

Motor Accident Claim Report

汽車意外報告書

| 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 _____ |
| *投保人補充資料(非必須資料) Proposer supplementary information (optional information) | |

| 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 <input type="checkbox"/> Business 營業 <input type="checkbox"/> Hire 出租 <input type="checkbox"/> Motor trade 試車 <input type="checkbox"/> Others, please state 其他，請說明 <input type="checkbox"/> _____ | | |
| 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 _____ |
| Address 地址 _____ | | Tel. no. 電話號碼 _____ |
| Driving licence no. 駕駛執照號碼 _____ | (<input type="checkbox"/> Full 正式 <input type="checkbox"/> Provisional 臨時) 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 <input type="checkbox"/> Relative 親屬 <input type="checkbox"/> Friend 朋友 <input type="checkbox"/> | | |
| Others, please state 其他，請說明 <input type="checkbox"/> _____ | | |

| | 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 ever been convicted of any driving or motoring offence? 過去有否觸犯交通條例？ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Has the driver been involved in accidents in the past? 過去有否牽涉交通意外？ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. If the driver was not the owner, was vehicle being used with the owner's knowledge and consent? 如駕駛人並非車主，車主是否知道及同意車輛被用？ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

- | | | | |
|--|--------------------------|--------------------------|-------|
| 7. Does the driver own a car himself? 駕駛人是否擁有其他車輛? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 8. With whom is it insured? 有否投保(保險公司名稱)? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 9. Has the driver ever been refused motor vehicle insurance or renewal thereof? 駕駛人曾否被任何保險公司拒保? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

The accident 意外發生的詳情

Date 日期 _____ Time 時間 _____ am 上午 / pm 下午
Place 地點 _____
Weather & road condition 天氣及路面情況 _____
Speed of insured vehicle immediately prior to accident 受保車輛在意外事件發生前的行車速率為每小時 _____ km/hr 公里/時
Give clear account of what happened 請詳述意外事件如何發生 _____

Diagram 圖解

In driver's opinion, who was at fault? 以駕駛人意見, 這次意外事件是誰人過失而引起? _____
Immediately after the accident, did the insured driver reach any verbal or written compromise agreement with the third party? 遇事後受保駕駛人
有否與第三者有口頭或書面和解協議? NO 否 YES 是 If 'YES', please give details 如「是」, 請詳述 _____

*Please also provide us with a copy of the written agreement, if any *如適用, 請提供該書面協議的副本

Number of trailers attached to the vehicle 該車是否連接有拖車, 如是, 請詳述細節 _____

Value of trailers before accident 意外前之拖車價值 _____ Were goods being carried? 是否載有貨物? NO 否 YES 是
If 'YES', 如「是」state (a) description 請說明貨品類別 _____ (b) owner 物主 _____

Weight of load on 載貨重量 (a) vehicle 汽車 _____ (b) trailers 拖車 _____

Additional questions for Motor Cycles or Scooters only 如車輛是電單車, 請回答以下問題

Was a sidecar attached? 是否接有側車? NO 否 YES 是

Was a pillion passenger being carried? 是否載有後座乘客? NO 否 YES 是

Damage to insured vehicle 受保車輛損壞情形

Description and extent of damage 請盡所能詳述損壞情況 _____

 Was the vehicle detained for inspection by the police after the accident? NO 否 YES 是

意外後，受保車輛是否被拖往政府驗車中心作檢驗？

IMPORTANT: If the vehicle is insured on comprehensive terms, an estimate of repair cost must be submitted to the company before repair are commenced. **重要：**如屬綜合保險單，估價必須先交到本公司審查及批准始得開始修理。

 Do you intend to claim the repair cost against the company? 閣下是否有意要求本公司賠償受保車輛的修理損失？ NO 否 YES 是

If 'YES', where is the location of the vehicle 如「是」，該車現時停泊地點 _____

Garage / Person and tel. no. 車房 / 聯絡人姓名及電話號碼 _____

Estimate of repair costs 修理費估計為 \$ _____

Injured persons 受傷者

| | Name 姓名 | Age 年齡 | Address 地址 | Injury (minor,medium,serious) 受傷程度 (輕微，中等，嚴重) | Name of doctor/ hospital 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 Normal 普通 Serious 嚴重

Give name and address of every witness and every other person who was present 請詳述每位見証人及在場目擊此意外事件者的姓名及地址

| Witnesses 見証人 | 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 與意外無關係之証人 | | | |
| | | | |

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 YES 是

- Note:
1. 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。
 2. Claims will not be processed unless authorization and declaration are signed by the claimant.
本公司只接受已簽署的授權書及聲明書之索償申請表。

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 Wing Lung Insurance Co. Ltd., I/We shall make a statutory declaration to re-affirm the genuineness of all information contained in this claim form; and
若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 claimant, hereby authorize and party concerned to disclose to Wing Lung Insurance Co. Ltd. or its representative any and all information with respect to my medical history regarding illness or injuries and my claimed loss/ damage under the above Section(s).
本人(下述簽署的索償人)現授權有關人士向永隆保險有限公司或其代表提供任何一切有關本人於上述索償項目中申報本人患病、受傷和財物損失/損毀的資料記錄。
4. I believe that the facts stated in this claim form are true and correct. I acknowledge that the Insurers will rely upon the information supplied by me/ the policyholder/ the insured, which I verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory/ the policyholders/ insured under this 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.
本人確認此索償申請書內之事實均為真實及正確。本人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 "Personal Information Collection Statement" attached in this Claim Report.
本人/我們確認已閱讀並清楚明白附於本意外報告書內之「收集個人資料聲明」。

Date of this report
報告日期

Signature of driver
駕駛人簽署

Signature of insured
保戶簽署

To :
致

Fax No. :
傳真號碼

For promptly progress, please return the attached Motor Accident Report Form, Authorization and Questionnaire with the Copies of the following documents to:

Wing Lung Insurance Co Ltd
Claims Department
10/F., 45 Des Voeux Road Central, Hong Kong.
Tel: 2826 8498 Fax: 2840 0769

1. Vehicle Registration Document in both sides
2. ID Card of driver
3. Driving Licence of driver
4. Police Statement / Information (including Notice of Intended Prosecution)

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.

請盡速將附上之汽車失事報告表、授權書、問卷，連同下列文件的副本交回：

永隆保險有限公司
賠償部
香港中環德輔道中 45 號 10 字樓
電話：2826 8498 傳真: 2840 0769

1. 車輛登記文件（即牌簿）之正面及背面
2. 司機之身份証
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）

尤請 閣下注意，任何有關人仕與 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，請於意外發生後十天之內，向警方提出指控。

PERSONAL INFORMATION COLLECTION STATEMENT

The information you provide to Wing Lung Insurance Co. Ltd. ("the Company") is collected to enable us to carry on our business by providing insurance and other financial products and services in Hong Kong ("the Business"). This includes but not limited to the personal data contained in the proposal form or in any document in relation to the general insurance services and products or any claim made under the product.

Provision of the personal data to the Company by you is voluntary. However, failure to supply personal data may result in the Company being unable to provide insurance and/or related products and services to you, process claims under insurance policies issued and/or arranged by the Company, and/or process any of all other requests, enquiries, complaints from you and/or to comply with any laws or guidelines issued by the regulatory or other authorities.

You agree that your personal data may be used by us for the purposes of:

- the evaluation, assessment, communication, daily operation, administration and enforcement of services and facilities in relation to any insurance or any financial related product or service or any alternations, variations, cancellation or renewal of the such product or service;
- assessment and processing of any claim or investigation or analysis of such claim and any subsequent legal proceedings;
- any sales, promotion, marketing of other general insurance products and services provided by us;
- exercising any right of subrogation, if applicable;
- compliance with the laws, statutes, rules, regulations and codes of conduct and practice binding on the Company in relation to our business;
- purposes of statistical or actuarial researches carried out by the Company; and
- other purposes connected with, or necessary to carry out any of the activities set out above.

Your personal data will be kept confidential by us, but you agree that we may be transferred to:

- any related subsidiary or affiliated company or any other company carrying on insurance or reinsurance related business or any intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes in or out of Hong Kong;
- any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
- any member(s) of the Federation by the Federation for any of the above or related purposes;
- any auditors, accountants, lawyers, other professional advisers, employees, sub-contractor, agent, contractor or third party who provides administrative, telecommunications, computer, payment, debt collection, data processing or storage or other services provider providing services relevant to the Company's business; and
- Wing Lung Bank Group for the purposes of :-
 - management, operation and maintenance of the Company's business; and
 - design and improvement of the Company's business.

In this statement, the following terms shall have these following meanings:

"Bank" means Wing Lung Bank Ltd.;

"Wing Lung Bank Group" mean the Bank, any subsidiary undertaking of the Bank, any related company of the Bank, any associated company of the Bank, any direct and/or indirect parent undertaking of the Bank, any subsidiary undertaking of any such parent undertaking, any of their related companies, any of their associated companies including, for the avoidance of doubt, undertakings within the group of China Merchants Group Ltd (and "Group member" shall be construed accordingly); and

The expressions "subsidiary undertaking", "parent undertaking" and "undertaking" bear the meanings under the Companies Ordinance (Cap.32).

Moreover, we are hereby authorized to obtain access to and/or to verify any of your and/or the Insured Person(s) data with the information collected by the Federation from the insurance industry.

Under the relevant laws and regulations, you have the right to check whether we hold your personal data and to obtain access to that data, to request correction of any personal information concerning yourself held by the Company, to ascertain our policies and practices in relation to the data and to be informed of the kind of data held by us. We reserve the right to charge you a reasonable fee for complying with any request for access to your data. You also have a right, at any time and without charge, to request to opt out from receiving any direct marketing communication from us. If you wish to exercise these rights, please write to our Data Protection Officer. Nothing in this statement shall limit your rights under the relevant laws and regulations.

If there is any inconsistency or conflict between the English and Chinese versions, the English version shall prevail.

The Data Protection Officer
Wing Lung Insurance Co. Ltd.
45 Des Voeux Road,
Central, Hong Kong
Tel: 2826 8259
Fax: 2526 7045

March 2012
Wing Lung Insurance Co. Ltd.

收集個人資料聲明

閣下向永隆保險有限公司(「本公司」)提供的資料,是收集作為本公司在香港提供保險和其他金融產品和服務所需。當中包括但不限於你在申請表填寫或任何與一般保險服務和產品有關之文件上或任何透過產品索償上所載之個人資料。

閣下是自願向本公司提供個人資料。然而,若閣下未能提供個人資料,可能導致本公司不能為閣下提供保險及/或相關產品與服務,處理經由本公司發出及/或安排的保單之下的索償事宜,及/或處理閣下的任何或所有其他要求、查詢或投訴及/或遵守法例規定或監管或其他管理機構所發出的指引。

閣下同意閣下的個人資料可被本公司用於以下用途:

- 審計、評估、溝通、日常運作、管理或執法任何與保險或財務有關的產品或服務,或該等產品或服務的任何更改、變更、取消或續期;
- 評價及處理任何索償或索償分析及任何日後的法律訴訟之用;
- 任何本公司提供的其他一般保險產品及服務銷售、市場營銷及推廣用途;
- 行使任何代位權,如適用;
- 履行一切約束本公司業務、客戶個人資料的法律、法規、規則、規例、工作守則及慣例;
- 由本公司所進行或本公司所參與的統計或精算研究;及
- 其他任何與上述所需及有關的行動。

本公司持有的閣下資料將予保密,但是在閣下的同意下,本公司可能會將有關資料移轉予:

- 任何在香港或在香港以外地方的有關的公司、附屬公司或子公司,或任何其他從事與保險或再保險業務有關的公司,或與保險業務有關的中介人或索償或調查或其他服務提供者,以達到任何上述或有關的目的;
- 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」),以達到任何上述或有關的目的,或以便「聯會」執行其監管職能,或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能;
- 或透過「聯會」移轉予任何「聯會」的會員,以達到任何上述或有關的目的;
- 任何核數師、會計師、律師、其他專業顧問、僱員、分包商、代理人、承包商或提供行政、電訊、電腦、付賬、債務追討、數據處理或儲存或有關提供本公司服務的第三者供應商;及
- 永隆銀行集團作以下用途:-
 - 管理、運作及保養本公司服務;及
 - 設計及改善本公司服務。

在本聲明內,下列詞語具以下涵義:-

「銀行」指永隆銀行有限公司;

「永隆銀行集團」指銀行、銀行的任何附屬企業、銀行的任何關連公司、銀行的任何相聯公司、銀行的任何直接和/或間接母企業、任何前述母企業的任何附屬企業、其任何關連公司或相聯公司,為免產生疑問,包括招商局集團有限公司轄下各企業(而「本集團成員」須據此解釋);及「附屬企業」、「母企業」及「企業」具有香港法例第 32 章公司條例所指之相同涵義。

此外,本公司亦據此獲授權由「聯會」從保險業內收集的資料中查閱及/或核對閣下及/或受保人任何資料。

根據有關法律及法規,閣下有權要求查閱本公司是否擁有閣下的資料並取得此等資料、更正本公司持有有關閣下的資料之紀錄及確定本公司處理資料慣例和獲告知本公司持有的資料類別。本公司保留就依從閣下要求查閱閣下的資料而向閣下收取合理費用的權利。閣下亦有權在將來任何時間選擇拒收任何本公司的直銷產品及服務的推廣資訊而閣下毋須承擔任何費用。如閣下欲行使以上權利,請以書面形式通知本公司的資料保護主任。本聲明不會限制閣下就有關法律及法規可行使的權利。

本條款及細則的中、英文如有歧異,概以英文本為準。

資料保護主任
永隆保險有限公司
香港中環德輔道中 45 號
電話: 2826 8259
傳真: 2526 7045