



招商永隆保險
CMB WING LUNG INSURANCE

招商永隆保險有限公司
CMB Wing Lung Insurance Company Limited
招商永隆銀行有限公司全資附屬公司
A Wholly Owned Subsidiary of CMB Wing Lung Bank Limited
電話 Tel: (852) 3508 1319
傳真 Fax: (852) 2840 0769
電郵 Email: claims enquiry@cmbwinglunginsurance.com
www.cmbwinglunginsurance.com

Motor Accident Claim Form

汽車意外報告書

Please submit this Claim Form with all necessary original supporting documents within 30 days after occurrence of accident.
索償申請表連同所有相關證明文件之正本必須於意外發生後 30 天內 遞交。

Personal Details 個人資料

Policy no. 保單號碼 _____ Name of Insured 保戶姓名 _____
Address 地址 _____
Occupation 職業 _____
Tel. no. 電話號碼 _____ (Office 公司) _____ (Residence 住宅) _____
Fax no. 傳真號碼 _____ E-mail address 電郵地址 _____

Insured vehicle 受保的車輛

Registration no. 汽車登記號碼 _____ Year of manufacture 製造年份 _____ Carry capacity 載客人數 _____
Make & model 廠名及款式 _____
Engine no. 引擎編號 _____ Chassis no. 底盤編號 _____
Purpose of use at time of accident 在發生意外時，該車的用途 _____
Private 自用 ☐ Business 營業 ☐ Hire 出租 ☐ Motor trade 試車 ☐ Others, please state 其他，請說明 ☐ _____
Name of finance or lending company and their address if vehicle is under a hire purchase or loan agreement 該車如有分期付款或貸款合約，請填上財務或放款公司名稱及地址 _____

Driver 駕駛人

Name 姓名 _____ Date of birth 出生日期 _____ HKID card no. 身份證號碼 _____
Tel. no. 電話號碼 _____ E-mail address 電郵地址 _____
Address 地址 _____
Driving licence no. 駕駛執照號碼 _____ (☐ Full 正式 ☐ Probationary 暫准) Expiry date 到期日期 _____
Date licence first issued 首次發牌日期 _____ Occupation 職業 _____
Relationship with Insured 與投保人關係 Employee 僱員 ☐ Renter 承租人 ☐ Relative 親屬 ☐ Friend 朋友 ☐
Others, please state 其他，請說明 ☐ _____

| | NO 否 | YES 是 | If 'YES', give full details 如「是」，請列詳細資料 |
|--|--------------------------|--------------------------|--|
| 1. Has the driver taken any drugs during 12 hours prior to this accident? 是次意外前十二小時內駕駛人曾否服用任何藥物？ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Has the driver consumed any intoxicating liquor during 12 hours prior to this accident? 是次意外前十二小時內駕駛人曾否飲用過含有酒精成份之飲品？ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Has the driver been tested for alcohol following this accident and what is the result? 是次意外後駕駛人曾否被進行酒精測試及其結果如何？ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Has the driver been convicted of any driving or motoring offence in the past 3 years? 過去三年內有否觸犯交通條例？ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Has the driver been involved in traffic accidents in the past 3 years? 過去三年內有否牽涉交通意外？ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

| Injured persons 受傷者 | | | | |
|------------------------------|------------|-----------|---|--|
| | Name 姓名 | Age 年齡 | Nature and extent of injury 傷勢、受傷部位及程度 | Name of hospital/ doctor 醫院或醫生姓名 |
| In insured vehicle 在受保車輛內 | | | | |
| | | | | |
| | | | | |
| Other 其他 | | | | |
| | | | | |
| | | | | |

Did injured person(s) wear safety belt in the car at the time of accident? 意外時傷者有否在車上戴上安全帶?
 NO 無 ☐ YES 有 ☐ UNKNOWN 不知道 ☐

| Damage to property of others 對其他財物的損壞 | | | |
|--|------------|-------------------------|---------------|
| Third party vehicle(s) no. 第三者車輛號碼 _____ | | Vehicle type 車輛類別 _____ | |
| Name of vehicle / property owner 車主或物主姓名 _____ | | Tel. no. 電話號碼 _____ | |
| Address 地址 _____ | | | |
| Name of third party insurers if known 第三者保險公司名稱 _____ | | | |
| Damaged part(s) 損壞部份 _____ | | | |
| Damaged condition 損壞情況 Slight 輕微 <input type="checkbox"/> Normal 普通 <input type="checkbox"/> Serious 嚴重 <input type="checkbox"/> | | | |
| Give name and address of every witness and every other person who was present 請詳述每位見證人及在場目擊此意外事件者的姓名及地址 | | | |
| Witnesses 見證人 | Name 姓名 | Tel. no. 電話號碼 | Address 地址 |
| In insured vehicle 在受保車輛內 | | | |
| | | | |
| Passengers in third party vehicle 第三者車輛內乘客 | | | |
| | | | |
| Independent witnesses 與意外無關係之證人 | | | |
| | | | |

| Police report 警方報告 | |
|--|--|
| Name / number of officer 警員姓名或號碼 _____ | |
| Name and address of police station 警署名稱及地址 _____ | |
| Date and number of report 報案日期及號碼 _____ | |
| Is any police action being taken against the driver? 警方是否有對駕駛人進行控訴? NO 否 <input type="checkbox"/> YES 是 <input type="checkbox"/> | |
| Note: | <ol style="list-style-type: none"> By furnishing this form the Company makes no admission of liability. 呈上此表格非視為本公司承認有關責任。 Claims will not be processed unless declaration and authorization are signed by the Insured and driver. 本公司只接受已由保戶及駕駛人簽署聲明及授權書的索償申請表。 |

Declaration and Authorization 聲明及授權書

1. I/We declare that the above information is in all respect true and complete to the best of my/our knowledge and belief;
本人 / 我們就此作出聲明，就本人 / 我們等所深知及確信，上述資料均屬真確無訛。
2. It is agreed that upon request by CMB Wing Lung Insurance Company Limited, I/we shall make a statutory declaration to re-affirm the genuineness of all information contained in this claim form; and
若招商永隆保險有限公司提出有關要求，本人 / 我們將同意作出重申本索償申請表內資料均屬真確的法定聲明；及
3. I, the undersigned driver, hereby authorize the parties concerned to disclose to CMB Wing Lung Insurance Company Limited or its representative or its authorized adjusters any and all information including a copy of my statement regarding the above traffic accident for the purpose of assessment of insurance claim. A photocopy of this authorization is as valid as the original.
本人（下述簽署的駕駛人）現授權有關人士向招商永隆保險有限公司或其代表或其授權的公證行提供任何一切有關上述交通意外的資料記錄（包括本人的口供副本），作為評估保險索償用途。本授權書的影印本與正本同樣有效。
4. I/We believe that the facts stated in this claim form are true and correct. I/We acknowledge that the Insurers will rely upon the information supplied by me/the policyholder/the Insured, which I/we verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory/the policyholder/the Insured under the Policy, if so required by the Insurers, will be asked and are bound to sign any court documents on the basis of information provided herein.
本人 / 我們確認此索償申請書內之事實均為真實及正確。本人 / 我們確認貴保險公司會依靠本人 / 保單持有人 / 受保人所提供的資料（本人 / 我們誠實地相信該等資料是真實和正確），作為將來進行或辯護任何索賠及訴訟程序之用。如貴保險公司要求，本簽署人 / 保單持有人 / 受保人將會及必定同意簽署任何有關倚靠該等資料所準備之法律文件。
5. I/We confirm that I/We have read and understood the CMB Wing Lung Insurance Company Limited *Notice to Customers relating to the Personal Data (Privacy) Ordinance*.
本人 / 本公司確認已閱讀並清楚明白招商永隆保險有限公司《關於個人資料（私隱）條例致客戶的通知》。

Date of this report
報告日期

Signature of driver
駕駛人簽署

Signature of Insured
保戶簽署

Please submit the Motor Accident Claim Form and Authorization Letter to us together with copies of the following documents within 30 days of the accident to:

CMB Wing Lung Insurance Co Ltd
Claims Department
33/F, Infinitus Plaza, 199 Des Voeux Road Central, Hong Kong
Tel: 3508 1319 Fax: 2840 0769

1. Vehicle Registration Document (both front and back pages)
2. ID Card of driver
3. Driving Licence of driver
4. Police Statement / Information (including Notice of Intended Prosecution) [Remarks: Please forward to us once available if cannot be furnished within 30 days.]
5. Rental agreement (for taxi / red public light bus) (if applicable)

We would remind you that any communication which may be received from or on behalf of any other party involved in the accident should be forwarded to us immediately without acknowledgement. Furthermore, if the accident was caused by the fault of other party(ies), you are advised to lodge a complaint with the Police within 10 days of the accident.

請於意外發生後 30 天內 將汽車意外報告書和授權書，連同下列文件的副本交回：

招商永隆保險有限公司
賠償部
香港德輔道中 199 號無限極廣場 33 樓
電話：3508 1319 傳真：2840 0769

1. 車輛登記文件（即牌簿）之正面及背面
2. 司機之身份證
3. 司機之駕駛執照
4. 警署口供 / 報告及其他資料（包括擬控告通知書）[註：如未能於 30 天內提供，請於文件收妥後盡快遞交]
5. 租車合約（的士 / 紅色公共小巴）（如適用）

尤請 閣下注意，任何有關人士與 閣下之接洽、商談或通訊等，均勿自行處理，一律須移交敝公司辦理為要。此外，如此次意外是由他人錯誤所致，請於意外發生後 10 天內向警方提出指控。