

Notice of Motor Vehicle Accident 汽車失事通知書

H23

- 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, Claims Division, 9/F Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong **OR**
 - Email: claimin@hk.msig-asia.com
 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：香港太古城英皇道 1111 號太古城中心一期 9 樓 三井住友海上火災保險（香港）有限公司 理賠部 **或**
 - 電郵：claimin@hk.msig-asia.com
- For inquiry, please call our Claims Services Hotline at 2894 0660 or email at claimin@hk.msig-asia.com
 如有任何查詢，請致電我們的賠償服務熱線 2894 0660 或電郵 claimin@hk.msig-asia.com

PLEASE SUBMIT THE FOLLOWING DOCUMENTS WHEN RETURNING THIS CLAIM FORM:
 於遞交本案償表格時，請同時提交下列文件：

- COPY OF THE VEHICLE REGISTRATION DOCUMENT (BOTH SIDES)** 車輛登記文件副本 (正面及背面)
- PHOTOGRAPHS SHOWING THE DAMAGED VEHICLE AND WINDSCREEN** 損壞車輛及擋風玻璃的相片
- ORIGINAL WINDSCREEN REPAIR/REPLACEMENT RECEIPT** 維修/更換擋風玻璃之正本單據

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		HKID No. / Passport No. 香港身份證/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 (HH:MM) 時間 (時:分)	
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			<input type="checkbox"/> HK Island 香港島 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> N.T. 新界 <input type="checkbox"/> China 中國內地 <input type="checkbox"/> Macau 澳門
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

- 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. 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 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)
HKID No. 香港身份證號碼 ()
Date 日期

Signature of Driver 駕駛人簽署
HKID No. 香港身份證號碼 ()
Date 日期

LETTER OF AUTHORIZATION 授權書

MSIG's Ref. :

Dear Sirs,

Police Report No. 警方檔案編號 :
Date of Accident 意外日期 :
Involving Vehicle(s) 涉及之車輛 :

I hereby give my consent and authorize you to release to MSIG Insurance (Hong Kong) Limited and relevant party(ies) copies of the statements, personal data and any other information which I made to you in relation to the captioned case.

I confirm that a copy of this Letter of Authorization shall be as effective and valid as the original.

本人現授權有關人士向三井住友海上火災保險（香港）有限公司或其代表提供任何一切有關本人於上述事件中提供的口供、個人資料及其他資料記錄。

本人確定同意本授權書之影印本，與正本擁有等同的法律效力。

Reporter's Signature 報案者簽署 : _____

Reporter's Name 報案者姓名 : _____

HKID/ Passport No. 身份證/護照號碼 : _____ ()

Date 日期 : _____



PRIVACY POLICY

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

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 for any purposes. 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 agent, contractor or third party 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 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 documents in relation to the Product or any claim made under the Product.

Your personal data may be used for **obligatory purpose** or **voluntary purpose**. If personal data are to be used for an obligatory purpose, you **MUST** provide your personal data to MSIG if you want MSIG to provide the Product. Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The **obligatory purposes** for which your personal data may be used are as follows:-

- processing and evaluating your insurance application and any future insurance application you may make;
- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- invoicing and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings;
- exercising any right of subrogation by us;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes; and
- complying with applicable laws, regulations or any industry codes or guidelines.



The **voluntary purposes** for which your personal data may be used are any sales, marketing, promotion of other general insurance services and products provided by MSIG. The personal data we intend to use for voluntary purposes are your name, your address, your phone number and email address. We cannot use your personal data for voluntary purposes without your consent.

If you do not wish MSIG to use your personal data for the voluntary purposes listed above, you should tick the box on the right and provide us with the following information. You may also notify us by sending an email to 'dpo@hk.msig-asia.com'. 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.		
Full Name:		
Contact Number:		
HKID Number:	()	<i>(for identification purpose)</i>
Policy / Certificate / Acknowledgement Number <i>(if you have one)</i> :		
NOTE: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.		

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

- third party agents, contractors and advisors who provide administrative, communications, computer, payment, security 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);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance broker;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- the Insurance Claims Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted by law.

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 relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at (852) 3122 6922.



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。

三井住友保險極為重視您的私隱。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。三井住友保險採取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，我們均不會出售您的個人資料給任何人。三井住友保險嚴格執行認可管制，只容許獲授權之職員在必
需的情況下，取用或處理您的個人資料。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」）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。

您的個人資料可被用於**強制性**或**自願性用途**。如個人資料是用於強制性用途，而您希望三井住友保險提供有關保單，則您必須向
三井住友保險提供有關個人資料，否則三井住友保險將不能向您提供有關保單。

您的個人資料可被用於以下**強制性之用途**：

- 處理及審批您的保險申請或您將來提交的保險申請；
- 向您提供與保單及核保相關之日常運作及行政用途；
- 保單之更改、取消或續保用途；
- 發出繳交保費通知及向您收取保費及欠款；
- 評估及處理透過保單索償及任何繼後法律訴訟之用途；
- 由本公司行使代位權利之用途；
- 就以上用途聯絡您；
- 其他與上述用途有直接關係的附帶用途；及
- 遵循適用法律，條例及業內守則及指引。

而**自願性用途**則指任何三井住友保險提供的其他一般保險服務及保單產品之銷售、市場營銷及推廣。用作自願性用途之個人資料
則為您的姓名、地址、電話號碼及電郵地址。未獲您同意之前我們並不能使用您的個人資料用作自願性用途。

如您不欲三井住友保險將您的個人資料用作上述自願性用途，您應於右列方格加上剔號並必須提供。



如下的資料。您亦可選擇以電郵方式將您的要求連同所需的個人資料（詳情如下）電郵至

“dpo@hk.msig-asia.com”。

為讓我們能夠處理您以上提出的拒絕服務之請求，請提供以下資料。

姓名：

聯絡電話：

香港身份證號碼： () (作識別之用)

保單號碼 / 證書編號 / 確認編號 (如適用)：

附註：此拒絕服務要求將會取代您先前給予三井住友保險一切關於直接促銷的指示。



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：

- 向我們提供行政、通訊、電腦、付款、保安及其他服務的第三方代理、承包商及顧問（包括：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；
- 再保公司及再保經紀；
- 您的保險經紀；
- 我們的法律及專業業務顧問；
- 我們的關連公司（以《公司條例》內的定義為準）；
- 香港保險業聯會（或同類的保險公司聯會）及其會員；
- 保險索償投訴局及同類的保險業機構；
- 法例要求或許可的政府機關。

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內保險公司聯會所收集有關您的個人資料。

根據有關法例及規例，您有權查閱及更正本公司所持的任何載有您的個人資料之記錄。如您欲行使以上權利，可以書面形式投寄至香港太古城英皇道 1111 號太古城中心第一期 9 樓三井住友海上火災保險（香港）有限公司，通知本公司的資料保護主任。

如您對此個人資料收集聲明有任何疑問或須協助，請致電（852）3122 6922 與我們聯絡。