


Notice of Motor Vehicle Accident 汽車失事通知書

M23

- You can report a claim anytime, anywhere around the world, simply click on the following for online claim lodgement:-
 您可以隨時隨地在世界各地申請索賠，只需點擊以下網址提出申請：
 URL : <https://forms.msig.com.hk/Forms/ClaimMotor> QR : 
- Please complete and submit this Claim Form to us within 30 days from the date of accident, together with relevant supporting documents. Further information may be needed in the future.
 - Post: MSIG Insurance (Hong Kong) Limited - Macau Branch, Claims Division
 Avenida Da Praia Grande, No. 693 Edif. Tai Wah 13 Andar A & B, Macau
 請將填妥之索償表格連同有關證明文件，並於事發後 30 天內呈交本公司。稍後可能需提供進一步資料。
 - 郵寄地址：三井住友海上火災保險(香港)有限公司 澳門分公司 理賠部
 澳門南灣大馬路 693 號 大華大廈 13 樓 A & B 座
- For inquiry, please call our Claims Services Hotline at (853) 2892 3329.
 如有任何查詢，請致電我們的賠償服務熱線 (853) 2892 3329。

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。
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：

- PROPERTY REGISTRATION & CAR REGISTRATION 登記摺及車契
- OWNER'S ID CARD & DRIVING LICENCE 車主之身份證及駕駛執照
- DRIVER'S ID CARD AND DRIVING LICENCE 駕駛者之身份證及駕駛執照

Policyholder's Details and Description of Vehicle 保單持有人資料及汽車摘要

Vehicle Registration Number 車輛登記號碼		Policy No. 保單編號	
Make and Model 廠名及型號			
Surname in English 姓(英文)		Given Name in English 名(英文)	
Company Name (if applicable) 公司名稱(如適用)			
Contact Details 聯絡人資料			
Surname in English 姓(英文)		Given Name in English 名(英文)	Gender 性別 <input type="checkbox"/> M 男 / <input type="checkbox"/> F 女
Email Address 電郵		Mobile/Contact No. 手提電話/聯絡電話	
Correspondence Address 聯絡地址			
If we need to contact you in written, which method would you prefer most? 如本公司需要以書面聯絡閣下，您認為那一種聯絡方式比較適合？		<input type="checkbox"/> Mail 郵件 <input type="checkbox"/> Email 電子郵件	

Driver Details 肇事司機資料

Surname in English 肇事司機姓(英文)		Given Name in English 名(英文)		Gender 性別 <input type="checkbox"/> M 男 / <input type="checkbox"/> F 女
Driving License No. 駕駛執照號數		ID No. / Passport No. 身份證/護照號碼	()	Age 年齡
Mobile/Contact No. 手提電話/聯絡電話		Occupation 職業		No. of Years holding the driving license 持有駕駛執照之年數
Relationship with the Insured 與受保人之關係	<input type="checkbox"/> Same 屬同一人 <input type="checkbox"/> Employer or Employee 僱主或僱員 <input type="checkbox"/> Relative or friend 親屬或朋友 <input type="checkbox"/> Other, please specify 其他，請註明：_____			
Correspondence Address 聯絡地址				
Did the driver consume any alcohol or drugs in the 12 hours before the incident? 事故發生前 12 小時，肇事司機是否有喝酒或服食藥物？			<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 不是	
Was the driver being authorized by the owner to drive the vehicle? 車主是否已授權給予肇事司機駕駛其車輛？			<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 不是	
Has the Driver ever 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、刑罰或罰款？				
<input type="checkbox"/> Yes, please specify 有，請註明： <input type="checkbox"/> No 沒有				

Details of Accident 有關意外之細節			
Date (dd/mm/yy) 日期 (日/月/年)		Time 時間	
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
Place of incident 事故發生地點			
State Precise Purpose of Journey 明確說明行程的目的	<input type="checkbox"/> For Domestic Use 私人/個人用途 <input type="checkbox"/> Other, please specify 其他, 請註明: <input type="checkbox"/> For Business Use 商業/業務用途 <input type="checkbox"/> For Hire or Reward 出租或收取報酬		
Please describe how the incident happened* 請詳述事故發生經過			
(If there is insufficient space on the claim form, please specify the details on a separate sheet clearly and indicate which section the information relates to. 如空位不足, 請另附紙張填寫, 並列明所述的項目名稱。)			
Sketch 現場草圖			
Was the insured vehicle damaged? 受保車輛有沒有損壞?	<input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes, please state details 有, 請描述損壞情況: _____		
Who do you consider at fault and reasons 你認為是誰人之過錯及陳述理由			
Have you ever made commitment to other parties on settlement of any damages? 你有否答應向對方作出或接受對方之賠償?	<input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes, please state details 有, 賠償細節為: _____		
If the policy is comprehensive cover, please advise whether you want to claim own damage under the policy. 若購有綜合保險, 閣下是否向本公司申索汽車損壞之索償?			<input type="checkbox"/> Yes 是 <input type="checkbox"/> Report Only 純屬備案
Name of repairer 維修車房之名稱		Contact No. 聯絡電話	
Address 地址			
N.B.: Repairs may not be put in hand without the Company's prior consent. 注意: 未得本公司同意不得修理車輛			
Details of Police Report 報案資料			
Has the incident reported to the police? 是次事件有否已向警方報案?		<input type="checkbox"/> No 不是 <input type="checkbox"/> Yes, please provide the information below 是, 請提供下列資料	
Which Police Station was the incident reported to 該意外已向那一所警署報案			
Date of report (dd/mm/yy) 事故報告日期 (日/月/年)		Reference no. of the police report 報案編號	

Details of Witnesses & Passengers in Your Own Vehicle 見証人及己方車內乘客資料			
Type 類別	Name 姓名	Address & Contact No. 地址及聯絡電話	Relationship with Driver 與駕駛者之關係
<input type="checkbox"/> Witness			
<input type="checkbox"/> Passenger			
<input type="checkbox"/> Witness			
<input type="checkbox"/> Passenger			
<input type="checkbox"/> Witness			
<input type="checkbox"/> Passenger			

Particulars of Third Party 第三者資料			
Was the accident involved third party property damage and/or bodily injury? 意外是否涉及第三者財物損失及/或人身傷亡?		<input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes, please provide the information below 是, 請提供下列資料	
What is/ are the nature(s) of third party claims? 第三者索償是什麼性質?		<input type="checkbox"/> Property damage 財物損失 <input type="checkbox"/> Bodily injury 身體受傷 <input type="checkbox"/> Both 兩者皆是	
Third party Property Damage (Including Government Properties) 第三者財物損失 (包括政府公物)			
Vehicle No. / Damage Items 車輛登記號碼/損壞物品	Brief details of damage 簡述損毀情況	Owner's Name & Contact Details 車主/物主姓名及聯絡方法	Estimated cost 估計金額:

Third party Bodily Injury 第三者身體受傷			
Was there any person(s) injured in the accident? 是次事件是否涉及人身傷亡?		<input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes, please specify 有, 請註明	
Identity of injured person(s) 傷亡者之身份		Number of injured person 傷亡人數數目 <input type="checkbox"/> Driver in other vehicle(s) 其他車輛之司機 <input type="checkbox"/> Pedestrian 行人 <input type="checkbox"/> Passenger in other vehicle(s) 其他車輛之乘客 <input type="checkbox"/> Bicyclist 騎單車的人 <input type="checkbox"/> Passenger in Insured vehicle 受保車輛之乘客 <input type="checkbox"/> Other 其他: _____	
Name of injured person 傷者姓名	Extent of injury 受傷程度	Contact No. &/or address of Injured 傷者聯絡號碼及地址	Taken to hospital? 有沒有送往醫院?
			<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有
			<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有
			<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有

***IMPORTANT - Please send us all correspondence directly relating to any third party claim, and do not admit any liability to the third party. 重要事項 — 如收到第三者的索償信件, 請勿私下作出回覆。閣下必須將該等信件交予本公司。**

Declaration & Authorisation 聲明及授權	
1. I/ We declare that the above information is in all respect true and complete to the best of my/ our knowledge and belief; 本人(等)就此聲明, 以上所述事項均根據本人(等)所知及所信的情況下提供, 並且為正確及並無遺漏;	
2. It is agreed that upon request by MSIG Insurance (Hong Kong) Limited - Macau Branch. I/We shall make a statutory declaration to re-affirm the genuineness of all the information contained in this claim form; and 若三井住友海上火災保險(香港)有限公司 澳門分公司 提出有關要求, 本人(等)將同意作出重申本索償申請表內資料均屬真確的法定聲明; 及	
3. I, the undersigned claimant, hereby authorise any party concerned to disclose to MSIG Insurance (Hong Kong) Limited - Macau Branch or its representative any and all information with respect to my claimed loss/ damage a photostat copy of this authorisation shall be as effective and valid as the original. 本人為下方簽署之索償人。本人現授權有關人士向三井住友海上火災保險(香港)有限公司 澳門分公司或其代表提供任何一切有關本人於上述索償項目中申報的財物損失的資料記錄。本授權書之影印本的法律效力等同正本。	
4. 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 person, 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 person 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(本人誠實地相信該等資料是真實和正確的), 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。	
Signature of Insured Person 受保人簽署 (with company chop if applicable 如屬公司請蓋章) ID No. 身份證號碼 () Date 日期	Signature of Driver 駕駛人簽署 ID No. 身份證號碼 () Date 日期

Appendix: Notice to customers relating to Law no. 8/2005 Personal Data Protection Act ("the Act")

MSIG Insurance (Hong Kong) Limited ("MSIG", "we" or "us") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

Privacy Policy

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone without your consent. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agents, contractors or third parties who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purposes. If you have any questions or inquiries regarding our Privacy Policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the 'Privacy Policy' link on our website homepage at msig.com.hk. You should check the Privacy Policy regularly for changes.

Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customer, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product or any claim made under the Product.

If you do not provide us with your personal data, we may not be able to provide the Product you need or process your request.

We may use your personal data for:-

- processing and evaluating your insurance application and any variation or renewal of the Product;
- administration of the services and facilities in relation to the Product provided to you;
- conducting identity and/or credit checks;
- invoicing, processing payment instructions and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product;
- conducting statistical or actuarial research and/or analysis by us;
- automated decision-making processes, including profiling, for risk assessment and claims management;
- other ancillary purposes which are directly related to the above purposes;
- conducting matching procedures or similar activities as defined under the relevant laws in Macau;
- complying with applicable laws, regulations or any industry codes or guidelines; and
- detecting, investigating and preventing fraud and/or other illegal activity (whether or not relating to the Product issued in respect of this application).

In connection with any of the above purposes, the personal data that we have collected might be disclosed or transferred to the following persons and/or entities (who may be located within or outside of Macau, or may process or store your personal data outside of Macau):

- third party agents, contractors, service providers and advisors (including but not limited to debt collection agencies, credit reference bureaus or call centers) who provide administrative, communications, computer, data processing and storage, payment, security, information technology, marketing or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance

- service providers, telemarketers, mailing houses, IT service providers and data processors);
- loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance intermediary;
- our legal and professional advisors;
- our related companies that are part of our corporate group, including, without limitation, any parent company, subsidiary, affiliate, or any other entity under common ownership or control, as defined under the related laws in Macau;
- Macau Insurers' Association (or any similar insurance industry association or federation);
- government agencies and authorities as required or permitted by law;
- the police and fraud investigation or prevention organizations;
- databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; and
- in the event that we transfer all or a substantial part of our business to another company, the transferee of that business, who may then use your personal data to continue carrying out that business.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

MSIG also intends to use your name, your address, your phone number and email address from time to time to provide marketing materials and conduct direct marketing (including but not limited to promotion, marketing and sales) of the Product.

If you do not wish MSIG to use your personal data for direct marketing as listed above, you should tick the box on the right and send us a copy of this Notice at the address listed below together with the required information which are necessary for us to process your opt-out request. You may also notify us by filling in the "Enquiry form – Opt-out from direct marketing activities" on our website at msig.com.hk. In your notification, you must supply the same required information as listed below.



To enable us to process your opt-out request, please provide us below information and send to: The Data Protection Officer at Avenida Da Praia Grande No. 693, Edif Tai Wah 13 Andar A&B, Macau.

Full name:

Contact number:

Macau ID number: *(for identification purpose)*

Policy/Certificate/Acknowledgement number
(if you have one):

Note: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.

Under the Act, you have the right to: (a) be informed of the kind of personal data held by us; (b) be informed of the main purposes for which personal data held by us are or are to be used; (c) request access to your personal data held by us; (d) request correction of your personal data held by us; and (e) ascertain our policies and practices in relation to personal data. If you wish to exercise these rights, please write to our Data Protection Officer at Avenida Da Praia Grande No. 693, Edif Tai Wah 13 Andar A&B, Macau.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at +853 2892 3329.

Proposer's signature _____

Date _____ (DD/MM/YYYY)

附錄：關於第8/2005號法律《個人資料保護法》（「條例」）的客戶通知

三井住友海上火災保險（香港）有限公司（下稱「MSIG」、「我們」或「本公司」）請您仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異，將以英文版本為準。

私隱政策

MSIG極為重視您的私隱。為了保障您的個人資料，我們以有關法例及規例為準則，向公司內部傳達並執行我們定立之私隱及保障指引。MSIG採取切實可行的預防措施以保障您的個人資料免遭受遺失、盜竊、誤用，以及在未經許可之情況下被取用、洩露、更改及破壞。此外，除非得到您的同意，我們均不會出售您的個人資料給任何人。MSIG嚴格執行認可管制，只容許獲授權之職員在必需要的情況下，取用或處理您的個人資料。此外，我們會向職員定期提供培訓，確保他們知悉任何有關私隱法律及規例的新發展。

我們只會在法律容許並必需用於業務及稅務用途之情況下，保留您的個人資料作為我們的業務記錄。我們會向以本公司之名義提供行政或其他服務之代理、承辦商或第三者，要求他們遵循本政策保護有可能收到的個人資料。本公司不會容許他們使用有關資料於任何其他目的。如您對我們的私隱政策有任何疑問，歡迎聯絡我們查詢。

我們可能不時修改此範本。修改後的範本可於本公司網頁msig.com.hk下載。您應定期查閱此範本所修改的內容。

個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，您須向我們不時供給與我們提供之一般保險服務及保單產品（下稱「保單產品」）相關的個人資料，讓我們可向您提供客戶服務及改善服務質素。當中包括但不限於您在申請表填寫或任何與保單有關之文件上或任何透過保單索償上所載之個人資料。

如您未能向我們提供您的個人資料，我們可能無法提供您所需的產品或處理您的請求。

我們可能將您的個人資料用於以下用途：

- 處理和評估您的保險申請及任何保單產品的變更或續保；
- 管理與保單產品相關的服務和設施；
- 進行身份和/或信用審查；
- 發出賬單、處理付款指示及向您收取保費和未結清款項；
- 評估及處理與產品相關的索償；
- 進行統計或精算研究和/或分析；
- 風險評估和索償管理的自動化決策過程，包括分析；
- 與上述目的直接相關的其他輔助用途；
- 進行配對程序或相關活動（如有關係例中所定義）；
- 遵守適用的法律、法規或任何行業守則或指引；及
- 偵測、調查和防止欺詐及/或其他非法活動（無論是否與本申請下所發出的保單產品有關）。

在以上任何目的下，我們收集的個人資料可能會被披露或轉移至以下人士和/或實體（他們可能位於澳門境內或境外，或可能在澳門境外處理或儲存您的個人資料）：

- 向我們提供行政、通訊、電腦、數據處理和儲存、支付、保安、資訊科技、營銷或其他協助我們實現上述目的的服務的第三方代理、承包商、服務供應商及顧問（包括但不限於追討欠款機構、信用調查局或呼叫中心，以及醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商）；
- 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- 再保險公司及再保險經紀；
- 您的保險中介人；

- 我們的法律及專業顧問；
- 我們企業集團內的相關公司，包括但不限於任何母公司、子公司、附屬公司或在澳門相關法律下被定義為共同所有或控制的任何其他實體；
- 澳門保險公會（或同類的保險行業協會或聯會）；
- 法例要求或許可的政府機關；
- 警方及防止或調查欺詐的組織；
- 保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）；及
- 在我們將全部或大部分業務轉讓給其他公司時，該業務的受讓人可繼續使用您的個人資料來執行該業務。

為了確保您的個人資料之準確性，您同意授權本公司查閱並核實任何由保險業界內保險公司聯會所收集有關您的個人資料。

MSIG亦擬不時使用您的姓名、地址、電話號碼及電郵地址提供產品的市場推廣及直接促銷（包括但不限於推廣、營銷及銷售）。

如您不欲MSIG將您的個人資料用作直接促銷用途，您應於右列方格加上剔號並將此通告之副本連同您要求拒絕直接促銷活動所必須提供的資料（詳情如下）郵寄至下列地址。您亦可填妥本公司網頁msig.com.hk的「查詢表格 — 拒絕直銷活動」通知我們。在您的通知中，您必須於提供以下列出的相同所需資料。

為讓我們能夠處理您以上提出的拒絕直接促銷活動之請求，請提供以下資料並寄至：澳門南灣大馬路693號大華大廈13樓A-B座，資料保護主任收。

姓名：

聯絡電話：

澳門身份證號碼：
(作識別之用)

保單號碼/證書編號/確認編號（如適用）：

附註：此拒絕直接促銷活動要求將會取代您先前給予MSIG一切關於直接促銷的指示。

根據條例，您有權：(a) 知悉我們所持有的個人資料種類；(b) 知悉我們所持有的個人資料及其主要用途；(c) 查閱我們所持有的您的個人資料；(d) 更正我們所持有的您的個人資料；及(e) 查詢我們有關個人資料的政策和實務。如您希望行使這些權利，請致函澳門南灣大馬路693號大華大廈13樓A-B座，我們的資料保護主任收。

如您對此個人資料收集聲明有任何疑問或須協助，請致電+853 2892 3329與我們聯絡。

投保人簽署

日期 _____ (日/月/年)