



# FEDERAL INSURANCE COMPANY

Incorporated in U.S.A.

24th Floor Harcourt House, 39 Gloucester Road, Wanchai, Hong Kong.

Telephone: (852) 2861 3668 Facsimile: (852) 2861 2681

## 汽車意外報告書 MOTOR ACCIDENT NOTIFICATION FORM

**Do not delay because of lack of information. Any communication in any way connected with the accident should be forwarded immediately upon receipt. No admission, offer, payment or indemnity should be made in respect of liability for bodily injury, death, or property damage without the written consent of the Insurance Company.**

所有關於此意外事件之函件，請即送交給敝公司，以便進行辦理，未得敝公司許可之前，不得承認有關損壞財產傷害身體或引致死亡之責任而提議賠償。

### 保戶 INSURED

保戶姓名 \_\_\_\_\_ 保單號碼 \_\_\_\_\_  
Insured Name \_\_\_\_\_ Policy No. \_\_\_\_\_  
地址 \_\_\_\_\_ 電話 \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

### 受保之車輛 INSURED VEHICLE

車牌號碼 \_\_\_\_\_ 出廠年份 \_\_\_\_\_ 製造名稱 \_\_\_\_\_ 款式 \_\_\_\_\_  
Registration No. \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
在發生意外時，該車乃用作（私人、商業或租賃）之用途：  
Purpose of Use at Time of Accident  
(Private, Business, Trade or Hire) \_\_\_\_\_  
駕駛人是否已得車主同意駕駛該車輛？ 是/否  
Was the vehicle being used on the Insured's order or with his permission? YES/NO  
修理車房名稱、地址及電話  
Repairer's Name, Address and Telephone no. \_\_\_\_\_

估計修理費若干？  
Estimated cost of repair \_\_\_\_\_  
損壞程度  
Extent of damage \_\_\_\_\_

估價單必需先交本公司審查及批准方得開工修理  
**AN ESTIMATE OF REPAIR COST MUST BE SUBMITTED BEFORE REPAIRS ARE COMMENCED**

### 所保車輛的駕駛人 DRIVER OF INSURED VEHICLE

駕駛人姓名 \_\_\_\_\_ 年齡 \_\_\_\_\_ 電話 \_\_\_\_\_  
Name of Driver \_\_\_\_\_ Age \_\_\_\_\_ Telephone \_\_\_\_\_  
地址 \_\_\_\_\_  
Address \_\_\_\_\_  
駕駛執照號碼 \_\_\_\_\_ 駕駛執照屆滿日期 \_\_\_\_\_  
Driving Licence No. \_\_\_\_\_ Expiry date of driving licence \_\_\_\_\_  
駕駛年數 \_\_\_\_\_  
Driving Experience \_\_\_\_\_  
對此意外，駕駛人有過失否？  
Was the driver in any way to blame for accident \_\_\_\_\_  
駕駛人已否承認責任？如有，請述原因  
Did the driver admit liability? If YES, give reason \_\_\_\_\_  
遇事後駕駛人有否付款給對方司機或收受對方司機的金錢  
Immediately after the accident has the driver paid or received payment from the driver(s) of other vehicle(s)? \_\_\_\_\_

### 警察局報告 POLICE REPORT

曾否向警署報告此意外？  
Has the accident been reported to the police? \_\_\_\_\_  
報案編號 \_\_\_\_\_ 警署名稱 \_\_\_\_\_  
Police Report No. \_\_\_\_\_ Name of Police Station \_\_\_\_\_  
駕駛人或證人有無提出指控？ 是/否  
Were any statements of blame made by drivers or witnesses? YES/NO  
若是，請詳細說明  
If so, give details \_\_\_\_\_  
警方有否向駕駛人提出控訴  
Is any Police action being taken against the driver? \_\_\_\_\_



Date :  
Your Reference :  
Our Reference :

TO WHOM IT MAY CONCERN

Dear Sirs,

Re : Authorization Letter

Insured -  
Involving Vehicle -  
Date of Accident -

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I, \_\_\_\_\_, holding HKID No. \_\_\_\_\_, hereby give you my consent to provide to the Insurer, Chubb Group of Insurance Companies &/or Federal Insurance Company, with all requested and/or relevant information in relation to the above accident.

Thank you for your kind assistance.

Yours faithfully,

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Name :  
I.D. No: