type="checkbox"/> Others 其他：
Has the car been modified or altered from the manufacturer's standard specification? 該車是否曾經改裝以致與原產商之標準規格不符？ If "Yes", please give details. 如「是」，請詳細說明。				
<input type="checkbox"/> YES 是 <input type="checkbox"/> NO 否				

D. DRIVER DETAILS 司機資料 (Please give details even if the driver is the insured 如司機是保戶本人，亦須填寫資料)

Name 姓名：		
Address 地址：		
Home tel. no. 住宅電話：	Office tel. no. 辦公室電話：	Mobile tel. no. 流動電話：
Email 電郵：	Date of birth 出生日期： / /	Gender <input type="checkbox"/> Male 男 性別： <input type="checkbox"/> Female 女
Occupation / business 職業 / 行業：	Position held 職位：	Year of service 服務年期：
Employer's name 僱主名稱：		
Date of the first driving license issued 首次獲發駕駛執照日期： / /		Place of issue 簽發地區：
Relationship with the insured <input type="checkbox"/> Myself 司機同屬保戶本人 <input type="checkbox"/> Friend 朋友 <input type="checkbox"/> Employee 僱員 <input type="checkbox"/> Relative (Relationship) 親屬(關係)： <input type="checkbox"/> Others 其他：		
Did the driver obtain permission from the insured to use the vehicle? <input type="checkbox"/> YES 是 司機是否已得保戶同意駕駛該車輛？ <input type="checkbox"/> NO 否		
Was the driver under the influence of intoxicating liquor or drugs? <input type="checkbox"/> YES 是 司機是否在醉酒或藥物影響下駕駛？ <input type="checkbox"/> NO 否		
Has the driver paid to / or received from any third party vehicle owner, driver, passenger and / or other person(s) as compensation to the damaged property and / or bodily injury? <input type="checkbox"/> YES 是 司機是否已付款予 / 已收取任何第三者之車主、司機、乘客及 / 或其他人士作為損毀財物及 / 或人身損傷之賠償？ <input type="checkbox"/> NO 否		
If "Yes" please state the amount involved and whom it was paid to / received from, together with a copy of the relevant receipt / agreement. 如「是」，請列明賠償金額及收款人 / 付款人之姓名及呈交有關收據 / 協議書之副本。		
<input type="checkbox"/> The driver has paid compensation to the third party 司機已付款給第三者	Amount 金額：	
<input type="checkbox"/> The driver has paid compensation from the third party 司機已收取第三者之賠款	Amount 金額：	

E. DRIVING & INSURANCE HISTORY 駕駛及保險記錄

Was the insured or the driver convicted of any motoring offence or faced with any prosecution pending during the 3 years immediately before the present accident (except illegal parking)? 在是次意外日期前最近三年內，保戶或司機是否曾觸犯交通條例而被定罪或面對任何未解決之檢控（違例泊車除外）？	
The insured <input type="checkbox"/> YES 是 保戶： <input type="checkbox"/> NO 否	Driver <input type="checkbox"/> YES 是 司機： <input type="checkbox"/> NO 否
If "Yes" please give particulars (including the offence involved and date). 如「是」，請說明詳情（包括涉及之罪行及日期）。	
Did the insured or the driver have any accident(s) / loss(es) in connection with any motor vehicle during the 3 years immediately before the present accident? 保戶或司機在是次意外日期前最近三年內是否曾牽涉有關汽車的任何意外 / 損失？	
The insured <input type="checkbox"/> YES 是 保戶： <input type="checkbox"/> NO 否	Driver <input type="checkbox"/> YES 是 司機： <input type="checkbox"/> NO 否
If "Yes" please give details of the accident, car registration no. and name of insurance company involved. 如「是」，請詳述意外情形，有關之車輛登記號碼及保險公司之名稱。	
Did any insurance company ever cancel or refuse to renew your motor car insurance, increase your premium, impose compulsory deductibles, or decline your proposal in the last 3 years? 閣下在過去三年內是否曾經被其他保險公司取消汽車保單、拒絕續保、增加保費、附加強制免責條款或拒絕投保？	
The insured <input type="checkbox"/> YES 是 保戶： <input type="checkbox"/> NO 否	Driver <input type="checkbox"/> YES 是 司機： <input type="checkbox"/> NO 否
If "Yes", please state the name of the insurance company and the information of the driver concerned. 如「是」，請列明保險公司名稱及司機資料。	

F. DAMAGE TO THE INSURED VEHICLE 受保車輛損毀情況

Details of damage Slight Serious Left Right Front Rear Others
 損壞情況 輕微 嚴重 左 右 頭 尾 其他：

For comprehensive cover vehicle, please state:
 如屬全保車輛，請列明：

Estimated repair cost (Attach repairer's quotation, if obtained) Amount
 估計維修費用 (請附修理廠報價單，如有) 金額：

Repairer's name, address, tel. no., email address, contact person and reference no.
 修理廠名稱、地址、電話、電郵、聯絡人、檔案號碼：

Is the vehicle at the repairer's premises YES 是
 該車是否在修理廠？ NO 否

If "No", please state it's location.
 如「否」，請列明該車之位置。

Has the vehicle been detained by the government vehicle examination centre for inspection? YES 是
 該車是否曾被拖往政府驗車中心驗車？ NO 否

If "Yes", please state the centre's location.
 如「是」，請列明驗車中心地點。

G. POLICE REPORT 警方報告

At which police station was the accident reported
 曾向哪所警署報案？

Police report no.
 警方報案號碼：

Date of report
 報案日期： / /

Officer's name or his / her no.
 警員姓名或號碼：

Have you lodged a complaint to the police against the other party / parties? YES 是
 閣下是否曾向警方控訴另一方？ NO 否

If the other party was at fault, you must lodge a complaint to the police within 10 days of the accident.
 如為對方過失，請於事發後10天內向警方提出控訴。

H. DETAILS OF THE INJURED PERSON(S) 傷者資料

Did the accident involve bodily injury or death? YES 是
 此意外是否牽涉人身傷亡？ NO 否

If "Yes", please state details of all injured persons.
 如「是」，請提供所有傷者資料。

Name
 姓名：

Age
 年齡：

Gender Male 男
 性別： Female 女

Position of injury
 受傷部位：

Extent of injury Slight Serious Dead Coma Fracture Bleeding
 受傷程度 輕微 嚴重 死亡 昏迷 骨折 流血

Name of hospital
 醫院名稱：

Relationship with the driver: such as passenger on board of the insured vehicle / other vehicle; pedestrian
 與司機之關係：如受保車輛 / 其他車輛乘客、路人

Name
 姓名：

Age
 年齡：

Gender Male 男
 性別： Female 女

Position of injury
 受傷部位：

Extent of injury Slight Serious Dead Coma Fracture Bleeding
 受傷程度 輕微 嚴重 死亡 昏迷 骨折 流血

Name of hospital
 醫院名稱：

Relationship with the driver: such as passenger on board of the insured vehicle / other vehicle; pedestrian
 與司機之關係：如受保車輛 / 其他車輛乘客、路人

Name
 姓名：

Age
 年齡：

Gender Male 男
 性別： Female 女

Position of injury
 受傷部位：

Extent of injury Slight Serious Dead Coma Fracture Bleeding
 受傷程度 輕微 嚴重 死亡 昏迷 骨折 流血

Name of hospital
 醫院名稱：

Relationship with the driver: such as passenger on board of the insured vehicle / other vehicle; pedestrian
 與司機之關係：如受保車輛 / 其他車輛乘客、路人

Was / Were the injured person(s) sent to hospital by ambulance? YES 是
 傷者是否由救護車送往醫院？ NO 否

Was the injured able to walk to the ambulance on his / her own? YES 是
 傷者是否自行步上救護車？ NO 否

The above information is entirely in the opinion of and based only on the observations of the driver and / or witness of the accident.
 上述資料僅為肇事司機及 / 或意外目擊者的意見及觀察所得。

I. ACCIDENT DETAILS 意外資料			
Date 日期： / /	Time 時間：	am / pm 上午 / 下午	Location 地點：
Speed of the insured vehicle at the time of accident 遇事時受保車輛之行駛速率為：		km / hour 公里 / 每小時	In the driver's opinion, who was at fault 遇事司機認為是哪一方的過失？
Other vehicle(s) involved is / are (Please state if there are more than one in the same type of vehicle) 其他牽涉車輛為：(如有一輛以上同類型車輛，請填寫其數目)			
1. Private car 私家車 <input type="checkbox"/>	4. Taxi 的士 <input type="checkbox"/>	7. Bus 巴士 <input type="checkbox"/>	10. Vehicle operated by HK Government 政府車 <input type="checkbox"/>
2. Commercial vehicle 商用車 <input type="checkbox"/>	5. Public light bus 公共小型巴士 <input type="checkbox"/>	8. Tram 電車 <input type="checkbox"/>	11. Others 其他 <input type="checkbox"/>
3. Motor cycle 電單車 <input type="checkbox"/>	6. Hire 租賃車 <input type="checkbox"/>	9. Vehicle operated by H.M. Armed Forces 軍用車 <input type="checkbox"/>	
Item No. 項目：	No. of vehicle 數量：	Make & model 牌子及型號：	Registration no.(s) 車輛登記號碼：
Please describe how the accident happened (This part must be completed even if police statement is attached) 請詳述該意外如何發生。(即使已隨附警方口供，仍須填寫此欄。)			
Sketch prior to accident 遇事前草圖：		Sketch after accident 遇事後草圖：	

J. OTHER PROPERTY / VEHICLE(S) DAMAGED 其他損毀財物 / 車輛	
Name of owner 物主姓名：	Tel. no 電話：
Address 地址：	
Other damaged vehicle / property and name of owner 其他損毀車輛 / 財物及物主姓名：	
<input type="checkbox"/> Registration no. 車輛登記號碼：	<input type="checkbox"/> Government property 政府公物： <input type="checkbox"/> Personal property 私人財物：
Please specify the details of damage 請詳述損毀情況：	

K. WITNESS(ES) DETAILS 目擊者資料			
Was / Were there any witness(es)? <input type="checkbox"/> YES 是 現場是否有目擊者？ <input type="checkbox"/> NO 否			
If "Yes", please state the following information. 如「是」，請提供以下資料。			
Name 姓名：	Age 年齡：	Gender 性別：	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Address 地址：			
Tel. no. 電話：	Email 電郵：		
Relationship with the driver: such as passenger on board of the insured vehicle / other vehicle; pedestrian 與司機之關係：如受保車輛 / 其他車輛乘客、路人			
Name 姓名：	Age 年齡：	Gender 性別：	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Address 地址：			
Tel. no. 電話：	Email 電郵：		
Relationship with the driver: such as passenger on board of the insured vehicle / other vehicle; pedestrian 與司機之關係：如受保車輛 / 其他車輛乘客、路人			

L. DECLARATION & AUTHORIZATION 聲明及授權

Please read the explanatory notes to this form before signing.
請在簽署前，參閱隨此表格附上的註釋。

I / We hereby declare that:
本人 / 我等就此聲明:

1. The information provided by me / us in this form is true and correct in every aspect.
本人 / 我等在此表格提供的資料全是真實正確無訛。
2. I / We have not withheld from QBE Hongkong & Shanghai Insurance Ltd. any information within my / our knowledge connected with the accident / incident.
本人 / 我等就本人 / 我等所知，並未有向昆士蘭聯保保險有限公司隱瞞 / 保留任何有關意外 / 事件資料。
3. I / We understand the information herein provided by me / us is provided on the basis that the same may be used to draw up pleadings on my / our behalf in the event that court proceedings are resulted from the accident / incident concerned. Any false or incorrect information provided by me / us in this form may prejudice the conduct of such proceedings and also my / our entitlement to be indemnified under the Policy.
本人 / 我等明白本人 / 我等提供有關意外 / 事件的資料，有可能用作草擬訴狀。在此表格提供的資料如有所失實，將可能影響此等訴訟案件及損害本人 / 我等就保險單索償的權利。
4. I / We understand where a Statement of Truth is signed on my / our behalf based on false or incorrect information provided by me / us may subject me / us to being found in contempt of court and I / we will be subject to punishment by the Court.
本人 / 我等明白「屬實申述」是代表本人 / 我等簽署如基於本人 / 我等提供非真實或不正確的資料，本人 / 我等明白本人 / 我等將可能被視作為藐視法庭及遭受法庭的懲處。
5. I / We understand and agree that QBE Hongkong & Shanghai Insurance Ltd., by requesting me / us to submit and complete this form, and by requesting me / us to make the declaration and give the authorization herein, does not constitute a waiver of its rights entitled under the terms and conditions under the Policy and the law in general.
本人 / 我等明白並同意昆士蘭聯保保險有限公司，在要求本人 / 我等完成及提交此表格，及在要求本人 / 我等聲明及授權，是不會構成其放棄保險單內條款和條件及一般法例權益。
6. I / We have no other policy indemnifying me / us in respect of this accident / incident.
本人 / 我等並無其他保單公司同時就此意外 / 事件提供賠償。

AUTHORIZATION 授權

By submitting this form, I / we authorize the insurance company and its legal representative to sign on my / our behalf, in any related court proceedings, a statement of truth relating to the facts provided by me / us.

在提交此表格，本人 / 我等授權保險公司及其法律代表，代表本人 / 我等簽署一份，就有關法庭訴訟，根據本人 / 我等提供的事實而立的「屬實申述」。

Signature of the insured
保戶簽署：

Date

(Please sign with company chop, if incorporated 如屬法團請蓋章)

日期： / /

Signature of driver
司機簽署：

Date
日期： / /

M. EXPLANATORY NOTES 註釋

STATEMENT OF TRUTH 屬實申述

- As from 2, April 2009, Rules of the High Court and Rules of the District Court require the contents of pleadings be verified by a "Statement of Truth" signed by, or on behalf of a party to the court proceedings.
由2009年4月2日起，高等法院及區域法院條例要求所有訴訟狀（包括答辯書）須由訴訟人或其代表簽署「屬實申述」確實其陳述。
- The Statement of Truth takes the form of a declaration of belief that the facts stated in the relevant pleadings are true. The standard wordings read:
「屬實申述」以相信的事實形式聲明在有關的訴訟狀內陳述的事件均為真實，其標準字句為：
"I believe that the facts stated in this (name of the document) are true".
"本人相信在（文件名稱）內的陳述皆為事實正確無訛。"
- A person who verifies a pleading without honest belief in the truth of the facts pleaded is liable to proceedings for contempt of court and may be punished.
任何人士在未能誠實相信事實情況下對訴訟狀（包括答辯書）的內容作出屬實聲明，須視作藐視法庭及被懲罰。
- The Statement of Truth may be signed by a party himself, his legal representatives if authorised, or where an insurance company which has a financial interest in the result of the proceeding brought by or against its insured, may sign in its name.
「屬實申述」可由訴訟人，或其授權的律師代表，或為其提供保險的保險公司，如該公司當就訴訟結果在財務上負責，均可代表訴訟人簽署。

IMPORTANT 重要事項

In each case, the Statement of Truth is signed on behalf of the party. It remains a statement made by the party, and he remains liable for the consequences. In other words, if you provide false or incorrect information to the Company, and the Company or its legal representative, or legal representative instructed to represent you in the proceedings, sign a statement of truth based on the false or incorrect information you provided, you may be liable to contempt. It is therefore important that you make sure you only provide information which, to your best knowledge and belief, is true and correct.

在每件訴訟案，「屬實申述」是代表訴訟人簽署，該「屬實申述」仍繼續是訴訟人的聲明。所以，訴訟人仍須負責其後果。換言之，如閣下提供非真實或不正確的資料給保險公司或其代表律師或閣下獨自顧用的律師代表閣下，而他們基於閣下所提供的非真實或不正確的資料代閣下簽署該「屬實申述」，閣下須負責有關藐視懲罰。因此，閣下須查明所提供之資料是閣下所知及相信確為真實及正確無訛。

注意：中文譯本內容如與英文本有所不同時，以英文本為準。

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service; any claim or investigation or analysis of such claim; and exercising any right of subrogation, and may be transferred to 1) any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes; 2) any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation, and 3) any members of the Federation by the Federation for any of the above or related purposes. Moreover, we are hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right to obtain access to and to request correction of any personal information concerning yourself held by us. Requests for such access can be made in writing to the General Administration Officer, QBE Hongkong & Shanghai Insurance Limited, 17/F, Warwick House, West Wing, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong (Telephone: 2877 8488, Fax: 3607 0300)

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