



# 合群保險有限公司 Concord Insurance Co., Ltd.

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## Motor Insurance Claim Form 汽車保險索償表格

Please submit copy of the following documents with this form:  
請附下列文件影印本:

- (1) Vehicle registration document of insured vehicle (both sides)  
所保汽車的車輛登記文件(正背面)
- (2) Valid driving licence and Identity Card of the driver  
駕駛人之有效的駕駛執照及身份證
- (3) Accident report or other concerning documents issued by Police  
警方報案紙及警方發出有關文件
- (4) Notice of Intended Prosecution (if any)  
擬控告通知書
- (5) Police Statement / Loss Memo  
警方口供紙 / 報失紙

### A) THE INSURED 投保人

Policy no. 保單號碼	:	_____
Name of Insured 保戶姓名	:	_____
Occupation 職業	:	_____
Address 地址	:	_____
Tel. no. 電話號碼	:	_____
E-mail address 電郵地址	:	_____

### B) PARTICULARS OF VEHICLE 受保車輛之細節

Vehicle Registration no. 車牌號碼	_____	Make and Model 牌子及款式	_____
Year of manufacturing 製造年份	_____	Engine capacity 機器容量	_____
For what exact purpose was the vehicle being used 車輛當時之用途	<input type="checkbox"/> Social Domestic & Pleasure 社交及遊樂	<input type="checkbox"/> For hire or reward 出租	
Was the vehicle in a safe and roadworthy condition? 當時車輛是否適合在路上行駛	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否	

### C) PARTICULARS OF DRIVER 駕駛人之細節

Name of Driver 駕駛人之姓名	_____	Date of Birth 出生日期	_____
Occupation 職業	_____	Tel. no. 電話號碼	_____
Address 地址	_____		
Driving Licence No. 駕駛執照號碼	_____	Date of expiry 執照屆滿日期	_____
Year of obtaining Driving Licence 首次考獲駕駛執照日期	_____		
		If "Yes" please give details and submit document. 如"是"請詳細資料及提交有關文件	
◆ Has the driver been tested for alcohol following this accident and what was the result? 是次意外後駕駛人曾否被進行酒精測試及其結果?	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是	_____
◆ Has the driver been involved in previous accidents over the past 3 years? 駕駛人在過去三年內有否涉及其他交通意外?	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是	_____

◆ Had the driver's licence ever been endorsed or canceled because of careless or reckless driving and have points ever been deducted due to the so offence(s) in the past 3 years?  
 駕駛人在過去三年內是否曾因不小心或魯莽駕駛被停牌或扣分?  No 否  Yes 是 \_\_\_\_\_

◆ Was the Driver driving with the Insured's order or permission?  
 駕駛人是否得保戶同意或許可駕駛該車?  No 否  Yes 是

◆ State whether the Driver is  
 駕駛人之身份為  Owner 車主  Named Driver 受保之駕駛人  Paid Driver 受薪司機  Relative or Friends 親朋

◆ If the driver own a vehicle?  
 駕駛人是否自己擁有車輛?  No 否  Yes 是

◆ With whom is it insured?  
 投保公司名稱? \_\_\_\_\_

### D) PARTICULARS OF ACCIDENT 意外詳情

Date of accident  
 意外發生日期 \_\_\_\_\_ Time  
 時間  a.m. 上午  p.m. 下午

Location  
 地點 \_\_\_\_\_

Estimated speed of your vehicle  
 車速 \_\_\_\_\_

Weather  
 天氣情況 \_\_\_\_\_ Road Condition  
 路面情況 \_\_\_\_\_

**Give detailed description of how the Accident occurred:**  
**請詳述遇事經過**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Sketch**  
**草圖**

**POLICE REFERENCE 警方檔案**

At which police station was the accident reported to? \_\_\_\_\_

曾向何區警署報案 \_\_\_\_\_

Police Report No. \_\_\_\_\_

警方檔案號碼 \_\_\_\_\_

If other driver was at fault, have you lodged a complaint against him/her?  No 沒有  Yes 有 (Please tick as appropriate)如  
認為意外之責任在對方, 你可曾向交通部提出投訴 請用「✓」號於適合方格內

If "No" please explain why you failed to do so. \_\_\_\_\_

如“沒有”請闡述原因 \_\_\_\_\_

Has the Insured &amp;/or driver \_\_\_\_\_

閣下及/或駕駛人

1. made or received any compensation to or from the other party?  No 沒有  Yes 有 Amount  
曾否收受或給予第三者任何補償 數目 \_\_\_\_\_2. made any written agreement with the other party in connection with this accident? If so, please let us have its original.  
曾否與第三者達成任何有關這意外之書面協議? 如有, 請提交協議正本  No 沒有  Yes 有**E) DAMAGE TO INSURED VEHICLE 受保車輛損壞詳情**

Details of damage \_\_\_\_\_

損壞情況 \_\_\_\_\_

Estimated cost of repairs (Please attach repairer's estimate if obtained) \_\_\_\_\_

估計修理費用(請附估價單) \_\_\_\_\_

Repairer's name, address &amp; telephone number \_\_\_\_\_

修理廠名稱、地點及電話號碼 \_\_\_\_\_

Is the vehicle at the repairer's premises?  No 否  Yes 是 If "No", please state its location  
是該車是否已在修理廠? 如“否”, 請說明該車在何處Has the vehicle been retained by the Government Vehicle Examination Center for inspection?  No 否  Yes 是

該車曾否被拖往政府驗車中心接受檢驗

If "Yes" please state which center \_\_\_\_\_

如“是”請說明那驗車中心 \_\_\_\_\_

**F) INJURY TO PASSENGER OF INSURED VEHICLE 受保車輛之乘客受傷詳情**

Name and address of the injured passenger \_\_\_\_\_

受傷乘客之姓名及住址 \_\_\_\_\_

Extent of injury \_\_\_\_\_

受傷程度 \_\_\_\_\_

Is the injured passenger under your employment?  No 否  Yes 是

受傷乘客是否閣下之僱員

Has the injured passenger been taken to hospital or medically attended? If so, please give name and address of the hospital or doctor.

受傷乘客有否被送往醫院或接受治療? 如有, 請列述該醫院或醫生之名稱及地址

**G) DAMAGE TO THIRD PARTY VEHICLE OR OTHER PROPERTY 第三者車輛及財物損壞詳情**

Vehicle registration number or other damaged property \_\_\_\_\_

其他車輛號碼或損壞財物名稱 \_\_\_\_\_

Type, make &amp; model of the vehicle \_\_\_\_\_

車輛類別、牌子及款式 \_\_\_\_\_

Extents of damage:  Slight  Normal  Serious  
損壞情形 輕微 普通 嚴重

Name of property owner \_\_\_\_\_

物主姓名 \_\_\_\_\_

Tel no. \_\_\_\_\_

電話號碼 \_\_\_\_\_

Address \_\_\_\_\_

地址 \_\_\_\_\_

Has any notice of claim been made?  No 否  Yes 是 If "Yes", please submit the relevant document.

閣下曾否收到索償要求? \_\_\_\_\_

如“是”, 請提交有關文件

Was liability admitted by you or by third party?  No 否  Yes 是

閣下或其他人等有否答應承擔責任?

## H) THIRD PARTY BODILY INJURY 第三者人身受傷詳情

Was there any person(s) injured / fatal?  No 否  Yes 是 ( If "Yes" please complete the attached Questionnaire)

是否有人受傷 / 死亡?

如“是”請填寫附上之問卷

Name of Injured / fatal

傷者 / 死者姓名

Age

年齡

Address

地址

Sex

性別

**All communications relating to the accident must be forwarded unanswered immediately to Concord Insurance Co Ltd for attention; otherwise your indemnity may be adversely affected.**

閣下如接到有關是次意外之任何函件必須立即轉交本公司以便處理,並切勿對這些函件作出任何回覆。否則閣下之索償事宜可能受影響。

## DECLARATION & AUTHORIZATION 聲明及授權書

I/We hereby declare that to the best of my/our knowledge and belief the above statement and particulars contained herein are in all respects true and complete and are made without reservation of any kind. I/We agree that any of my/our/the Insured's personal information collected or held by Concord Insurance Co Ltd ("Concord")(whether contained in this claim form or otherwise obtained) is provided and may be held, used and disclosed by Concord to individuals/organization associated with Concord or any selected third party (within or outside Hong Kong, including reinsurance and claim investigation companies and industry associations/federations and other service providers providing services relevant to insurance business) for the purpose of processing this claim.

本人/我們聲明此表格內填報的資料,就本人/我們所知所信,全部正確無訛,並無任何保留。本人/我們同意如為處理有關本索償事宜,合群保險有限公司可使用所收集及持有關於我/我們/受保人的個人資料(包括在此索償表格內或其他地方之資料)或將該等資料給予有關人士或機構(包括在香港境內或境外之再保公司)、賠償調查公司、保險業協會/聯會及其他提供保險業有關服務之公司等)。

Date

日期

Insured's Signature

保戶簽署

(with company chop, if appropriate)

(公司蓋章,如適用)

Date

日期

Driver's Signature

駕駛人簽署

# BODILY INJURY QUESTIONNAIRE

Policy No.

Vehicle No.

保單號碼 :

車輛號碼 :

1.	What part of your vehicle struck the injured? 當遇事時閣下之車輛那部份與傷者觸及? _____
2.	Did the wheels of your vehicle go over any part of injured person's body? 閣下車輛之車輪當時曾否在該傷者身體之任何部份輾過? _____
3.	Give the following details of the injured: 請描述該傷者: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女      Approximate age 年齡 _____
4.	Was the injured able to walk after the accident? 該傷者在遇事後能否步行? _____
5.	Has the injured been taken to hospital? If yes, which hospital? 該傷者有否被送往醫院? 如有,那一間醫院? _____
6.	Did the injured person walk to the ambulance or was he or she carried? 該傷者是自行上救護車抑或由救護人員抬上救護車? _____
7.	Please put a tick in the appropriate box regarding the apparent injury suffered by the injured person: 請指出下列有關傷者受傷之部位: <input type="checkbox"/> Right Leg 右腿部 <input type="checkbox"/> Right Arm 右臂部 <input type="checkbox"/> Head 頭部 <input type="checkbox"/> Left Leg 左腿部 <input type="checkbox"/> Left Arm 左臂部 <input type="checkbox"/> Main Body 身軀
8.	Did the injury appear minor or serious? 該傷者所受傷害之程度屬於輕微或嚴重? _____
9.	Was the injured conscious after the accident? 該傷者在遇事後是否清醒? _____
10.	Was blood coming out from any part of the injured? 該傷者當時曾否在下列部位出血? <input type="checkbox"/> Ears 耳部 <input type="checkbox"/> Eyes 眼部 <input type="checkbox"/> Nose 鼻子 <input type="checkbox"/> Mouth 口部
11.	Do you have any further details regarding the injury suffered by the injured person? 請詳述其他有關傷者所受傷害之情況? _____
12.	Identity of the injured? 請說明該傷者之身份? <input type="checkbox"/> Passenger of third party vehicle 第三者車上乘客 <input type="checkbox"/> Pedestrian 行人 <input type="checkbox"/> Driver of third party vehicle 第三者車輛司機 <input type="checkbox"/> Other 其他 _____

## Letter of Authorization

Date : \_\_\_\_\_

The Officer-in-charge

I hereby confirm my permission for **CONCORD INSURANCE CO., LTD.** or its authorized representative to obtain the information and/or a copy of the statement made to the Police regarding the traffic accident on \_\_\_\_\_.

A photocopy of this Letter of Authorization shall be considered as effective and valid as original.

Driver's Signature : \_\_\_\_\_

Name of Driver : \_\_\_\_\_

Driver's HKID No. : \_\_\_\_\_

Driver of Vehicle No. : \_\_\_\_\_