



EAGLE STAR

汽車意外報告表

MOTOR VEHICLE ACCIDENT REPORT FORM

詳細填報申請賠償表格上每一項目可避免延誤處理台端之賠償事宜。

To avoid delay in the administration of your claims it is imperative that each question on this report from be fully answered.

保單資料

INSURANCE POLICY DETAILS

保險代理公司

Agent

保單號碼

投保類別

到期日期

Policy No.

Cover

Expiry Date

保戶姓名

職業之詳細資料

Policy Holder

Occupation in detail

地址

Address

身份証號碼

聯絡電話

Identity Card No.

Contact Telephone No.

保單持有人之車輛

POLICY HOLDER'S VEHICLE

註冊號碼 (車牌) Registration Number	製造年份 Year of Manufacturing	廠名及款式 Make and Model	機器容量 Engine Capacity

車輛當時之用途

For what exact purpose was the vehicle being used

是否已得車主之同意使用該車?

是

否

Was it used on the car owner's order or with his/her permission?

Yes

No

司機之細節

PARTICULARS OF DRIVER

姓名

出生日期

身份証號碼

Name

Date of Birth

Identity Card No.

地址

聯絡電話

Address

Contact Tel. No.

駕駛執照號碼

正式

臨時

到期日期

Driving Licence No.

(Full Provisional)

Expiry Date

首次發牌日期

與投保人關係

Date licence first issued

Relationship with insured

是
Yes

否
No

如“是”請列詳細資料

If “Yes” give full details

❖ 是次意外前十二小時內司機曾否服用任何藥物?

Has the Driver taken any drugs during 12 hours prior to this accident?

❖ 是次意外前十二小時內司機曾否飲用過含有酒精成份之飲品?

Has the Driver consumed any intoxicating liquor during 12 hours prior to this accident?

❖ 是次意外後司機曾否被進行酒精測試及其結果?

Has the Driver been tested for alcohol following this accident and what is the result?

❖ 過去三年內是否曾因不小心或魯莽駕駛被停牌或扣分?

Had the Driver's Licence ever been endorsed or cancelled because of careless or reckless driving and have points ever been deducted due to the so offence(s) in the past 3 years?

❖ 三年內有否交通意外?

Has the driver been involved in previous accidents over the past 3 years?

如司機並非車主，車主是否知道車輛被用?

If the Driver was not the owner, was vehicle being used with the owner's knowledge and consent

司機是否擁有私家車?

If the Driver own a car himself?

有否投保(保險公司名稱)?

With whom is it insured?

在填報以下資料前，閣下應立刻向警方報告此次意外

Before Completing the questions below, you should report the accident to the police immediately

警方報告號碼 (請附上口供及警方報案紙收據)

Police Report No. (Please attach statement and police report slip)

請指明何處警署及其他有關紀錄

Please indicate station concerned and any other relevant information

如認為意外之責任在對方，你必須向交通部提出投訴 是 否 請用「√」號於適合方格內

If other driver is at fault, you have to lodge a complaint against him/her. Yes No (Tick as appropriate)

請解釋原因

Please explain why you failed to do so.

閣下及/或司機

Has the Policy holder & / or driver

1. 曾否收受或給予對方任何補償? 是 否 數目
made or received any compensation to or from the party? Yes No Amount _____
2. 曾否與對方達成任何與此意外有關書面協議?如有，請給予該正本 是 否
made any written agreement with the other party in connection with this accident? If so, please let us have its original. Yes No

第三者之車輛或財物損壞情形

PARTICULARS OF THIRD PARTY VEHICLE INVOLVED OR OF OTHER PROPERTY DAMAGED

汽車號碼或其他損壞物件名稱

Vehicle Registration Mark or other damaged property _____

車輛類別、廠名款式及顏色 損壞情形 輕微 普通 嚴重

Type, make model & colour of the vehicle Extents of damages: Slight Normal Serious

物主姓名 電話 地址
Name of owner Tel No. Address

司機姓名及身份證號碼 電話 地址
Name of Driver & HKID Card No. Tel No. Address

第三者之保險公司名稱及受保範圍

Details of third party's Insurers, and cover _____

受傷者之情況

PARTICULARS OF PERSON(S) INJURED

是否有人受傷? 是 否 (如空白位置不足可另附紙張)

Is there any person(s) injured? Yes No (If space is insufficient, please use a separate sheet of paper)

姓名及地址

Name(s) and Address(es) _____

性別及年齡

Sex and Age _____

受傷情況

Nature of injuries sustained? _____

意外發生時，傷者有否在車上戴上安全帶? 有 無

Did injured person(s) put on safety belt(s) in the car the time of accident? Yes No

**如接到有關函件於未答覆前必須立即交來本公司以便採取適當之行動，否則閣下之有關此意外之賠償事宜可能受影響
All communications relating to the accident must be forwarded unanswered immediately to the Company for attention; otherwise your indemnity may be adversely affected.**

本人/吾等在此聲明本人/吾等已盡一切能力保證上述各節均屬實情

I/We declare that, to the best of my/our knowledge, these statements are true.

本人/吾等再在此聲明及同意由鷹星保險有限公司(本公司)所收集或持有的個人資料，不論包含在這汽車意外報告表或以其他方式獲取，均可供本公司使用或向在香港境內或境外之任何人或機構披露作以下用途：(1)評核此項申請，(2)提供保險及客戶服務，(3)處理保險的索償或有關之分析。

I/We further hereby declare and agree that the personal information collected or held by Eagle Star Insurance Co. Ltd. (the "Company"), whether contained in this motor vehicle accident report form or otherwise obtained, may be used by the Company or disclosed to any individual or organization within or outside Hong Kong for the following purposes: (1) to assess and process this application, (2) to provide insurance and customers services, (3) to conduct insurance claims or analysis.

日期 保單持有人簽名及蓋印
Date Policy Holder's Signature and Chop

駕駛者簽名
Driver's Signature

就提供上述資料的任何人有權查閱及要求更改由本公司所持有有關他們的任何個人資料。任何關於個人資料查閱或更改之要求，可向本公司之個人資料私隱主任提出，地址為香港太古灣道14號太古中心3期15-17樓。

Any persons from whom the company have collected information as aforesaid shall have the right of access to and to request correction of any personal information concerning themselves held by the Company. A request for such access may be made to the Personal Data Privacy Officer of the Company of Levels 15-17 Cityplaza 3, 14 Taikoo Wan Road, Hong Kong.

CLAIM DOCUMENTATION

Please complete and return this Motor Vehicle Accident Report Form immediately upon the occurrence of accident with photocopies of the following documents:

1. Both front and back pages of your Vehicle Registration Document duly signed
2. Your driver's Identity Card
3. Your driver's Driving Licence, valid at the time of this accident
4. Your driver's documentary proof of his/her driving experience exceeding 2 years
5. Policy letters such as "Notice of Intended Prosecution" etc.

Should there be any third party correspondences, summons or writs, please forward to us **unanswered** as soon as possible.

If you have any query, please do not hesitate to contact our Motor Claims Department at

索償文件

請填妥汽車意外報告表並連同下列各文件之副本一起盡速交回本公司賠償部：

1. 簽妥的「車輛登記文件」(前後頁)
2. 司機身份証
3. 司機駕駛執照，必須於意外當日生效
4. 証明司機具有兩年以上駕駛經驗之文件
5. 警方文件，例如：「擬控告通知書」等等

車主或司機如收到任何有關該意外之文件，包括法庭傳票或第三者索償信件，請切勿回覆並應盡速送上本公司，以便辦理。

如有任何疑問可致電：2903 9388 查詢。

若閣下未經保險公司同意而直接授權修理汽車則閣下之受保權利及保單一切保障將會受到影響。
N.B. You are reminded that authorizing repair without Insurer's consent will prejudice your right for indemnity under the Policy.

EAGLE STAR INSURANCE COMPANY LIMITED
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A member of the  Zurich Financial Services Group