

**MSIG**

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Notice of Motor Vehicle Accident 汽車失事通知書

FOR OFFICE USE ONLY

此欄由公司填寫

Policy Cover: Claim No.
 Agency Excess HK\$
 Date of Accident D/D

Insured 受保人	Full Name 全名		HKID No. 香港身份證號碼	Age 年齡	
	Address 地址		Home Tel. No. 住宅電話號碼	Mobile Tel. No. 手提電話號碼	
	Policy Number 保單號碼		Expiry Date 到期日		
	Business Address 辦事處地址		Business Tel. No. 辦事處電話號碼	Occupation 職業	
Vehicle 汽車	Make 車廠		Year 年份	Reg. No. 車牌號碼	
	Engine No. 機器號碼		Details of H.P. 馬力為(匹)		
	Details of any modification from standard specifications? <input type="checkbox"/> Yes, e.g. <input type="checkbox"/> No 詳列該車有無任何改裝? 有, 如 沒有				
Usage 用途	Journey From 當時車輛由		To 去		
	State Precise Purpose of Journey 此行目的為				
	Details of goods or equipment being carried at time 有關當時所載貨物或器材之詳情				
	Was something being on tow? <input type="checkbox"/> Yes <input type="checkbox"/> No 有否用車輛拖動其他物件? 有 沒有		If yes, what was on tow? 如有, 被拖動之物件為?		
	Whether for Hire or Reward? 是否用於租賃或收費性質?				
Driver 駕駛人	Full Name 全名		Age 年齡	HKID No. 香港身份證號碼	
	Home Address 住宅地址		Home Tel. No. 住宅電話號碼		
	Business Address 辦事處地址		Business Tel. No. 辦事處電話號碼		
			Occupation 職業		
	Driver's Licence No. 駕駛執照號碼		Full Licence being first held on 於何時開始持有有效駕駛執照 年 月		
	Date Issued 發出日期 年 月 日		Class of Licence (State if Provisional Licence) 執照類別(如臨時駕駛執照者請示知)		
	Valid to 有效日期至 年 月 日				
	Has the Driver even been convicted of any offence or penalty or fine in connection with any motor vehicles? 駕駛者以往有否就任何車輛被判罰或刑罰或罰款?				
	State quantity of intoxication liquor or drugs consumed by the driver during 12 hours prior to accident: 駕駛者於意外發生前十二小時內所飲酒或服藥之數量為:				
	Has the driver even been refused insurance or had special terms imposed? 駕駛者曾否被拒絕購買保險或被要求附加特別條件?				
	Does the driver suffer from any physical disability such as Heart Diseases, Diabetes or Epilepsy? 駕駛者是否有身體傷殘如心臟病、糖尿病或癲癇病?				

If Driver other than the Insured 如駕駛者若非受保人										
State if driving with the Insured's permission 寫出駕駛者用車是否已得受保人同意										
Was vehicle being used on the business of the Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No 該車輛是否用於受保人之業務? 是 否 If yes, nature of business is 若是, 該項業務性質為										
Was the driver in the employment of the Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No 駕駛者是否為受保人之僱員? 是 否 If yes, length of service is 若是, 已僱用時間為										
If no, what is the relationship between the Insured? 若否, 請述與受保人之關係										
Whether the driver is an owner of a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No 駕駛者本人是否擁有車輛? 是 否 If yes, name of the Insurer is Policy No. Vehicle No. 若是, 其投保之保險公司為 保單號碼 車牌號碼										
Was the driver's own vehicle being involved in this accident? <input type="checkbox"/> Yes <input type="checkbox"/> No 是次意外有否涉及駕駛者自己之車輛? 有 沒有										
Details of Accident 有關意外之細節	Date	Year	Month	Day	Time	Hr.	Mins.	AM/ PM	Place	
	日期	年	月	日	時間	時	分	上午/ 下午	地點	
	Weather 天氣				Road Surface 路面 <input type="checkbox"/> Wet 濕 <input type="checkbox"/> Dry 乾 <input type="checkbox"/> Smooth 平整 <input type="checkbox"/> Rough 不平整					
	<input type="checkbox"/> Uphill <input type="checkbox"/> Downhill <input type="checkbox"/> Flat 上斜坡 下斜坡 平路				Speed prior to impact MPH 發生意外前之車速為 哩/ 時					
	What lights being used by you 你當時所亮為 燈				By other party (if any) 對方所亮為 (如有) 燈					
	Were street lights on? <input type="checkbox"/> Yes <input type="checkbox"/> No 當時是否有亮街燈 有 沒有									
	Did you signal? 你有無打訊號?		By hand: <input type="checkbox"/> Yes <input type="checkbox"/> No 用手: 有 沒有		By indicator: <input type="checkbox"/> Yes <input type="checkbox"/> No 用訊號燈: 有 沒有		By horn: <input type="checkbox"/> Yes <input type="checkbox"/> No 按喇叭: 有 沒有			
	Did other party signal? 對方有無打訊號?		By hand: <input type="checkbox"/> Yes <input type="checkbox"/> No 用手: 有 沒有		By indicator: <input type="checkbox"/> Yes <input type="checkbox"/> No 用訊號燈: 有 沒有		By horn: <input type="checkbox"/> Yes <input type="checkbox"/> No 按喇叭: 有 沒有			
	Describe how accident happened 意外發生經過之詳情									
	Sketch 現場草圖									
Who do you consider at fault and reasons 你認為是誰人過錯及陳述理由										
Have you ever made commitment to other parties on settlement of their damages? 你有否答應對方作出賠償? <input type="checkbox"/> Yes, please state details <input type="checkbox"/> No 有, 所作出之賠償承諾為 沒有										
Have you ever made complaints to the Police regarding the attitude of other parties? <input type="checkbox"/> Yes <input type="checkbox"/> No 你有否向警方投訴對方之駕駛態度? 有 沒有										

Police 警方	Which Police Station was the accident reported to 該意外已向那一所警署報案			
	Policy Report No.: 報案號碼:			
	Did they take measurement & sketch? <input type="checkbox"/> Yes <input type="checkbox"/> No 有否在現場量尺寸及繪有草圖? 有 沒有			
	Whether any action is being taken against Driver by the Police? <input type="checkbox"/> Yes <input type="checkbox"/> No 警方曾否向駕駛人提出控訴? 有 沒有 If yes, please state details 若有, 請述詳情			
Claim Settlement Method 賠償方法	To quicken our settlement for any valid claim, please provide your banking details if you prefer direct credit. We must stress that this request should not be treated as an admission of our liability whatsoever means by law. Finally, we hereby reserve all rights for assessing your claim subject to terms, conditions and exclusions of the related policy. 在成功審批賠償後, 本公司可以將賠款直接過戶。如閣下選擇此項服務, 敬請提供銀行名稱和戶口號碼。本公司特此聲明, 此項要求並不代表閣下之索償現正獲成功審批。有關決定, 本公司在收齊證明文件後, 將根據保單一切條款才作最後審批, 敬請留意。 For claim payment (if any) direct credit to Policyholder's bank account, please complete all of the following: 本公司將賠償款項(如有)直接存入閣下之戶口, 請填寫以下資料:			
	Account Holder's Name (Must be the same as the Policyholder 必須與保單持有人相同) 戶口持有人姓名			
	Bank Name 銀行名稱	Bank Code 銀行編號	Branch No. 分行號碼	Bank A/C No. 銀行帳戶號碼
Declaration 聲明	I/ We hereby declare the foregoing particulars to be true in every respect and that I/ We have no other policy of insurance indemnifying me/ us in respect of this accident and I/ We undertake to give MSIG Insurance (Hong Kong) Limited all assistance in my/ our power in dealing with the matter. 本人/ 余等謹聲明上述細節為全部真確, 是次意外並無其他保單給予本人/ 余等賠償, 本人/ 余等並將全力協助 MSIG Insurance (Hong Kong) Limited 辦理有關事項。 I believe that the facts stated in this claim form are true and correct. I acknowledge that the Insurers will rely upon the information supplied by me / the policyholder / the insured, which I verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory / the policyholders / insured under this 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. 本人確認此索償申請書內之事實均為真實及正確。本人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(該等提供的資料本人誠實地相信是真實和正確的), 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。 Date SIGNATURE OF INSURED 日期 受保人簽署			
	Date SIGNATURE OF DRIVER 日期 駕駛者簽署			
Important Notes 重要事項	IF YOU RECEIVE ANY COMMUNICATION IN ANY WAY CONNECTED WITH THE ACCIDENT, PLEASE FORWARD THEM UNANSWERED TO THE COMPANY IMMEDIATELY. 受保人若收到任何有關是次意外之文件或通知書, 請勿予以回覆, 並應立即將該等文件或通知書交回本公司。 THE DRIVER IS REQUIRED TO SIGN THE LETTER OF AUTHORISATION ATTACHED TO THIS NOTICE: 駕駛者必須簽署本通知書內之授權書。 PLEASE SUBMIT A COPY OF THE FOLLOWING DOCUMENTS WHEN RETURNING THIS NOTICE: 於遞交本意外通知書時, 請同時提交下列文件之副本: 1. HONG KONG VEHICLE REGISTRATION DOCUMENT (BOTH SIDES) 香港車輛登記文件 (正面及背面) 2. DRIVER'S HKID CARD AND DRIVING LICENCE 駕駛者之身份證及駕駛執照 N.B.: The writing in Chinese characters is inserted for information of the Insured and does not form part of this Notice. 注意: 本通知書上之中文翻譯只為便利受保人了解通知書之內容而設, 該等翻譯並不應被視作此通知書之一部份。			