

Third Party Liability Accident Report 第三者責任遇事報告書

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。

This form should be completed as fully and accurately as possible and returned to the Company immediately whether a claim has been made on the insured or not. 保戶不論是否被人要求賠償，應請立即準確詳填此表，並請即送回本公司以便處理。

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 _____

Time and place of accident 意外發生之時間及地點

Date 日期 _____ Time 時間 _____ am 上午 / pm 下午
Place 地點 _____
When, and by whom was the accident reported to you 意外發生後的報告時間及由何人報告 _____
Are you the owner, lessee, tenant or contractor? 閣下是否物主，承租人，住客或承辦人？ _____

The accident 意外發生之詳情

Cause and manner of occurrence 意外發生之起因及情況 _____

Whose negligence caused the accident? 由何人疏忽引致意外發生？ _____
Was accident due to want of care upon part of injured person? 意外事件之發生是否由受傷者之疏忽所致？ NO 否 YES 是
If 'YES', how? 如「是」，如何發生？ _____

What right did the injured party have on the premises? 受傷者在意外發生之屋宇中持有什麼權利？ _____

Injured person 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 hospital/ doctor 醫院或醫生姓名

Damaged to property of others 對其他財物的損壞	
Name of property owner 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 _____	
Kind of property 財物之種類 _____	
Damaged condition 損壞情況 slight 輕微 <input type="checkbox"/> normal 普通 <input type="checkbox"/> serious 嚴重 <input type="checkbox"/>	
Estimated cost of repair 估計修理費用若干 _____	
Has claim been made? 是否被要求賠償? NO 否 <input type="checkbox"/> YES 是 <input type="checkbox"/> If 'YES', please state 如「是」, 請說明 _____	

Witnesses 見證人		
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。		
Name 姓名	Tel. no. 電話號碼	Address 地址

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 報案日期及警方報告號碼 _____	
Notes	<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 claimant. 本公司只接受已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 informant, hereby authorize the parties concerned to disclose to CMB Wing Lung Insurance Company Limited or its representative or its authorized loss adjusters any and all information including a copy of my statement regarding my claimed loss/damage or under the above Section(s) for the purpose of assessment of insurance claim. A photocopy of this authorization is as valid as the original.
本人（下述簽署的報案人）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本人於上述索償項目中申報財物損失 / 損毀或他人身體受傷的資料記錄（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* attached in this Claim Form.
本人 / 我們確認已閱讀並清楚明白附於本意外報告書內之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

日期 _____

Insured's signature /

Company chop

保戶簽署 / 公司蓋章 _____

Signature of informant

報案人簽署 _____

Name of informant

(Block letter)

報案人姓名（正楷） _____