



中國交銀保險有限公司
CHINA BOCOM INSURANCE CO., LTD.

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ISO 9001 : 2000
Certificate No. 202608

Motor Vehicle Accident Report Form

For Official Use Only

汽車意外報告書

Claim No.

(I) Insured 投保人

Name 姓名	Occupation 職業
Policy / Certificate No. 保險單號碼	Period of Insurance 承保日期
Residential Address 住宅地址	Tel. 電話
Office Address 辦事處地址	Tel. 電話

(II) Insured Vehicle 承保車輛

Registration Marks. 車牌號碼	Make 廠名	
Model 款式	Year of Manufacture 製造年份	
Engine No. 引擎號碼	Chassis No. 車身底盤號碼	Date of Purchase 購入日期
Hire Purchase Owner 所屬財務公司	No. of passengers being carried at the time of the accident excluding driver 意外時所載乘客人數 (不包括司機)	
Nature of goods being carried at the time of the accident 意外時所載貨物種類		

(III) Driver 駕駛人

Name 姓名	Date of Birth 出生日期	Occupation 職業
Residential Address 住宅地址	Tel. 電話	
Office Address 辦事處地址	Tel. 電話	
I. D. Card No. 身份證號碼	Driving Licence No. 駕駛執照號碼	
Years of driving experience 若干年駕駛經驗	Relationship to Insured 與保戶之關係	
Are you driving with Insured's Permission 是否得到保戶同意駕駛承保車輛	<input type="checkbox"/> Yes 是	<input type="checkbox"/> NO 否
Any physical defects 身體是否有缺陷	<input type="checkbox"/> Yes 是	<input type="checkbox"/> NO 否
Were you involved in any previous accident(s) 過往曾否涉及交通意外	<input type="checkbox"/> Yes 是	<input type="checkbox"/> I (if yes, please give details) (如是, 請述詳情)
Any previous convictions of driving offences 過往曾否被判罰觸犯交通條例	<input type="checkbox"/> Yes 是	<input type="checkbox"/> I (if yes, please give details) (如是, 請述詳情)
Do you own a motor vehicle? Please state Reg. Marks., Insurance Co. & Policy No. 您是否擁有汽車? 請詳述車牌號碼, 保險公司及保險單號碼		

(V) Responsibility for the Accident 意外之責任

In your opinion, who was responsible for the accident ? 依您之意見，意外之責任誰屬	Have you admitted responsibility 您是否已承認責任	<input type="checkbox"/> Yes 是
		<input type="checkbox"/> No 否

(VI) Policy Report 警察報告

To which Police Station was the accident reported 向哪一所警署報案		Date reported 報案日期	
Report Book No. 報案號碼	Police Constable No. 警員編號	Any statement given 是否已落口供	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

(VII) Damages to the Insured Vehicle 承保車輛損毀情況

Details of damage 損毀情況	Estimate of repair 估計修理費
Where may it be inspected - Name / Address of the garage 在何處可檢驗該車輛 - 車房名稱及地址	

(VII) Third Parties Involved in the Accident 第三者

(1)	Reg. Marks 車牌號碼	Type of Vehicle 車輛類別	Driver 駕駛人
	Address / Tel. 地址 / 電話		
	Insurance Co. 保險公司	Details of Damage 損毀情況	
(2)	Reg. Marks 車牌號碼	Type of Vehicle 車輛類別	Driver 駕駛人
	Address / Tel. 地址 / 電話		
	Insurance Co. 保險公司	Details of Damage 損毀情況	
(3)	Reg. Marks 車牌號碼	Type of Vehicle 車輛類別	Driver 駕駛人
	Address / Tel. 地址 / 電話		
	Insurance Co. 保險公司	Details of Damage 損毀情況	
Any damages to third party property (if yes, please give details) 有否造成其他方面財物之損毀 (如有，請述詳情)			

(IX) Persons Injured in the Accident 傷者

(1)	Name 姓名	Age 年齡	Occupation 職業
	Address / Tel. 地址 / 電話		
	Registration Marks 車牌號碼	Nature of injury 受傷情況	
(2)	Name 姓名	Age 年齡	Occupation 職業
	Address / Tel. 地址 / 電話		
	Registration Marks 車牌號碼	Nature of injury 受傷情況	
(3)	Name 姓名	Age 年齡	Occupation 職業
	Address / Tel. 地址 / 電話		
	Registration Marks 車牌號碼	Nature of injury 受傷情況	

(X) Witnesses 證人

(1)	Name 姓名	Age 年齡	Occupation 職業
	Address / Tel. 地址 / 電話		
	Registration Marks 車牌號碼	Relationship to driver or any other parties involved 與駕駛人之關係或其他任何有關人仕之關係	
(2)	Name 姓名	Age 年齡	Occupation 職業
	Address / Tel. 地址 / 電話		
	Registration Marks 車牌號碼	Relationship to driver or any other parties involved 與駕駛人之關係或其他任何有關人仕之關係	

(XI) Authorization 授權 / Declaration 聲明

<p>I hereby authorize the Police Station concerned to release my statement to CHINA BOCOM INSURANCE CO., LTD. A photostat copy of this authorization shall be considered as effective and valid as the original. 本人授權警方向中國交銀保險有限公司提供本人之口供紀錄。此授權書之副本具有正本之同等效力。</p> <p>I / We hereby declare to the best of my / our knowledge belief that the above statements and particulars to be true and correct and I / We have no other insurance policy indemnifying me / us in respect of this accident. I / We hereby further agree that if I / We have made or shall make any false statement or concealment, the Policy shall be void and all rights to recovery thereunder shall be forfeited. 本人 / 我等在此聲明以上一切資料均屬真實，及在此次意外中，本人 / 我等並無得到其他保險賠償。 本人 / 我等亦同意，如以上或將來提供之資料有虛假成份或有隱瞞，此保險單將被作廢，而一切索償權利亦將喪失。</p> <p>Remark :</p> <ol style="list-style-type: none"> Do not admit liability and forward all correspondence to the Company. Estimate of repairs must be approved by the Company prior to the commencement of repairs. The Company does not admit liability by the issue of this accident report form. <ol style="list-style-type: none"> 不可向對方承認責任，並須將一切函件送交本公司 必須經本公司批准方可對損毀車輛進行修理。 本公司發出此報告書，並不表示承認任何責任。 	
Date 日期	Signature of Driver 駕駛人簽名
Date 日期	Signature of Insured 投保人簽名