

Notice of Motor Vehicle Accident 汽車失事通知書

M23

1. 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 : 

2. 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。稍後可能需要提供進一步資料。
• 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

3. 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：

1. PROPERTY REGISTRATION & CAR REGISTRATION 登記摺及車契
2. OWNER'S ID CARD & DRIVING LICENCE 車主之身份證及駕駛執照
3. 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. 駕駛執照號碼		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			
<p>(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。)</p>			
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？
☐ No 沒有
☐ 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？
☐ Property damage 財物損失 ☐ Bodily injury 身體受傷 ☐ 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？
☐ No 沒有
☐ Yes, please specify 有，請註明
Number of injured person 傷亡人數數目

Identity of injured person(s) 傷亡者之身份
☐ Driver in other vehicle(s) 其他車輛之司機 ☐ Pedestrian 行人
☐ Passenger in other vehicle(s) 其他車輛之乘客 ☐ Bicyclist 騎單車的人
☐ Passenger in Insured vehicle 受保車輛之乘客 ☐ 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

- 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；
- 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
- 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。
- 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



PRIVACY POLICY

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

PERSONAL INFORMATION COLLECTION STATEMENT

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, 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 the customer service. This includes but not limited to the personal data contained in the proposal form or in any document in relation to the Product or any claim made under the Product.

Your personal data may be used for the purpose of:

- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- any sales, marketing, promotion of other general insurance services and products provided by us;
- variation, cancellation or renewal of the Product;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings; or
- exercising any right of subrogation by us.

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- our related, subsidiary or affiliated companies within the MSIG Group or MS&AD Insurance Group in or out of Macau;
- any other company carrying out insurance or reinsurance related business in or out of Macau;
- any association or federation of insurance companies that exists or is formed from time to time; or
- any agent, contractor or third party who provides administrative, claims handling or other services relating to the Product to MSIG or any member of the MSIG Group or MS&AD Insurance Group.

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

Under the Macau Personal Data Protection Act, you have the right to request access to and to request correction of your personal data held by us, and to request to opt out from receiving any direct marketing communication from us. If you wish to exercise these rights, please write to our Data Protection Officer.

*The Data Protection Officer
MSIG Insurance (Hong Kong) Limited
Avenida Da Praia Grande No. 693
Edif. Tai Wah 13 Andar A & B, Macau*

Nothing in this statement shall limit your rights under the Personal Data Protection Act.



私隱政策

三井住友海上火災保險（香港）有限公司（下稱「**三井住友保險**」、「**我們**」或「**本公司**」）請你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義，將以英文版本為準。

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，你須向我們不時供給與我們提供之一般保險服務及產品（下稱「**產品**」）相關的個人資料，讓我們可向你提供客戶服務及改善服務質素。當中包括但不限於你在申請表填寫或任何與產品有關之文件上或任何透過產品索償上所載之個人資料。

你的個人資料可被用於以下用途：

- 向你提供與產品及設施相關之日常運作及行政用途；
- 任何我們提供的其他一般保險服務及產品之銷售、市場營銷及推廣用途；
- 產品變動、取消或更新用途；
- 評估及處理透過產品索償及任何繼後法律訴訟之用途；或
- 由本公司行使代位權利之用途。

就任何上述的用途，我們所收集的個人資料可能會被轉移至：

- 在三井住友保險集團或 **MS&AD** 保險集團內，在澳門或海外與本公司有關之機構、子公司或附屬公司；
- 任何其他在澳門或海外經營有關保險或再保險業務之公司；
- 任何現存或不時成立的協會或保險公司聯會；或
- 任何提供行政服務、索償處理或其他與三井住友保險集團或 **MS&AD** 保險集團成員相關產品服務之代理、承辦商或第三者。

為了確保你的個人資料之準確性，你同意授權本公司查閱並核實任何由保險業內保險公司聯會所收集有關你的個人資料。

根據澳門個人資料保護法，你有權查閱及更正本公司所持的任何載有你的個人資料之記錄，以及要求選擇拒收任何本公司的直銷通訊。如你欲行使以上權利，請以書面形式通知我們的資料保護主任。

資料保護主任
三井住友海上火災保險（香港）有限公司
澳門南灣大馬路 693 號
大華大廈 13 樓 A&B 座

此聲明所述之條文並不限制你就個人資料保護法可行使之權利。