

### Motor Accident Report Form 汽車失事報告表

#### IMPORTANT NOTES 重要告示

- Any communications you receive about the accident should not be answered but sent immediately to Dah Sing Insurance Company (1976) Limited ("The Company"). 如接獲有關任何函件請勿作答，必須先交予大新保險 (1976) 有限公司 (本公司)，以便採取適當行動。
- It is important that a complete answer be given to every question. If insufficient space is provided for your answers, please continue on a separate sheet. 請詳細填報本申請表格上的每一項目，若有需要，請另紙書寫。

#### Insured Details 投保人資料

Full Name 姓名	_____	Policy No. 保單號碼	_____
Home Address 住宅地址	_____		
		Telephone No. 電話	_____
Business Address 公司地址	_____		
		Telephone No. 電話	_____
Occupation/Business 商業 / 職業	_____		

#### Insured Vehicle's Details 受保車輛資料

Registration No. 車牌號碼 \_\_\_\_\_

Is the vehicle under a hire purchase or loan agreement? 該車輛是否由分期付款或貸款合約下購買? YES 是 / NO 否\*

If YES, state name of the finance or lending company, their address and agreement number.  
 如「是」者，請提供有關財務或貸款公司名稱、地址及合約號碼

\_\_\_\_\_

\_\_\_\_\_

State fully the purpose for which the vehicle was being used. 該車於意外時作何種用途?

\_\_\_\_\_

\_\_\_\_\_

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	_____
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Were goods being carried? 是否載有貨物? YES 是 / NO 否\*

If YES, please state 如「是」者，請描述

(a) description 說明貨品種類	_____	(b) owner 物主	_____
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Weight of load on 該貨物總重:

(a) vehicle 受保汽車上	_____	(b) trailers 拖車上	_____
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Additional Questions for Motor Cycles or Scooters only 如車輛是電單車，請回答以下問題

Was a pillion passenger being carried? 有否載有乘客? YES 是 / NO 否\*

\* Delete as required 請刪除不適用之項目

## Damage to Insured Vehicle 受保車輛損壞情形

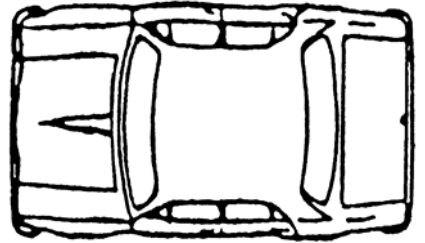
In all cases where your vehicle is damaged and you are entitled to claim under the policy; please send an estimate for repairs to the Company immediately. 任何情形下，如閣下打算從由保單獲得賠償，請附上估價單。

What is the extent of damage to the insured vehicle? 投保人之車輛損壞程度 \_\_\_\_\_

Repairer's name 修理廠名稱 \_\_\_\_\_

Address 地址 \_\_\_\_\_

Tel. No. 電話 \_\_\_\_\_



Is the vehicle at the repairers' premises? 現該車是否在修理廠? YES 是 / NO 否\*

If not, when will it be taken in for repair? 如「否」，將會在何時送往修理廠? \_\_\_\_\_

## Details of Driver 司機之資料

**Note: All the questions should be answered, whether or not the Insured was driving.**

注意：不論投保人是否駕駛遇事車輛，必須回答以下各項問題。

Full Name 姓名 \_\_\_\_\_ Hong Kong Identity Card No. 香港身份證號碼 \_\_\_\_\_

Address 住宅地址 \_\_\_\_\_

Telephone No. 電話 \_\_\_\_\_

Occupation 職業 \_\_\_\_\_ Date of Birth 出生日期 \_\_\_\_\_

Relationship with the Insured 與受保人之關係:

Same Person 屬同一人  Friend/Relative 朋友 / 親屬  Employee 僱員  Hirer 出租

Other (please state): 其他 (請說明) : \_\_\_\_\_

Is he/she the main driver of the insured vehicle? 司機是否受保車輛之主要駕駛者? YES 是 / NO 否\*

Was the vehicle being driven with your permission? 在駕駛該車前，司機有否徵求閣下同意? YES 是 / NO 否\*

Has the driver been convicted for any offence in connection with any motor vehicle? 司機有否曾經觸犯交通條例? YES 是 / NO 否\*

If YES, give details including dates 如「有」者，請寫上事情細節及日期

Was the driver licensed to drive the vehicle? 該司機是否擁有駕駛車輛之執照? YES 是 / NO 否\*

If YES, was the licence full / provisional\*? 如「有」者，駕駛執照是正式 / 臨時? YES 是 / NO 否\*

How long has the driver held a full licence? 司機擁有正式執照之時間? \_\_\_\_\_ Expiry Date 到期日 \_\_\_\_\_

**Details of the Accident 意外發生情況**

Date 日期 \_\_\_\_\_ Time 時間 \_\_\_\_\_ A.M.上午 / P.M.下午

Place 地點 \_\_\_\_\_

Weather 天氣情況 \_\_\_\_\_

What lights were lit on the vehicle? 汽車當時亮起何種燈光? \_\_\_\_\_

Speed

(a) before the accident 意外前之車速 \_\_\_\_\_ Km/h  
Speed limit on the road 該段道路之時速限制為 \_\_\_\_\_ Km/h

(b) at the moment of the accident 意外時之車速 \_\_\_\_\_ Km/h  
Was the insured in or on the vehicle? 投保人是否在車上? YES 是 / NO 否\*

Condition and type of road surface 道路情況 \_\_\_\_\_

State fully what happened 請詳述遇事經過 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Details of the Accident 意外發生情況**

Please sketch below plans of the accident and indicate: 請在下面空白處描畫草圖·包括

(a) the names and approximate widths of roads 街道名稱及闊度

(b) position and direction of progress (by means of arrows) of all vehicles and persons concerned.  
意外中牽涉之車輛及第三者之位置及方向 (請用箭咀指明)

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Positions just before the accident 意外發生前之位置

Positions at the moment of the accident 意外發生時之位置

State names and address of all 請在以下各項填上姓名及地址

(a) Passengers 乘客 \_\_\_\_\_  
\_\_\_\_\_

(b) Independent Witnesses 在場的目擊證人 \_\_\_\_\_  
\_\_\_\_\_

**Police 警方**

Were particulars taken by or reported to the police? 當時有否警方到場處理此事? YES 是 / NO 否\*

If YES, 如「有」者· (a) give name of Station 請註明警署名稱 \_\_\_\_\_  
 (b) attach a copy of Police Statement 請附上口供副本 \_\_\_\_\_  
 (c) Police Report No. 警察報告編號 \_\_\_\_\_

Has any person been or may any person be charged with any offence arising from the accident?  
 有否任何人因這次意外受到檢控? YES 是 / NO 否\*

If YES, 如「有」者· (a) give name of person 請提供其姓名 \_\_\_\_\_  
 (b) offence 所受檢控 \_\_\_\_\_

Was the driver of the Insured Vehicle tested for alcohol or drugs? 受保車輛之司機有否接受酒精或藥物測試? YES 是 / NO 否\*

If YES, what was the result? 如「有」者· 請提供測試結果 \_\_\_\_\_

**Other Vehicles Involved 第三者之車輛損壞情況**

Name 第三者之姓名 \_\_\_\_\_ Registration No. 車牌號碼 \_\_\_\_\_

Address 地址 \_\_\_\_\_

Insurers and Policy No. 保險公司名稱及保單號碼 \_\_\_\_\_

Apparent damage 明顯之損壞情況 \_\_\_\_\_

Name 第三者之姓名 \_\_\_\_\_ Registration No. 車牌號碼 \_\_\_\_\_

Address 地址 \_\_\_\_\_

Insurers and Policy No. 保險公司名稱及保單號碼 \_\_\_\_\_

Apparent damage 明顯之損壞情況 \_\_\_\_\_

**Other Property Damaged (apart from vehicles) 第三者之財物損壞情況**

Name and address of owner (if known) 物主之姓名及地址 (如知悉) \_\_\_\_\_

Nature of damage 損壞情況 \_\_\_\_\_

Name and address of owner (if known) 物主之姓名及地址 (如知悉) \_\_\_\_\_

Nature of damage 損壞情況 \_\_\_\_\_

**Persons Injured 受傷者之情況**

Name and address (State whether driver or passenger and in which vehicle or pedestrian) 姓名及地址 (請註明是司機、乘客或是行人)	Apparent injuries 明顯受傷程度	Taken to hospital 有否被送往醫院
_____	_____	YES 是 / NO 否*
_____	_____	YES 是 / NO 否*

If a front seat passenger was injured, was he/she wearing a seat belt? 如車頭乘客受傷· 他 / 她有否配戴安全帶? YES 是 / NO 否\*

If a motor cyclist or his passenger was injured, was he/she wearing a safety helmet?  
 如電單車司機或乘客受傷· 他 / 她有否配戴頭盔? YES 是 / NO 否\*

### Personal Information Collection Statement (“PIC”) 個人資料收集聲明

**1. Purpose:** Among the personal data collected from you to Dah Sing Insurance Company (1976) Limited (“Company”), it is collected for the purpose of:

**目的：**大新保險(1976)有限公司(「大新保險」)就向閣下收集之個人資料(「個人資料」)乃為以下目的使用：

- i. processing, administering, implementing and effecting the requests indicated in this document or any documents that you may submit to the Company from time to time; 處理、管理、落實及實行閣下提交予本公司的本文件或不時提交的任何其他文件中所表明的申請；
- ii. providing all services related to this document and the Policy, including promoting or improving such services or related services by the Company or its subsidiaries and affiliates; 提供與本文件和本保單相關的一切服務，包括推廣或改善本公司或其關聯公司提供的有關本次申請的服務或相關服務；
- iii. communicating with you in relation to the administrative purposes; 就行政目的與閣下聯絡；
- iv. investigating, processing and paying claims made under your insurance policy; 調查、處理及繳付閣下保單的理賠申請；
- v. co-operating with any investigation and meeting any disclosure requirements imposed by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies within or outside Hong Kong Special Administrative Region (“HKSAR”); 依照在香港特別行政區境內或境外任何法律、監管、政府、稅務、執法或其他機關，或自律監管機構或行業組織的要求，配合調查及作出披露；
- vi. transferring your Personal Data to any federation or similar organisation of insurance companies (“Federation”) and any members of the Federation to carry out its regulatory functions and/or in the interest of insurance industry or any members; 閣下的個人資料將發送給任何保險公司聯會或類似組織(「聯會」)以及聯會的任何成員，以供其履行其監管職能及/或為保險行業或聯會的任何成員的合理利益所需的其他職能；
- vii. statistical or actuarial research; 統計或精算研究；
- viii. other ancillary purposes which are directly related to the purposes set above. 其他直接與以上目的相關的目的；

The failure of providing the Personal Data by you may result in the Company being unable to provide products and services, assess your policy application, process claims under insurance policies issued by the Company, or process any other requests, enquiries, or complaints from you. 未能提供所需的個人資料可能導致本公司無法為閣下提供產品及服務、評估閣下的保單申請、處理保單索償、或處理任何閣下提出的要求、查詢或投訴。

**2. Transfer:** Personal data provided by you to the Company will be kept in confidential but it may be transferred to parties mentioned below for purposes set above:

**轉移：**閣下提供的個人資料將保密處理，惟會因以上所述之目的將此等資料轉移給以下各方：

- i. any related company(ies), including subsidiaries or affiliates of the Company; 本公司的任何成員公司，包括附屬公司及聯屬公司；
- ii. any other unrelated company carrying on insurance, financial services intermediaries or reinsurance related business; 任何其他從事保險、金融服務中介團體或再保險相關業務的非本公司成員公司；
- iii. financial services intermediaries that are authorised by the Company for the distribution of products and services provided by the Company; 獲本公司授權以分銷本公司所提供之產品及服務的金融服務中介團體；
- iv. a claims, investigation or other services provider providing services relevant to your insurance policies; 提供與閣下的保單有關的索償、調查或其他服務的提供者；
- v. relevant industry association and federation that exists or is formed from time to time; 現有或不時成立的相關行業協會及聯會；
- vi. any person (including agents, contractors or third party service providers) who provides administrative, telecommunications, computer, payment, data processing or other services in connection with the operation of the Company's business and provision of products and services to you; 向閣下提供與本公司產品及服務有關的行政、電訊、電腦、付款、數據處理或其他服務的任何人士(包括代理商、承包商或第三方服務提供者)；
- vii. any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies within or outside HKSAR; 於香港境內或境外任何法律、監管、政府、稅務、執法或其他機關，或自律監管機構或行業組織；
- viii. any third party in connection with a transfer or potential transfer of all or part of the business of the Company that some of the transferees may be located within or outside of HKSAR; 與本公司業務的轉讓或擬議轉讓有關的任何第三方，當中部分受讓方或位於香港境內或境外；
- ix. Your insurance agents, intermediaries or referrer. 閣下的保險代理人或中介人或介紹人。

**3. Access:** You have the right to ascertain what type of personal data the Company holds, whether the Company holds your personal data and, if so, the right to request access to and to request correction of any personal data concerning you held by the Company. Such request can be made to the Data Protection Officer of the Company at 20/F, Island Place Tower, 510 King's Road, North Point, Hong Kong. The Company has the right to charge a reasonable fee for processing a request to access your personal data access request.

**查閱：**閣下有權查明本公司持有個人資料的類別、本公司是否持有閣下的個人資料，如持有，閣下有權要求查閱本公司持有涉及閣下的個人資料以及要求對該等資料作出更正。閣下可向本公司的資料保障主任提出要求，地址為香港北角英皇道510號港運大廈20樓。本公司有權為處理閣下的個人資料查閱要求而收取合理費用。

### Amendment to the PICS 個人資料收集聲明的修訂

The Company reserves the right at any time, with or without notice, amends this PICS which will be found in our website or in writing to notify you how the Company will collect, use and transfers your personal data. Should there be any amendment to this PICS in the future, such amendment will become effective with immediate effect.

本公司保留權利可隨時且在無須通知的情況下，修訂本個人資料收集聲明，本公司亦可在本公司的網站或以書面形式知會閣下，閣下因而能得悉本公司如何收集閣下的個人資料、如何使用該資料及轉移該資料的情況。任何有關修訂將在刊登後即時生效。

### Declaration & Authorisation 聲明及授權

1. I/we hereby declare that the information given above is true and correct to the best of my/our knowledge and believe that all material facts affecting the assessment of this claim have been disclosed.

本人 / 我們聲明在本表格內所填報的資料均盡本人 / 我們所知為屬實及正確，並確信已披露所有足以影響評估本索償的重要事項。

2. I/we have been duly authorised by the person mentioned in this form to make the following declarations for and on his/her behalf.

本人 / 我們已獲列於本表格上的人士授權代他 / 她作出以下聲明。

3. I/we have read the PICS and agree that all personal information about me/us collected by the Company may be held and disclosed within or outside Hong Kong.

本人 / 我們已細閱個人資料收集聲明並同意所有 貴公司所收集有關本人/我們的個人資料可在香港或香港以外地區持有及披露。

4. I/we understand that providing the personal data requested on this form is mandatory, and failure to provide all the requested data may mean the Company is unable to process my/our claim.

本人 / 我們明白提供本表格上要求的個人資料是必需的，未能提供所需資料可導致 貴公司不能處理本人 / 我們的申請。

5. I/we understand that I/we have the right to seek access to and to request correction of any personal information about me/us held by the Company by writing to the Data Privacy Officer of the Company at 20/F Island Place Tower, 510 King's Road, North Point, Hong Kong.

本人 / 我們明白本人 / 我們有權查閱及更正任何 貴公司持有有關本人 / 我們的個人資料，並以書面形式通知 貴公司的資料私隱主任（地址為香港北角英皇道 510 號港運大廈 20 樓）。

6. I/we hereby agree to authorise any regulator or authority as required or permitted by law, police, Fire Services Department, insurance companies, any hospitals, physicians, medical practitioners to disclose to The Company or its representative any and all information with respect to the accident and/or my/our loss. I/we also authorise The Company or its representative to utilise such information and the like for the purpose of assessing my/our claim. A photocopy of this authorisation shall have the same legal effect as the original; and ;

本人 / 我們現同意授權任何法定的監督或管理機構、警方、消防處、保險公司、任何醫院、醫療專業人士、內外科醫生向 貴公司或其代表提供任何一切本人 / 我們於上述意外及 / 或本人 / 我們於上述損失有關的資料記錄。本人 / 我們亦授權 貴公司或其代表可就本人 / 我們索償的事宜而處理上述資料。本授權書的副本跟正本具有同等法律效力；及

7. I/we understand the issuance or completion of this Claim Form does not constitute admission of liability or guarantee payment of the claim on behalf of The Company.

本人 / 我們明白此索償表之發出及填寫並不代表 貴公司確認責任或保證賠償。

In the event of any discrepancy between the Chinese and English versions, the English version shall prevail.

如中文版與英文版之間有任何差異，一概以英文版為準。

\_\_\_\_\_  
Signature of Driver

司機簽署

\_\_\_\_\_  
HKID No.

香港身份證號碼

\_\_\_\_\_  
Date

日期

\_\_\_\_\_  
Signature of Insured

投保人簽署

\_\_\_\_\_  
HKID No.

香港身份證號碼

\_\_\_\_\_  
Date

日期

## Letter of Consent

Date:

To Whom It May Concern

Dear Sir/Madam,

Re: Traffic Accident on:  
Involving Driver:  
Involving Vehicle(s):

\_\_\_\_\_

I, the undersigned, would hereby give my consent and authorise you to release any relevant information and documentation pertaining to the captioned matter to Dah Sing Insurance Company (1976) Limited and/or their representative(s) for claims assessment and investigation.

Yours faithfully,

Signature : \_\_\_\_\_

Driver Name : \_\_\_\_\_  
(In Block Letter)

HKID / Passport No. : \_\_\_\_\_

Vehicle Registration No. : \_\_\_\_\_

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