

Note: Dah Sing Insurance Company (1976) Limited (hereinafter known as "The Company")

備註: 大新保險(1976)有限公司(下稱「本公司」)

MOTOR ACCIDENT REPORT FORM

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 answers, please continue on a separate sheet.

請詳細填報申請表格上每一項目, 若有需要, 請加附頁以完成各項。

Insured 受保人

Policy Number

保單號碼

Full Name 姓名

Private Address 住宅地址

Tel No. 電話

Business Address 公司地址

Tel No. 電話

Occupation/Business 商業 / 職業

Vehicle 汽車之細節

Registration No. 車牌號碼

Make/Model 廠名及款式

Cubic Capacity 馬力

Year of Make 年份

Carry Capacity 載客人數

Value before accident 意外前之價值

Is the vehicle under a hire purchase or loan agreement?

YES/NO*

該車輛是否由分期付款或貸款合約下購買?

是 / 否

If YES, state name of the finance or lending company, their address and agreement number

若"是", 請提供有關財務或貸款公司名稱、地址及合約號碼

State fully the purpose for which the vehicle was being used. 該車於意外時作為何種用途

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* 有 / 沒有

If YES, state (a) description

如"是", 請(a)說明貨品種類

(b) owner

物主

Weight of load on: (a) vehicle

該貨物總重量: (a) 受保汽車上

(b) trailers

拖車上

Additional Questions for Motor Cycles or Scooters only 如車輛是電單車, 請回答以下問題

Was a sidecar attached? 有否連接側車?

YES/NO* 有 / 沒有

Was a pillion passenger being carried? 有否載有乘客?

YES/NO* 有 / 沒有

* DELETE AS REQUIRED

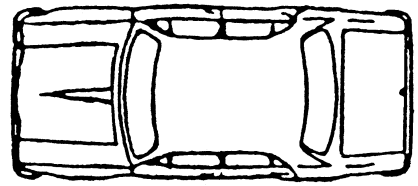
Damage to insured vehicle 受保人之車輛損壞情形

What is the extent of damage to the insured vehicle? 受保人之車輛損壞程度 _____

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?

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，如閣下打算從由保單獲得賠償，請附上估價單。

Driver 司機之細節

Note: All the questions should be answered, whether or not the Insured was driving.

注意：不論受保人是否駕駛遇事車輛，必須回答以下各項問題。

Name 姓名 _____

Identity Card No. 身份証號碼 _____

Address 地址 _____

Tel. No. 電話 _____

Occupation 職業 _____

Date of Birth 出生日期 _____

Relationship with the Insured
與受保人之關係:

Same Person
屬同一人

Friend/Relative
朋友/親屬

Employee
僱員

Hirer
出租

Other (please state):
其他(請說明): _____

Is he/she the main driver of the insured vehicle? 司機是否受保車輛之主要駕駛者?

YES/NO* 是 / 否

Was the vehicle being driven with your permission? 在駕駛該車前，司機有否徵求閣下同意?

YES/NO* 有 / 沒有

Has the driver been convicted for any offence in connection with any motor vehicle?

司機有否曾經觸犯交通條例?

YES/NO* 有 / 沒有

If YES, give details including dates 如“有”，請寫上事情細節及日期 _____

Has the driver ever been refused motor vehicle insurance or continuance thereof?

司機有否曾經被任何保險公司拒保?

YES/NO* 有 / 沒有

Does the driver own a motor vehicle? 該司機是否擁有任何車輛?

YES/NO* 是 / 否

If YES, give name and address of his insurer as well as the Policy No.

如“是”，請寫上其保險公司名稱、地址及保單號碼 _____

Was the driver licensed to drive the vehicle? 該司機是否擁有駕駛車輛之執照?

YES/NO* 是 / 否

If YES, was the licence full / provisional*? 如“是”，駕駛執照是 正式 / 臨時?

Licence No. 執照號碼 _____

How long has the driver held a full licence?

司機擁有正式執照之時間? _____

Expiry Date

到期日 _____

Accident 意外發生情況

Date 日期 _____ Time 時間 _____ A.M./P.M. 上午 / 下午

Place 地點 _____

Weather 天氣情況 _____ Visibility 視野 _____

What lights were lit on the vehicle ?

汽車當時亮起何種燈光？ _____

Speed (a) before the accident _____ (b) at the moment of the accident _____

意外前之車速 _____ Km/h 意外時之車速 _____ Km/h

Speed limit on the road _____ Was the insured in or on the vehicle ? YES/NO*

該段道路之時速限制為： _____ Km/h 受保人是否在車上？ 是 / 否

Condition and type of road surface 道路情況 _____

Distance from the nearside at moment of accident 受保車輛與路邊之距離 _____ Meters 米

State fully what happened 請詳述遇事經過 _____

Please sketch below plans of the accident and indicate: 請在下面空白處畫一草圖，包括

(a) the names and approximate widths of roads 街道名稱及闊度

(b) position and direction of progress (by means of arrows) of all vehicles and persons concerned.

意外中牽涉之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 _____

Police 警方

Were particulars taken by or reported to the police? 當時有否警方到場處理此事? YES/NO* 有 / 沒有

If YES, 如“有”, (a) give name of Station 請註明警署名稱 _____

(b) attach a copy of Police Statement 請附上口供副本

(c) Policy Report No. 警署檔案編號 _____

Has any person been or may any person be charged with any offence arising from the accident? YES/NO* 有 / 沒有
有否任何人因這次意外受到檢控?

If YES, 如“有”, (a) give name of person 請提供其姓名 _____ (b) offence 所受檢控 _____

Was the driver of the Insured Vehicle tested for alcohol or drugs? 受保人之司機有否接受酒精測試? YES/NO* 有/否

If YES, what was the result? 如“有”, 請提供測試結果 _____

Other vehicles involved 第三者之車輛損壞情況

Name 第三者之姓名 _____ Registration No. 車牌號碼 _____

Address 地址 _____

Insurers and Policy No. 保險公司名稱及保單號碼 _____

Apparent damage 明顯之損壞情況 _____

Name 第三者之姓名 _____ Registration No. 車牌號碼 _____

Address 地址 _____

Insurers and Policy No. 保險公司名稱及保單號碼 _____

Apparent damage 明顯之損壞情況 _____

Other property damaged (apart from vehicles) 第三者之財物損壞情況

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

Nature of damage 損壞情況 _____

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

Nature of damage 損壞情況 _____

Persons injured 受傷者之情況

Name and address
(State whether driver or passenger and in which vehicle or pedestrian)
姓名及地址 (請註明是司機、乘客或是行人)

Apparent injuries
明顯受傷程度

Taken to hospital
有否被送往醫院

_____ YES/NO* 有/否

_____ YES/NO* 有/否

If a front seat passenger was injured, was he/she wearing a seat belt? YES/NO* 有/否
如車頭乘客受傷, 他/她 有否配戴安全帶

If a motor cyclist or his passenger was injured, was he/she wearing a safety helmet? YES/NO* 有/否
如電單車司機或乘客受傷, 他/她有否配戴頭盔

Any communications you receive about the accident should not be answered but sent immediately to The Company
如接獲有關任何函件請勿作答, 必須先交來本公司以便採取適當行動。

DECLARATION & AUTHORIZATION 聲明及授權

1. I/we hereby declare that the information given above is true and correct to the best of my/our knowledge and believe that all material facts affecting the assessment of this claim have been disclosed.
本人/我們聲明在本表格內所填報的資料均盡本人/我們所知為屬實及正確，並確信已披露所有足以影響評估本索償的重要事項。
2. With regard to the Collection of Personal Information:
有關個人資料的收集:
 - A. I/we agree that all personal data about me/us collected by the Company in relation to this claim may be used to:
本人/我們同意貴公司所收集與本索償有關的所有有關本人/我們的個人資料可作下列用途：
 - (a) administer, assess and investigate this claim and any other claims I/we make; and
管理, 評估及調查本索償及本人/我們的其他索償；及
 - (b) comply with applicable laws,
為遵守適用的法例，and for other purposes which related to the above purposes.
及與上述用途相關的其它用途。
 - B. I/we agree that all personal information about me/us collected by the Company may be disclosed to and used by:
本人/我們同意所有貴公司所收集有關本人/我們的個人資料可披露予以下各方及供以下各方使用：
 - (a) any related company of the Company;
任何與貴公司有連繫的公司；
 - (b) any contractor or advisor who provides administrative or other services to the Company or its related companies, including loss adjudicators, claims investigators and medical advisors;
任何向貴公司或其有連繫公司提供行政或其他服務的承辦商及顧問, 包括險損判決者, 調查員及醫護顧問；
 - (c) the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
香港保險業聯會(或任何相似的保險公司團體)及其會員；
 - (d) reinsurers;
再保險商；
 - (e) my/our insurance broker (if any); and
本人/我們的保險經紀人〔如有〕；及
 - (f) any regulator or authority as required or permitted by law.
任何法定的監督或管理機構。
 - C. I/we agree that all personal information about me/us collected by the Company may be held and disclosed within or outside Hong Kong.
本人/我們同意所有貴公司所收集有關本人/我們的個人資料可在香港或香港以外地區持有及披露。
 - D. I/we understand that providing the personal data requested on this form is mandatory, and failure to provide all the requested data may mean the Company is unable to process my/our claim.
本人/我們明白提供本表格上要求的個人資料是必需的，未能提供所需資料可導致貴公司不能處理本人/我們的申請。
 - E. I/we understand that I/we have the right to seek access to and to request correction of any personal information about me/us held by the Company by writing to the Data Privacy Officer of the Company at 20/F Island Place Tower, 510 King's Road, North Point, Hong Kong.
本人/我們明白本人/我們有權查閱及更正任何貴公司持有有關本人/我們的個人資料，並以書面形式通知貴公司的資料私隱主任(地址為香港北角英皇道 510 號港運大廈 20 樓)。
3. I/we hereby agree to authorize any regulator or authority as required or permitted by law, police, Fire Services Department, insurance companies to disclose to The Company or its representative any and all information with respect to the accident and/or my/our loss. I/we also authorize The Company or its representative to utilize such information and the like for the purpose of assessing my/our claim. A photocopy of this authorization shall have the same legal effect as the original; and
本人/我們現同意授權任何法定的監督或管理機構, 警方, 消防處, 保險公司向貴公司或其代表提供任何一切本人/我們於上述意外及/或 本人/我們於上述損失有關的資料記錄。本人/我們亦授權貴公司或其代表可就本人/我們索償的事宜而處理上述資料。本授權書的副本跟正本具有同等法律效力；及
4. I/we understand the issuance or completion of this Motor Accident Report Form does not constitute admission of liability or guarantee payment of the claim on behalf of The Company.
本人/我們明白此汽車失事報告表之發出及填寫並不代表貴公司確認責任或保證賠償。

In the event of any discrepancy between the Chinese and English versions, the English version shall prevail.
如中文及英文版之間有任何差異，一概以英文版為準。

Signature of Driver _____ I/D No. _____ Date _____
司機簽署 身份証號碼 日期

Signature of Insured _____ I/D No. _____ Date _____
受保人簽署 身份証號碼 日期

LETTER OF CONSENT

Date :

To Whom it may concern

Dear Sir/Madam,

Re : Traffic accident on :
Involving Driver :
Involving Vehicle(s) :

I, the undersigned, would hereby give my consent and authorize you to release any relevant information and documentation pertaining to the captioned matter to **Dah Sing Insurance Company (1976) Limited &/or their representative(s)** for claims assessment and investigation.

Yours faithfully,

Signature : _____

Driver Name : _____
(In Block Letter)

HKID / Passport No. : _____

Vehicle Registration No. : _____

Date : _____