



# 新鴻基地產保險有限公司

## Sun Hung Kai Properties Insurance Limited

新鴻基地產成員  
Member of Sun Hung Kai Properties

### 汽車遇事報告書

### Motor Vehicle Accident Report Form

Date : \_\_\_\_\_

**重要事項**  
**IMPORTANT**

- 請填妥汽車遇事報告書連同所需文件交回本公司(請參閱本表格第5頁)  
Please submit the completed Motor Vehicle Accident Report Form with the required documents (refer to Page 5)
- 請詳細填報本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 execution of your claim it is imperative that each question on this report form be fully answered.
- 本公司有權要求索償者提供更多資料，或委派專家進行調查。  
The Company is entitled to request for more information or assign expert for investigation.
- 台端日後如接獲有關之一切文件及法律書信應儘速遞交敝公司辦理。  
If you receive any legal documents/communications in any way connected with the accident please forward them to the company immediately.

保戶 INSURED	保單號碼 Policy No. ....		保戶姓名 Policy Holder .....		聯絡電話 Phone No. ....		
	地址 Address .....		地址 Address .....		電郵地址 Email Address .....		
受保車輛 INSURED VEHICLE	註冊號碼/車牌 Registration Number/License Number		廠名及款式 Make and Model		年份 Year of Make	保額 Insured Amount	
車輛用途 USE OF VEHICLE	在交通意外時, 該車作為何種用途? For what exact purpose was the vehicle being used? .....						
	是否已得閣下之同意使用該車? Was it used on your order or with your permission? .....						
駕駛人資料 PARTICULAR S OF DRIVER	姓名 Name .....		香港身份證號碼/護照號碼 HKID Card No./Passport No. ....		出生日期 Date of Birth .....		
	地址 Address .....						
	電話號碼 Tel. No. ....		電郵地址 Email Address .....				
	司機是否 Is driver: I) (a) Owner? YES/NO		是 / 否 YES/NO		受薪司機 (b) Owner's paid driver? YES/NO		是 / 否 YES/NO
	II) 是否醉酒? Under the influence of intoxicating liquor or drugs? YES/NO		是 / 否 YES/NO				
	駕駛執照號碼 Driving Licence No. ....		到期日期 Expiry Date .....		考驗及格日期 Date passed test .....		駕駛經驗 Driving Experience..... Years
	正式 / 臨時 Full/Provisional (Delete in appropriate)		正式駕駛車類 Classification Code .....				
	就這次事件警方曾否控訴該司機? Is any Police Action being taken against the Driver in respect of the alleged accident? .....						
	以前曾否發生交通意外事件 Is previously involved in an accident? YES/NO		有 / 無 如有, 講述日期情況 (If YES, give particulars and dates)				
	司機是否另持有第三者保險? 請列明其保險公司, 保單號數, 車牌及車主等等。 Does the person who was driving (other than the Insured) hold any other policy of indemnity against liability to Third Parties? .....						



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<b>意外詳情 DESCRIPTION OF ACCIDENT</b>	日期 Date .....	時間 Time ..... a.m./p.m.	地點 Place .....
	天氣 Weather .....	路面情況 Condition of Road Surface .....	車速 Speed .....
<p>請詳述遇事過程地點位置等並附草圖標明路面情況如路闊，交通燈，交通標誌，讓線等等。 請用箭咀指明車輛，物件及人士之方向。 Give full details of occurrence and make a rough sketch where appropriate showing road widths, traffic lights, signs, warnings, etc. Indicate directions of vehicles with an arrow, object(s) and person(s).</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>			
<b>草圖 SKETCH</b>			



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<b>警察報告</b> <b>POLICE REPORT</b>	閣下曾否向警方報告此次意外事件？ 有 / 無 Did you report this accident to the police? YES/NO  如有，請指明何處警署及其他有關之記錄 If YES, indicate station concerned and any other relevant information .....  閣下曾否向警方投訴對方？ 有 / 無 Have you lodged a complaint to the police against the other party? YES/NO				<b>警方報告</b> Police Report No. .... (請附上口供及警方草圖副本) (Please attach statement and police sketch copies)																						
<b>證人/ 乘客</b> <b>WITNESSES/ PASSENGERS</b>	證人/ 乘客中是否有閣下之僱員 Are any of the passengers in your employ? .....  <table border="1" data-bbox="284 568 1506 797"> <thead> <tr> <th data-bbox="284 568 517 645">姓名 Name</th> <th data-bbox="517 568 746 645">聯絡電話 Telephone Number</th> <th data-bbox="746 568 1246 645">地址 Address</th> <th data-bbox="1246 568 1506 645">乘客/在場目擊證人 Passenger/Independent witness</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				姓名 Name	聯絡電話 Telephone Number	地址 Address	乘客/在場目擊證人 Passenger/Independent witness																			
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<b>受保車輛之損毀情況</b> <b>DAMAGE TO INSURED VEHICLE</b>	損毀部份 Damaged portion ..... 損毀程度 Extent of damage ..... <input type="checkbox"/> 損毀車輛尚可供使用 The damaged vehicle can still be driven for use. <input type="checkbox"/> 損毀車輛已拖 / 送往修理 The damaged vehicle was towed/delivered for repair. <input type="checkbox"/> 可往下述地點檢查該車 The damaged vehicle can be inspected at .....  <table data-bbox="284 1128 1536 1305"> <tr> <td data-bbox="284 1128 794 1189">聯絡人 Contact person .....</td> <td data-bbox="794 1128 1114 1189">電話 Tel. No. ....</td> <td data-bbox="1114 1128 1536 1189">修理費估價 Estimated repair charges .....</td> </tr> <tr> <td colspan="2" data-bbox="284 1189 1114 1249">該車是否被拖往政府驗車中心接受驗車？ Has the vehicle ever been inspected by the Government Vehicle Examination Centre?</td> <td data-bbox="1114 1189 1536 1249">有 / 無 YES/NO</td> </tr> <tr> <td data-bbox="284 1249 847 1305">如有，何處驗車中心？ If YES, which Centre? .....</td> <td colspan="2" data-bbox="847 1249 1536 1305">驗車結果 Outcome of inspection .....</td> </tr> </table>				聯絡人 Contact person .....	電話 Tel. No. ....	修理費估價 Estimated repair charges .....	該車是否被拖往政府驗車中心接受驗車？ Has the vehicle ever been inspected by the Government Vehicle Examination Centre?		有 / 無 YES/NO	如有，何處驗車中心？ If YES, which Centre? .....	驗車結果 Outcome of inspection .....															
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<b>第三者財物損失情況</b> <b>DAMAGE TO THIRD PARTY PROPERTY</b>	<table data-bbox="284 1310 1536 1541"> <tr> <td data-bbox="284 1310 794 1370">物主/車主姓名 Name of vehicle/Property Owner .....</td> <td data-bbox="794 1310 1262 1370">汽車登記號碼 Registration No. ....</td> <td data-bbox="1262 1310 1536 1370">電話 Tel. No. ....</td> </tr> <tr> <td data-bbox="284 1370 794 1431">司機姓名 Name of Driver .....</td> <td data-bbox="794 1370 1262 1431">地址 Address .....</td> <td data-bbox="1262 1370 1536 1431">電話 Tel. No. ....</td> </tr> <tr> <td colspan="3" data-bbox="284 1431 1536 1491">第三者之保險公司名稱及受保範圍 Name of Third Party's Insurers, and cover .....</td> </tr> <tr> <td data-bbox="284 1491 1018 1541">損壞物件 Damaged Property: .....</td> <td colspan="2" data-bbox="1018 1491 1536 1541">損壞情況 Nature of damage .....</td> </tr> </table>				物主/車主姓名 Name of vehicle/Property Owner .....	汽車登記號碼 Registration No. ....	電話 Tel. No. ....	司機姓名 Name of Driver .....	地址 Address .....	電話 Tel. No. ....	第三者之保險公司名稱及受保範圍 Name of Third Party's Insurers, and cover .....			損壞物件 Damaged Property: .....	損壞情況 Nature of damage .....												
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<b>傷者情況</b> 包括車內人士 <b>PERSON(S) INJURED INCL. VEHICLE OCCUPANTS</b>	<table data-bbox="284 1545 1536 1861"> <tr> <td colspan="2" data-bbox="284 1545 687 1637">是否有人受傷？ Is there any person(s) injured?</td> <td data-bbox="687 1545 938 1637">是 / 否 YES/NO</td> <td colspan="2" data-bbox="938 1545 1536 1637">人數 Number .....</td> </tr> <tr> <td data-bbox="284 1637 517 1704">姓名 Name</td> <td data-bbox="517 1637 592 1704">性別 Sex</td> <td data-bbox="592 1637 708 1704">年齡 Age</td> <td data-bbox="708 1637 938 1704">受傷情況 Nature of Injuries</td> <td data-bbox="938 1637 1289 1704">地址 / 聯絡電話 Address/Tel.No</td> <td data-bbox="1289 1637 1536 1704">司機 / 乘客 / 行人 Driver / Passenger or Pedestrian</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				是否有人受傷？ Is there any person(s) injured?		是 / 否 YES/NO	人數 Number .....		姓名 Name	性別 Sex	年齡 Age	受傷情況 Nature of Injuries	地址 / 聯絡電話 Address/Tel.No	司機 / 乘客 / 行人 Driver / Passenger or Pedestrian												
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<b>司機意見</b> <b>DRIVER'S OPINION</b>	以司機之意見，認為誰人導致及需要對此次交通意外負責？ In driver's opinion, which party should be held responsible for causing this accident? ..... ..... .....																										



# 新鴻基地產保險有限公司

## Sun Hung Kai Properties Insurance Limited

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與他人達成之協議 <b>AGREEMENT MADE WITH OTHER PARTY</b>	閣下或司機 Has the policyholder &/or driver		
	曾否與對方達成任何與此意外有關之協議 (i) made any agreement with the other party in connection with this accident?	是 / 否 YES/NO	數目 AMOUNT: .....
	曾否收受或給予對方任何賠償 (ii) made or received any compensation to or from the other party?	是 / 否 YES/NO	數目 AMOUNT: .....

聲明及授權書 <b>DECLARATION AND AUTHORIZATION</b>	<p>本人 / 我們謹此聲明，上述所有資料及細節均是準確無誤，真實及為事實之全部，並且盡本人 / 我們所知及所信而作答。本人 / 我們並沒有隱瞞任何重要資料，並明白如未能提供真實及準確無誤之資料或通知新鴻基地產保險有限公司任何有關此賠償申請之重要資料，將可能導致新鴻基地產保險有限公司不能接受或處理此索償申請及喪失 所有追討保單權益之權利。本人 / 我們明白此索償表格之發出及填妥並不代表貴公司承認責任或保證賠償。</p> <p>I/We hereby declare that all the above information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this request or inform Sun Hung Kai Properties Insurance Limited of all material information may render Sun Hung Kai Properties Insurance Limited unable to accept or process this request and all rights to recover under the Policy shall be forfeited. I/We understand that the issuance or completion of this application does not constitute admission of liability or guarantee payment of the claim on behalf of the Company.</p> <p>本人等現授權任何機構可將本人等之意外或損失報告等資料，包括向警方提供之口供副本，給予新鴻基地產保險有限公司及/ 或其代表以作為評估現有個案之用途。此授權書之副本與正本同等有效。</p> <p>I / We hereby authorize any authorities or organization that has any records or knowledge of me / us or my / our accident to furnish to Sun Hung Kai Properties Insurance Limited and/or its authorized representative, any and all information with respect to my / our report of accident for the purpose of assessment of my / our present case. A photostat copy of this authorization shall be considered as effective and valid as the original.</p> <p>(中文譯本內容如與英文本有歧異，一概以英文為準。) (If any conflict or inconsistency between the English and Chinese versions, the English version shall prevail.)</p>		
	<p>保戶簽字蓋章 <b>SIGNATURE</b>(Insured)..... 日期 <b>DATE</b> .....</p>	<p>駕駛者簽字 <b>SIGNATURE</b> (Driver) .....</p>	<p>日期 <b>DATE</b>.....</p>



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Member of Sun Hung Kai Properties

請填妥汽車遇事報告書連同以下所需文件交回

Please submit the completed Motor Vehicle Accident Report Form with the following required documents

索償所需文件 Supporting Documents:			
所需文件 Document Required	綜合保險 Comprehensive Insurance	第三者責任保 險 Third Party Legal Liabilities Insurance	擋風玻璃損 毀保障 Windscreen Damage Protection
完整之汽車遇事報告書正本 Original Completed Motor Vehicle Accident Report Form	✓	✓	✓
駕駛人已簽署的授權書正本 (一式二份) Original Letter of Authorization duly signed by the driver (in duplicate)	✓	✓	
駕駛人的身份證及駕駛執照副本 Copy of driver's Identity card and driving licence	✓	✓	
受保車輛之有效登記文件正背頁及行車證副本 Copy of Vehicle Registration Document (both sides) and vehicle licence	✓	✓	✓
呼氣測試報告 Breath test report	✓	✓	
警方口供紙及調查報告 Police statement and investigation result	✓	✓	
肇事車輛損毀及意外現場之彩色相片 Color Photographs taken at the scene	✓	✓	✓
肇事車輛行車記錄儀 Dash cam footage	✓	✓	
酒精呼氣測試報告副本 (如有) Copy of Screening Breath Test Report (if any)	✓	✓	
維修發票及收據正本 (適用於擋風玻璃損毀索償) Original Repair invoice and receipt (for windscreen damage only)			✓
汽車購買合約/發票/收據正本 (只適用於受保車輛失竊/全損) Original vehicle purchase contract/receipt/invoice (applicable to theft loss claim/total loss)	✓		

\* 如有需要，我們會要求閣下提供進一步資料以處理您的索償申請。

\* If need, we may require you to provide more information to handle the claim.



新鴻基地產保險有限公司

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新鴻基地產成員  
Member of Sun Hung Kai Properties

授權書  
Letter of Authorization

LA-1

意外日期

Date of Accident : \_\_\_\_\_

意外地點

Location of Accident : \_\_\_\_\_

牽涉車輛

Involved Vehicle(s) : \_\_\_\_\_

本人授權 新鴻基地產保險有限公司向貴 司/署索取有關本人之任何資料，以作保險索償評估用途。

本人已閱讀過以上內容及明白此授權書，並簽名作實。

I hereby authorize Sun Hung Kai Properties Insurance Company Limited to access and obtain all of my information from any person, company, authority, and/or legal entity for the purpose of assessment of an insurance claim.

I have read the above authorization and confirm my understanding and consent by signing below.

司機簽署

Signature by Driver : \_\_\_\_\_

姓名(正楷)

Name (in Block Letter) : \_\_\_\_\_

香港身份証

HKID : \_\_\_\_\_

日期

Date : \_\_\_\_\_



新鴻基地產保險有限公司

Sun Hung Kai Properties Insurance Limited

新鴻基地產成員  
Member of Sun Hung Kai Properties

LA-2

授權書  
Letter of Authorization

意外日期

Date of Accident : \_\_\_\_\_

意外地點

Location of Accident : \_\_\_\_\_

牽涉車輛

Involved Vehicle(s) : \_\_\_\_\_

本人/公司授權 新鴻基地產保險有限公司向貴 司/署索取有關本人/公司之任何資料，以作保險索償評估用途。 本人已閱讀過以上內容及明白此授權書，並簽名作實。

I/We hereby authorize Sun Hung Kai Properties Insurance Company Limited to access and obtain all of my/our information from any person, company, authority, and/or legal entity for the purpose of assessment of an insurance claim.

I have read the above authorization and confirm my understanding and consent by signing below.

保戶簽署 並蓋章，如適用

Signature of Insured (with  
company chop if applicable) : \_\_\_\_\_

姓名(正楷)

Name (in Block Letter) : \_\_\_\_\_

香港身份証

HKID : \_\_\_\_\_

日期

Date : \_\_\_\_\_