TRINITY GENERAL INSURANCE COMPANY LTD.

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三 聯 保 險 有 限 公 司

MOTOR VEHICLE ACCIDENT REPORT
汽車意外報告書

IMPORTANT
重要事項

1. All accidents must be reported to the nearest Police Station.
   所有意外事件均須向就近警署報案
2. This Report Form must be fully and accurately completed, irrespective of whether it is in favour of the Insured / Driver or otherwise.
   無論情況是否不利於保戶 / 駕駛者，報告書內之提問均需詳盡作答。
3. Never admit liability in any way or make any offer or promise of payment to any party without prior consent from the Company. If you receive any communication summons &/or writ in any way connected with the Accident, please immediately forward them unanswered to the Company.
   未得本公司同意，任何人士不能擅作承諾或賠償協議，一切有關此意外之函件及傳票等必須立即交由本公司處理。
4. The acceptance of this Report by the Company cannot be construed as admission of liability.
   向本公司呈交此報告書並不表示本公司必須承擔此意外之賠償責任。
5. If the estimate exceeds the "Authorized Repair Limit" mentioned in the Policy, the consent of the Company after appropriate assessment must first be obtained before the repairs can be carried out.
   如修理費估價超出保單內之 " 授權修理限額 " ，須由本公司審核後方可開始修理工程。
6. The following documents should be presented with this Accident Report:-
   A. Photocopy of Motor Vehicle Registration Document
   B. Photocopy of driver's identity card
   C. Photocopy of driver's driving licence
   D. Certificate of Particulars of Driving Licence issued by Transport Department to the driver
   E. Hire Agreement of the Motor Vehicle, if any
   F. Any Police Documents

   下列文件須連同此意外報告書一併呈交
   (一) 車輛登記証副本
   (二) 駕駛者身份証副本
   (三) 駕駛者駕駛執照副本
   (四) 運輸署簽發與駕駛者之駕駛執照細節証明書
   (五) 租車合約
   (六) 所有警方文件

PARTICULARS OF THE INSURED 保戶資料

Policy No. 保單號	Expiry Date 到期日 .....
Insured's Name 保戶名稱	Tel. No. 電話 .....
Business/Profession/Occupation 營業性質/職業	
Address 地址	Tel. No. 電話 .....
Correspondence Address 通訊地址	Tel. No. 電話 .....

PARTICULARS OF THE VEHICLE 汽車資料

Registration No. 車輛號碼	Year of Manufacture 製造年份	Make & model 廠名及型號	G.W. / C.C. 總重量/汽缸容量	Chassis & Engine Nos. 車身及引擎號碼	Manual / Auto 棍波 / 自動波	Modification 改裝

USAGE AT THE TIME OF ACCIDENT 發生意外時之用途

☐ For private use 私人用途 ☐ For business use 公事用途 ☐ For hire / reward 租賃 / 收費 ☐ For test / trial 試驗 ☐ For racing 競賽 ☐ Others 其他 .....

Purpose of the trip
此程目的 .....

Details of passengers or goods carried
載客載貨詳情 .....

PARTICULARS OF DRIVER 駕駛者資料

Driver's Name
駕駛者名稱 ..... H.K.I.D. No. 身份証號碼 .....

Business/Profession/Occupation
營業性質/職業 .....

Address
地址 ..... Tel. No. 電話 .....

Correspondence Address
通訊地址 ..... Tel. No. 電話 .....

Driving Licence No. 駕駛執照號碼 ..... Issue Date 簽發日 ..... Expiry Date 到期日 ..... Driving Experience (Yr.) 駕駛經驗(年) .....

Liquor and/or drugs taken by the Driver prior to the accident 意外發生前駕駛者可曾服藥或飲酒 ☐ Yes 是 Details 詳情 .....

☐ No 否

Particulars of the Driver suffered from the followings:- 駕駛者可曾患上以下症狀

☐ Heart failure 心臟病 ☐ Diabetes 糖尿病 ☐ Epilepsy 癲癇病 ☐ Mental unbalance 精神病 ☐ Defective vision 視覺失常 ☐ Defective hearing 聽覺失常 ☐ Physical infirmity 體能缺陷

Particulars of offence(s) convicted by the above-mentioned Driver during the past 3 years in connection with the driving of any motor vehicle.
上述駕駛者在過往三年內曾駕車遇事被控判罰詳情

Particulars of the claim made for the last 3 years under Motor insurance policy. 過往三年任何要求賠償詳情

The Driver's relationship with the insured 駕駛者與保戶之關係

☐ Friend 朋友 ☐ Employee, state length of employment 僱員在任時間 .....

☐ Hire 租車 ☐ Relative, specify 親戚，述明 .....

The Driver drove the vehicle with the Insured's permission
保戶同意駕駛者駕駛該車 ☐ Yes 是 ☐ No 否

Use continuation sheet if necessary 需要時請加附頁

Police Information 警方資料

Reporting Police Station 報案之警署 File No. 案號

Name and No. of the Investigating Officer 調查之警員名稱及編號

DETAILS OF THE ACCIDENT 意外詳情

Date
日期 ..... Time 時間 ..... a.m. / p.m. 上午 / 下午

Place
地點 .....

Weather 天氣 ☐ Fine 晴 ☐ Cloudy 多雲 ☐ Foggy 有霧 ☐ Raining 下雨 ☐ Rainstorm 雷暴

Visibility 視野 ☐ Clear 清楚 ☐ Not clear 不清 ☐ Concealed/Blocked by 隱蔽 被遮檔 .....

Road Surface 路面 ☐ Dry 乾 ☐ Wet 濕 ☐ Sandy 多沙 ☐ Muddy 泥濘 ☐ Greasy 油污 ☐ Rough 不平 ☐ Smooth 平坦 ☐ Upslope 上斜 ☐ Downslope 下斜

Speed Limit 速度限制 ..... Speed 意外時車速 ..... Gear in Use 排擋 .....

The vehicle was under control prior to the accident 意外前該車行駛正常 ☐ Yes 是

☐ No, because of defective 否 因為有毛病 ☐ Brake 煞車掣 ☐ Clutch 離合器 ☐ Accelerator 油門 ☐ Steer 駕駛盤 ☐ Punctured tire 爆軚 ☐ Bald tire 光頭軚 ☐ Others 其他 .....

The accident was caused by myself/other party because of 意外由本人 / 他人而起，因為

☐ Turn 轉彎 ☐ U-turn 掉頭 ☐ Take over 扒頭 ☐ Change lane 換線 ☐ Emergency stop 緊急煞車 ☐ Cross over lane 過界 ☐ Cross over opposite carriageway 超越車線

DETAILS OF THE ACCIDENT 意外詳情

Sketch 草圖

Description of Incident 事件過程

Vehicle was towed by Police after the accident 意外後車輛是否被警方拖走 ☐ No 否 ☐ Yes 是 Detained at: 扣留於 Release Date 取回日期

PERSON(S) WILLING TO WITNESS THE INCIDENT 願意作證人士

Name 姓名	Name 姓名
Address & Phone No. 地址及電話	Address & Phone No. 地址及電話
Relation with Driver 與駕駛者的關係	Relation with Driver 與駕駛者的關係
Information Provided to Police 資料已提供警方	Information Provided to Police 資料已提供警方

OWN DAMAGE 己方損失

Damaged portion & Extent of damage
損毀部份及損毀程度 .....

☐ The damaged vehicle can still be driven for use. 損毀車輛尚可供使用
☐ The damaged vehicle was towed/delivered for repair. 損毀車輛已拖 / 送往修理
☐ Own repair, for record purpose. 自行修理，只作備案

The damaged vehicle can be inspected at 可往下述地點檢查該車

Contact person 聯絡人 Tel. No. 電話

Estimated repair charges 維修費估價

Detailed estimate of repair costs issued by garage should be presented with this Accident Report 修車房之修理估價單須連同此意外報告書一併呈交

WOUNDED PERSON(S) IN OWN VEHICLE 己方受傷人士

Name 姓名 Age 年齡 Sex 性別	Name 姓名 Age 年齡 Sex 性別
Address & Phone No. 地址及電話號碼	Address & Phone No. 地址及電話號碼
Profession 職業	Profession 職業
Relation with Driver 與駕駛者之關係	Relation with Driver 與駕駛者之關係
Condition of injury 傷勢	Condition of injury 傷勢
In-patient 留醫 ☐ No 否 ☐ Yes 是 at 在 _____ Hospital 醫院	In-patient 留醫 ☐ No 否 ☐ Yes 是 at 在 _____ Hospital 醫院

Use continuation sheet if necessary 需要時請加附頁

INJURY & DAMAGE TO OTHER PARTY 對方損失及受傷情況

OTHER PARTY'S VEHICLE 對方車輛

Registration No. 車輛號碼			
Type & Colour 類型及顏色			
Driver's Name & Driving Licence No. 駕駛者姓名及駕駛執照號碼			
Driver's Address & Phone No. 駕駛者地址及電話			
Damage portion & Extent of damage 損毀部份及損毀程度			

WOUNDED PERSON(S) IN OTHER PARTY'S VEHICLE 對方車內受傷人士

☐ Nil 無 Total 總人數 ..... of which 其中 male 男 ..... female 女 ..... child 兒童 ..... baby 嬰兒 .....

Condition of Injury 傷勢

WOUNDED PEDESTRIAN(S) 受傷途人

Name 姓名 Profession 職業 Sex 性別 Age 年齡

Address & Phone No. 地址及電話號碼

Condition of injury 傷勢

In-patient 留醫 ☐ No 否 ☐ Yes 是 at 在 _____ Hospital 醫院

THIRD PARTY PROPERTY DAMAGE 他人財物損毀

Use continuation sheet if necessary 需要時請加附頁

DRIVER'S COMMENT ON THIS INCIDENT 駕駛者對此事評語

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 pay or receive any payment to or from the third party?
遇事後受保駕駛人有否付給或收取任何款項予第三者?

☐ Yes, paid / received* an amount of 有,已付 / 收取*款項 ..... to / from* third party 予 / 由*第三者 ☐ No 否

*delete where inapplicable
*刪除不適用者

Immediately after the accident did the insured driver has 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之和解協議?

☐ Yes, details 有,詳細如下 ..... ☐ No 否

DECLARATION 聲明

I/We hereby declare that the information given on this report is true to the best of my/our knowledge and belief.
上述所填報之資料乃盡本人 / 我們所知所信而提供，而且全部屬實。

I/We agree that the information provided to and held by the Company is collected that may be used for (i) any insurance related product or service or any alteration, variation, cancellation, or renewal of them and (ii) any claim or analysis of it, and may be transferred to any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation or other service providers providing services relevant to insurance business or any association or federation of insurance companies.
本人/本公司謹同意三聯保險有限公司將本人/本公司提供之資料可作以下用途 : (i) 任何有關保險服務，包括更改投保資料，取消保險單或續保等；(ii) 任何索償及其分析事宜；本人/本公司並同意三聯保險有限公司可能轉介投保資料至其關連公司、或其他保險公司、再保險公司、或其他相關服務提供者如中介人，理賠服務、調查機構；或至保險業聯會或協會。

Signature of Driver
駕駛者簽名

Signature of Insured
保戶簽名

Date
日期

Date
日期