

Motor Accident Claim Form

汽車意外索償表

Before sending in this form, please read below Important Information

請於交回此賠償申請表前細閱下面之索償注意事項：

- All questions must be answered. If not applicable, please write "N/A". You may attach additional sheet(s) if necessary.
所有問題必須作答。如不適用者，請填上『不適用』。如有需要，可附上額外紙張。
- Prepare the relevant documents listed on Part VI.
提供證明文件（請參閱第六部分）
- Any communication including letters, claims, writs, summons and legal document which the insured and / or the insured driver receive in any way connected with this accident must be notified and forwarded to Chubb Insurance Hong Kong Limited immediately upon receipt.
未經安達保險香港有限公司書面同意，請勿就財物損毀或人命傷亡承認任何責任、提出建議、給予承諾，支付任何款項或賠償。
- No admission offer, promise, payment or indemnity shall be made in respect of liability for property damage, bodily injury or death without the written consent of Chubb Insurance Hong Kong Limited.
未經安達保險香港有限公司書面同意，不得就財產損失、人身傷害或死亡責任作出承諾、付款或賠償。
- Additional documents may be required and to be forwarded upon request of Chubb Insurance Hong Kong Limited.
如有需要，安達保險香港有限公司將要求提供額外文件。

Part I - Insured and Driver Information 第一部份：保戶及駕駛者資料

Personal Particulars 個人資料

Name of Insured 保戶名稱：

(Eng)

(中文)

HKID Card No. of Insured 保戶香港身分證號碼：

Policy No. 保單號碼：

Correspondence Address 通訊地址：

E-mail Address 電郵地址*：

Mobile Phone No. 手提電話號碼*：

Name of Driver 駕駛者名稱 (if not the Insured 如非保戶)

(Eng)

(中文)

Occupation of Driver 駕駛者職業：

Relationship with the Insured 與保戶之關係：

Correspondence Address 通訊地址：

E-mail Address 電郵地址：

Mobile Phone No. 手提電話號碼：

Has the driver obtained his/her first driver license for 2 or more years?

Yes 是 / No 否

駕駛者已有駕駛執照 2 年或以上？

Date of the first driving license issued 駕駛者首次獲發執照日期 (DD 日 /MM 月 /YY 年)

Was the driver under the influence of intoxicating liquor or drug?

Yes 是 / No 否

駕駛者是否在醉酒或藥物影響下駕駛？

Was the screening breath test conducted after the accident? 駕駛者是否於意外後曾接受酒精測試？

Yes, breath test result is

microgram(s) of alcohol 是，結果為 微克酒精

No 否

*Correspondence may be sent to this email address and / or mobile phone no.

本公司或會以此電郵地址及 / 或手提電話號碼作聯繫用途

Part II - Motor Vehicle Information 第二部份：車輛資料

Information 車輛資料

Make 車廠		Model 型號		Registration No. 車輛登記號碼	
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Part III - Details of Accident 第三部份：意外詳情

Date 日期 : (DD 日 / MM 月 / YY 年)	Time 時間 : (am 上午 / pm 下午)	Location 地點 :
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Speed of the insured vehicle at the time of accident 遇事時受保車輛之行駛速率為： km 公里 / hour 每小時

In the driver's opinion, who was at fault? 遇事駕駛者認為那一方的過失？

Please describe how the accident happened. (This part must be completed even if police statement is attached)
請詳述該意外如何發生。(即使已隨附警方口供，仍須填寫此欄。)

Sketch prior to accident 遇事前草圖：	Sketch after accident 遇事後草圖：

Has the driver paid to / or received from any third party vehicle owner, driver, passenger and / or other person(s) as compensation to the damaged property and / or bodily injury?

駕駛者是否已付款予已收取任何第三者之車主、駕駛者、乘客及或其他人士作為損毀財物或人身損傷之賠償？

Yes 是 / No 否

If 'Yes' please state the amount involved and whom it was paid to / received from, together with a copy of the relevant receipt / agreement.

如「是」，請列明賠償金額及收款人 / 付款人之姓名及呈交有關收據 / 協議書之副本。

<input type="checkbox"/> The driver has paid to the third party 駕駛者已付款給第三者	Amount 金額：
<input type="checkbox"/> The driver has received compensation from the third party 駕駛者已收取第三者之賠款	Amount 金額：

If the other party was at fault, you must lodge a complaint to the police within 10 days of the accident

如閣下認為對方於本意外有過失，請於事發後 天內向警方提出投訴

At which police station was the accident reported 曾向哪所警署報案？	Police report no. 警方報案號碼：
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Date of report 報案日期 : (DD 日 / MM 月 / YY 年)	Have you lodged a complaint to the police against the other party / parties 閣下是否曾向警方投訴其他人士？ <input type="checkbox"/> Yes 是 / <input type="checkbox"/> No 否
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Part IV-Third Party Property Damage (If Applicable) 第四部份：第三者財產損壞 (如適用)

Name 姓名	Contact No./Email 聯絡電話 / 電郵	Description of Damage 損壞情況	Amount Claimed (HKD) 索償金額 (港元)

Part V- Third Party Body Injury (If Applicable) 第五部份：第三者受傷 (如適用)

Name 姓名	Contact No./Email 聯絡電話 / 電郵	Description of Damage 受傷情況	Name of Hospital 醫院名稱 (if hospitalised 如入院)

Did a paramedics attend the accident? 是否有救護員到場？ Yes 是 / No 否

Part VI- Required Documents Checklist 第六部份：所需文件指引

Below is a list of minimum documents required to proceed with your claim. In certain circumstances, more information may be required to substantiate the claim.

請提供下列文件。本公司有可能就個別情況要求進一步文件證明，以處理索償申請。

Type of Claim 索償類別	Documents Required (Please ✓ against the documents you have submitted.) 所需文件 (請✓您所提交的文件)
Basic for all types 所有索償類別的基本文件	<input type="checkbox"/> Completed Claim Form 索償表 <input type="checkbox"/> Copy of Driver's Identity Card 駕駛者身份證副本 <input type="checkbox"/> Copy of Driver's Driving License 駕駛者駕駛執照副本 <input type="checkbox"/> Letter of Consent Signed by the Driver 駕駛者已簽署的授權書 <input type="checkbox"/> Copy of Vehicle Registration Document (Both front and back page) 車輛登記文件副本 (正頁及背頁) <input type="checkbox"/> Copy of Police Statement of the Driver 報案記錄副本 <input type="checkbox"/> Copy of Screening Breath Test Report (if any) 酒精呼氣測試報告副本 (如有)

(Plus) As applicable below (額外所需文件) 如適用：

Own Damage 受保車輛損壞	<input type="checkbox"/> Repair Quotation/Estimate from the Appointed Garage 維修中心修理報價/估算
Theft 汽車失竊	<input type="checkbox"/> The Vehicle Purchase Contract/Receipt/Invoice 汽車購買合約/發票/收據
Third Party Property Damage 第三者財產	<input type="checkbox"/> Any Correspondences with Third Party Vehicle/Property Owner 任何與第三方車主/事主的通訊內容
Third Party Bodily Injury 第三者受傷	<input type="checkbox"/> Any Correspondences with Third Party Injured Person(s) 任何與第三方傷者的通訊內容

Part VII - Claim Payment method 第七部份：收取索償款項方式

(a) Chubb reserves the right to determine the claim payment method at its absolute discretion.

安達保留權利自行決定其償款項的付款方式。

(b) I/ We hereby request and authorize Chubb Insurance Hong Kong Limited to pay benefit due in respect of this claim by (Please tick the appropriate box to indicate your choice):

我 / 我們在此要求並授權安達保險有限公司用以下方式支付索償款項 (請以剔號選擇)：

Local Bank Account Details 本地銀行賬戶資料

Account Holder's Name 賬戶持有人姓名：	Bank Name 銀行名稱：
Bank Code 銀行號碼：	Account Number 賬戶號碼：

Cheque in HKD 港幣支票

Part VIII - Declaration & Authorization 第八部份：聲明及授權

I/ We declare that to the best of my knowledge and belief the above statements and particulars contained are in all respects true and complete and are made without reservation of any kind. I/We hereby authorize any Police Force to disclose to Chubb Insurance Hong Kong Limited and / or their authorized adjudicator / surveyor, any and all information including a copy of my statement concerning this occurrence for the purpose of assessment of an insurance claim. A photocopy of this authorization shall be considered as effective and valid as the original.

I/ We further hereby declare and agree, that the personal information collected or held by Chubb Insurance Hong Kong Limited, whether contained in this claim form or otherwise obtained, may be used by Chubb Insurance Hong Kong Limited or disclosed to any individual or organization such as legal firms, accountants, actuaries, loss adjudicators and claims investigators, doctors and other medical service provider within or outside Hong Kong and as more particularly set out in the Chubb Privacy Information Collection Statement 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. I/ We understand that if I/We do not

provide such consent, or revoke my / our consent, Chubb Insurance Hong Kong Limited may not be able to process or assess my/our claim. A copy of the Chubb Privacy Information Collection Statement can be found at www.chubb.com/hk.

Any persons from whom Chubb Insurance Hong Kong Limited has collected information as aforesaid shall have the right of access to and to request correction of any personal information concerning themselves held by Chubb Insurance Hong Kong Limited. A request for such access may be made to the Personal Data Privacy Officer of Chubb Insurance Hong Kong Limited at 39/F, One Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong.

本人 / 吾等謹此聲明本人確信以上所填報之資料及所列各項之事件乃屬完全真確並無作任何資料之保留。本人茲授權任何警務處披露任何及所有有關此事件的資料，包括本人 / 吾等的口供副本予安達保險香港有限公司，及其委託之公證行，以便評估本人的保險索償。此授權書之副本亦屬有效。

本人 / 吾等亦在此聲明及同意由安達保險香港有限公司所收集或持有的個人資料，不論包含在這索償表格或以其他方式獲取，均可供安達保險香港有限公司使用或各在香港境內或境外之任何人士或機構例如律師事務所、會計人員、精算師、公證人、索償調查員、醫生及其他醫護服務提供者及其他已載於安達收集個人資料聲明之人士及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。本人 / 吾等明白如本人 / 吾等不同意或撤回此聲明，安達保險香港有限公司或未能處理及評核本人 / 吾等之索償。安達收集個人資料聲明之副本已載於 www.chubb.com/hk。

就提供上述資料的任何人士有權查閱及要求更改安達保險香港有限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，可向安達保險香港有限公司之個人資料私隱主任提出，地址為香港鰂魚涌英皇道 979 號太古坊一座 39 樓。

Signature 簽署

Signature of Insured 保戶簽署：	Name of Insured 保戶姓名： (In BLOCK CAPITALS 請以正楷書寫)
Date Signed 簽署日期： (DD 日 /MM 月 /YY 年)	HKID Card No. of Insured 香港身份證號碼：
Signature of Driver 駕駛者簽署：	Name of Driver 駕駛者姓名： (In BLOCK CAPITALS 請以正楷書寫)
Date Signed 簽署日期： (DD 日 /MM 月 /YY 年)	HKID Card No. of Driver 駕駛者香港身份證號碼：
Authorized Signature and Stamp of Insured 保戶授權簽署及蓋章 (If Insured is a company 如保戶為公司)	Name of Authorized Signatory 簽署人姓名： (In BLOCK CAPITALS 請以正楷書寫)
Date Signed 簽署日期： (DD 日 /MM 月 /YY 年)	Title of Authorized Signatory 簽署人職銜：

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