



Falcon Insurance Company (Hong Kong) Limited 富勤保險(香港)有限公司

36/F., The Lee Gardens
33 Hysan Avenue
Causeway Bay, Hong Kong

Telephone 電話 : (852) 2232-2888
Facsimile 傳真 : (852) 2232-2950

香港銅鑼灣
希慎道33號
利園36樓



MOTOR CLAIM FORM 車輛索償表

(EXCEPT STOLEN AND ATTEMPTED THEFT) 盜竊及企圖盜竊報告除外

Personal Information Collection Statement

Purposes of Collection

The information you provide us is used for the purposes of :

- carrying out your instructions, arranging and providing the requested insurance covers;
- providing services relating to insurance covers contracted, including settlement of claims;
- providing you with information concerning the business or products of our company or of our subsidiary or associated companies;

and for any other purposes related to the above. Failure to supply such information may result in our being unable to provide the requested insurance covers or related services.

Transfer of Personal Data

Personal information held by us is kept confidential but we may provide such information to :

- reinsurers, intermediaries, contractors, third-party service providers, and other persons who provide services to us in connection with our business;
- statutory governmental or regulatory bodies or insurance industry organisations and institutions;
- our subsidiary or associated companies.

Access to Personal Data

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Falcon Insurance Company (Hong Kong) Limited. Request for such access can be made to :

Data Protection Officer
Falcon Insurance Company (Hong Kong) Limited
36/F The Lee Gardens
33 Hysan Avenue
Causeway Bay
Hong Kong

個人資料收集聲明

收集目的

閣下所提供的資料將用作於：

- 執行閣下的指示及安排閣下要求的保險保障，
- 提供保險合約內的有關服務，包括理賠服務，
- 為閣下提供本公司或附屬公司、聯營公司的業務和產品資訊，

及與以上有關的其他業務運作。倘若閣下提供的資料錯誤或不完整，會導致本公司無法按閣下之要求提供保險保障和有關服務。

個人資料轉交

本公司對個人資料是絕對保密，惟可能提供此資料予：

- 任何向本公司提供有關業務運作服務之人仕、再承保公司、中介人及其他承約商，
- 官方監管機構及保險界組織及團體，
- 本公司的附屬公司及聯營公司。

索閱個人資料

閣下有權查閱及要求更正由富勤保險(香港)有限公司持有有關閣下的個人資料，如有此項要求，可向富勤保險(香港)有限公司索閱：

資料保護主任
富勤保險(香港)有限公司
香港銅鑼灣
希慎道33號
利園36樓



A member of
the Insurance Claims Complaints Bureau

If the completion of this form is for notification purpose only and you do not wish to register a claim against your policy, please tick the box.

如閣下填寫此索償表只屬備案用途，而不想列為正式之索償檔案，請在此方格內加上"✓"號。

For us to handle your claims immediately, please complete this form and sign on the attached Letter of Consent and return these to us as soon as possible together with copies of the following documents:

為方便立即處理閣下之索償，敬請盡快填妥此索償表及隨表附上之同意書上簽署，再連同下列文件之副本一併交回。

1. Vehicle Registration Document (both sides)
車輛登記文件 (正反兩面)
2. Report chit from the police and any Notice of Intended Prosecution
警署報案編號紙及擬控告通知書
3. Police statement and other related documents from related authorities
警方口供及所有有關部門發出的文件
4. Driver's driving licence and any other identity document, such as ID Card or Passport
司機駕駛執照及其他身份證明文件，如身份證或護照

Special Note:

注意事項：

1. Do not discuss or agree with third party(ies) involved on who is/are responsible for the incident.
請切勿與有關之第三者協商或同意有關該事件中的責任問題。
2. Every document in related to the mentioned incident should be forwarded to the Company immediately without acknowledging the sender.
所收到的所有有關索償文件，切勿自行回覆，並需立即交予本公司。
3. To protect your interest, please lodge a complaint to the police within ten days if the incident was caused by the negligence of a third party.
為保障閣下之權益，如此事件是由於第三者疏忽所導致，請於十日內正式向警方提出投訴。

Policy no./ Cover Note No.
保單號碼 / 暫保單號碼

1. Insured details 保戶詳情

Name 姓名	<input type="text"/>	Occupation 職業	<input type="text"/>
Address 地址	<input type="text"/>		
Office no. 辦公室電話號碼	<input type="text"/>	Home no. 住宅電話號碼	<input type="text"/>
Mobile no. 流動電話號碼	<input type="text"/>	Pager no. 傳呼機號碼	<input type="text"/>

2. Insured vehicle

受保車輛

Registration no.
車牌號碼

Year, Make and Model
車輛年份, 牌子及型號

a) For what purpose was the vehicle being used at the time of incident?
事件發生時該車輛是用作何種用途?

- | | |
|--|---|
| <input type="checkbox"/> Social Domestic & Pleasure
社交家庭及娛樂 | <input type="checkbox"/> Parking
停泊 |
| <input type="checkbox"/> Insured's Business or Profession
保戶的業務或職業 | <input type="checkbox"/> Towing
拖運 |
| <input type="checkbox"/> Hire or Reward
供出租或以報酬形式借予他人 | <input type="checkbox"/> Motor Trade
車輛修理及買賣 |
| <input type="checkbox"/> Racing Pacemaking Reliability Trail Speed Testing
賽車車輛性能測試試車速度測試 | |
| <input type="checkbox"/> Others purpose (please give details)
其他用途(請詳述) | |

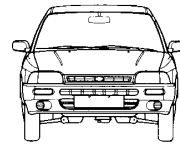
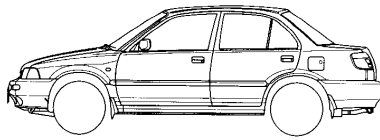
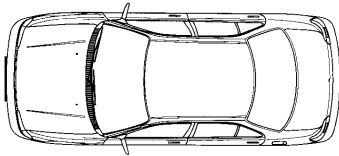
b) Extent of damage of the vehicle?
車輛之損毀程度?

Minor
輕微

Normal
一般

Serious
嚴重

Please mark the damaged area(s) of the vehicle at the diagram below
請於下列圖案上劃出車輛之損毀地方



c) What is the name and contact no of the repairer?
車廠之名稱及聯絡電話?

d) What is the estimated cost of repairs? (Please attach the repairer's estimate if obtained)
估計之修理費用? (請附上已接獲之車廠估價單)

HK\$

3. Police reporting details

報案詳情

a) Did anyone report to the police?
是否已向警方報案?

Yes
是

No
否

b) Name of police station
警署名稱

c) Police report no.
報案號碼

d) Did the police witness the incident?
該警員是否此宗事件之見証人?

Yes
是

No
否

4. Driver's details

駕駛者詳情

Name 姓名 Occupation 職業

Address 地址

Date of birth 出生日期

How long have you held a full driving licence?
持有正式駕駛執照之年期?

Office no. 辦公室電話號碼 Home no. 住宅電話號碼

Mobile no. 流動電話號碼 Pager no. 傳呼機號碼

a) What is the relationship with the insured?
保戶與司機之關係?

- Relative or friend 親屬或朋友
 Others (please state) 其他(請敘述)
- Employer or Employee 僱主 / 僱員
- Hirer or Borrower 出租或借用

b) Was the driver driving the insured vehicle on the order or permission of the Insured?
司機是否已獲得保戶授權或同意之情況下駕駛該受保車輛? Yes 是 No 否

c) Has the involved driver been requested for alcohol testing by the police for this incident?
肇事司機有否就此次事件被警方要求進行酒精測試? Yes 是 No 否

d) Has the involved driver been previously involved in any other traffic accident, or been convicted of any driving offences during the past 5 years?
肇事司機有否在過去五年內曾經發生任何交通意外或因觸犯任何交通條例而遭檢控或定罪? Yes 是 No 否

If "Yes", please give details
如 "是" 請詳述

5. Incident details

事故詳情

Date of incident / 時間
事故日期 dd 日 / mm 月 / yr 年 am/pm 上午/下午

a) Estimated speed of the vehicle at the time of incident / 公里/每小時
事故時之估計車速 km/hr

- b) Weather conditions / 天氣情況
- | | | |
|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Fine 晴天 | <input type="checkbox"/> Rainy 雨天 | <input type="checkbox"/> Thunder/ Lightning 雷電交加 |
| <input type="checkbox"/> Typhoon 颱風 | <input type="checkbox"/> Rainstorm 暴雨 | <input type="checkbox"/> Foggy 大霧 |
- c) Condition of the road surface / 路面情況
- | | | | |
|---------------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> Dry 乾爽 | <input type="checkbox"/> Wet/ Slippery 濕滑 | <input type="checkbox"/> Flooded 水浸 | <input type="checkbox"/> Insufficient lighting 光線不足 |
|---------------------------------|---|-------------------------------------|---|

d) Where did the incident occur? / 事故地點 ?

e) How did the incident occur? (Please give details) / 事件是怎樣發生? (請詳述)

f) Incident explanatory sketch (please indicate the direction of vehicles at the time of the incident) / 事故之說明草圖 (請指示車輛出事時之行駛方向)

6. Witnesses

見証人

Name 姓名	<input type="text"/>	Contact no. 聯絡電話號碼	<input type="text"/>
Address 地址	<input type="text"/>		
Name 姓名	<input type="text"/>	Contact no. 聯絡電話號碼	<input type="text"/>
Address 地址	<input type="text"/>		
Name 姓名	<input type="text"/>	Contact no. 聯絡電話號碼	<input type="text"/>
Address 地址	<input type="text"/>		

7. Declaration

聲明

I/We confirm that I/we have read and fully understand the Purpose of Collection of my personal data. I/We agree to the transfer of my data to the relevant parties as stated in the section of Transfer of personal Data.

本人/吾等確認已閱讀，並清楚明白收集本人/吾等個人資料之目的。本人/吾等同意富勤保險(香港)有限公司，將本人/吾等的個人資料，根據“個人資料轉交”一項所列，移交予有關人仕。

I/We declare that the information given on this form is true to the best of my/our knowledge and belief.

本人/吾等謹此聲明本表格上之各項資料皆盡本人/吾等之所知並確認正確無誤。

Insured's Signature
保戶簽名

Driver's Signature
司機簽名

Date
日期

Date
日期

Note : If the mentioned incident resulted in bodily injury or third party property damage, a "Supplementary Motor Claim Form" attached must be completed.

注意：如上述事件涉及人身傷亡或第三者財物損失，則需填寫附上之另一份"車輛索償補充表"。

Ref 檔案編號:

Letter of Consent 同意書

Incident on 事故日期
Involving vehicle 牽涉車輛

I, _____, consent to the relevant party(ies) releasing my statement, personal data, sketches, MVE Report, brief facts and notes of proceeding in relation to the captioned incident to **Falcon Insurance Company (Hong Kong) Limited**.

I confirm that the copy of this Consent has the same effect as the original.

本人，_____，現同意有關部門就有關於上述事件提供本人之口供，個人資料，草圖，車輛檢驗報告，案情簡介及審判過程給予富勤保險(香港)有限公司。

本人確定同意書的副本，與正本擁有同樣效力。

Signature of driver 司機簽署

I.D. Card No./ Passport No. 身份証號碼 / 護照號碼

Ref 檔案編號:

Letter of Consent 同意書

Incident on 事故日期
Involving vehicle 牽涉車輛

I, _____, consent to the relevant party(ies) releasing my statement, personal data, sketches, MVE Report, brief facts and notes of proceeding in relation to the captioned incident to **Falcon Insurance Company (Hong Kong) Limited**.

I confirm that the copy of this Consent has the same effect as the original.

本人，_____，現同意有關部門就有關於上述事件提供本人之口供，個人資料，草圖，車輛檢驗報告，案情簡介及審判過程給予**富勤保險(香港)有限公司**。

本人確定同意書的副本，與正本擁有同樣效力。

Signature of driver 司機簽署

I.D. Card No./ Passport No. 身份証號碼 / 護照號碼



SUPPLEMENTARY MOTOR CLAIM FORM

車輛索償補充表

Third Party Property Damage or Bodily Injury Report

第三者財物損失或人身傷亡報告

Special Note: 注意事項

- Do not make any admission of liability and/or offer of settlement and/or sign any form with third party(ies) for releasing them of liability in an incident, even if you think it was possible due to your fault.
即使閣下認為此事件是由於閣下疏忽所導致，也不能承認任何責任及/或提出和解建議及/或與第三者簽署任何文件導致對方擺脫對該事件之責任。
- Every document in relation to the mentioned incident should be forwarded to the Company immediately without acknowledgement.
閣下收到的所有有關於索償之文件，切勿自行回覆並需立即交予本公司。

Policy no. / Cover Note No.

保單號碼 / 暫保單號碼

Date of incident

事發日期

Registration no.

車牌號碼

1. Details of injury(ies)

傷者詳情

a) Was/ Were there any person(s) injured in the incident?

該事件是否牽涉人身傷亡？

Yes 是 No 否

If "Yes", please state the total number of injured person(s).

如“是”請敘述傷者或死者之人數

b) Please state the details of the injured person(s) involved in the incident. 請敘述該事件所有牽涉之傷者資料。

Sex/Age 性別/年齡	Name/Contact No. 姓名/聯絡電話	Nature of Injury 傷者傷勢	Conscious? 是否清醒?	Carried by the stretcher to the ambulance? 是否須用擔架抬上救護車?
<input type="checkbox"/> M 男 <input type="checkbox"/> F 女 Age <input type="text"/> 年齡		<input type="checkbox"/> Slight 輕傷 <input type="checkbox"/> Serious 重傷 <input type="checkbox"/> Death 死亡 Please describe the extent of injury and part of body injured (請詳述受傷情況及受傷部位)	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 不詳	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 不詳
<input type="checkbox"/> M 男 <input type="checkbox"/> F 女 Age <input type="text"/> 年齡		<input type="checkbox"/> Slight 輕傷 <input type="checkbox"/> Serious 重傷 <input type="checkbox"/> Death 死亡 Please describe the extent of injury and part of body injured (請詳述受傷情況及受傷部位)	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 不詳	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 不詳
<input type="checkbox"/> M 男 <input type="checkbox"/> F 女 Age <input type="text"/> 年齡		<input type="checkbox"/> Slight 輕傷 <input type="checkbox"/> Serious 重傷 <input type="checkbox"/> Death 死亡 Please describe the extent of injury and part of body injured (請詳述受傷情況及受傷部位)	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 不詳	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 不詳
<input type="checkbox"/> M 男 <input type="checkbox"/> F 女 Age <input type="text"/> 年齡		<input type="checkbox"/> Slight 輕傷 <input type="checkbox"/> Serious 重傷 <input type="checkbox"/> Death 死亡 Please describe the extent of injury and part of body injured (請詳述受傷情況及受傷部位)	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 不詳	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 不詳

b) Was/Were the injured party(ies) passenger(s) of the insured vehicle(s) ?

傷者是否受保車輛內之乘客？

Yes 是 No 否

2. Details of third party(ies) involved

牽涉之第三者詳情

- a) Was/Were there any other vehicle(s) involved in the incident ? Yes 是 No 否
該事件是否牽涉其他車輛 ?

If "Yes", please state the total number of vehicle(s) involved.
如 "是", 請敘述被牽涉之車輛數目。

- b) Please state the details of any other vehicle(s) involved in the incident.
請詳述此次事件之其他被牽涉之車輛資料。

Third party registration no. 第三者車牌號碼	Year ,Make & Model 車輛年份, 牌子及型號	Brief details of damage 簡述損毀情況

- c) In your opinion, who should be held responsible for the incident ?

依閣下所見, 該事件是那一方面之責任 ?

Myself/Person who was driving my car Driver of vehicle(s) 之司機
本人/駕駛本人車輛之司機

Other (please state)
其他(請敘述)

- d) Other than damage to vehicle(s), was any other third party property damaged ? Yes 是 No 否
除車輛外, 該事件是否牽涉其他第三者之財物損毀 ?

If "Yes", please state : 如 "是" 請敘述

Nature of the damaged property 損毀物件之性質	Brief details of damage 簡述損毀情況

3. Declaration

聲明

I/We declare that the information given on this form is true to the best of my/our knowledge and belief.
本人/吾等謹此聲明本表格上之各項資料盡本人/吾等之所知並確認正確無誤。

Insured's Signature
保戶簽名

Date
日期

Driver's Signature
司機簽名

Date
日期



車輛保險之一般索償程序

1. 如閣下涉及交通事故或受保車輛遭受盜竊，應盡快通知警方。
2. 應記下第三者之重要資料，例如：
 - 被牽涉之車輛的車牌號碼；
 - 被牽涉之司機的姓名及地址；
 - 被牽涉之車輛的保險公司名稱及其保單號碼；
 - 被牽涉之傷者的個人資料；
 - 被牽涉之傷者的傷勢；
 - 警方之報案號碼。
3. 為保障閣下之權益，如此事故是由於第三者疏忽所導致，應於十日內正式向警方提出投訴。
4. 切勿與第三者簽署任何協議書，此舉可能導致對方擺脫在此事故中之責任及有可能令閣下喪失追討權利。
5. 即使閣下認為此事故有可能是由於閣下疏忽所致，也不能向對方承認責任或同意作出賠償。
6. 閣下須連同下列證明文件副本，填妥附上之車輛索償表，如事故涉及第三者則需再填寫附上的車輛索償補充表。如受保車輛遭受盜竊，則只需填寫附上的車輛盜竊索償表。
 - 受保車輛登記文件；
 - 警署報案編號紙及有關擬控告通知書；
 - 警方口供及所有有關部門發出的文件；
 - 司機駕駛執照及其他身份證明文件，例如身份証或護照。
7. 所有有關此事故之文件應不予回應，並即時轉交本公司處理。



Claim Procedures - Motor Insurance

1. If you are involved in a traffic incident or your vehicle is stolen, you should report to the police immediately.
2. Note down the essential information of the third party(ies) involved, such as
 - Vehicle registration number(s) of the vehicle(s) involved;
 - Name(s) and address(es) of the driver(s) involved;
 - Name of insurance company(ies) and their policy number(s) of the vehicle(s) involved;
 - Personal particulars of the injured person(s) involved;
 - Extent of injury of the injured person(s) involved;
 - Police reporting case number.
3. To protect your own interest, lodge a complaint to the police within ten days if the incident was caused by the negligence of the third party(ies).
4. Do not sign any agreement with the third party(ies) because it may absolve them of responsibility and you may sign away your rights for recovery.
5. Even though you think the incident was possibly caused by your fault, no admission of liability or offer of settlement should be made.
6. Complete the attached Motor Claim Form and send it together with copies of the following supporting documents to us. In case the incident involves third party(ies), you are also requested to complete the attached Supplementary Motor Claim Form.

If the insured vehicle is stolen, please complete the attached Motor Theft Claim Form only.

- A full set of Vehicle Registration Document of the insured vehicle;
 - Report chit from the police and any Notice of Intended Prosecution;
 - Police statement and other related documents from related authorities;
 - Driver's driving licence and any other identity document, such as ID card or passport.
7. All documents in relation to the incident must be unanswered and forwarded to our Company immediately.