



Commerical Vehicle Insurance Claim Form 商業汽車保險事故報告/索償申請表

This form must be completed truthfully and accurately. If the space is not enough or no applicable field available, please supplement information by attachment.

請正確填寫此申請表。如果表格空間不足或沒有適用之欄位，請以附件補充資料。

The list of documents required is not exhaustive and we reserve our right to request from you any additional information/documentation, as necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.

各部份之「所需文件」只是概括要求，本公司保留權利在有需要時要求閣下提供更多文件以處理有關的索償申請。如所遞交的索償申請表未填妥或有關資料或文件不足，閣下的索償申請有可能會受延誤或被拒絕。

General documents required 所需文件：

- An estimate of repair costs (it should be submitted and approved before making any repair). 於進行汽車維修前，請提供有關的維修估價單
- Copy of vehicle registration documents (both sides). 汽車登記文件副本（正面及背面）
- Copy of driving license of the concerned driver. 駕駛人駕駛執照副本
- Copy of HKID card of the concerned driver. 駕駛人香港身分證副本
- Police report and rough sketch of the accident. 警署口供及草圖副本

Section I - General Information 第一部份 一般資料

Policy/certificate no. 保單號碼	Name of insured (Chinese & English) 受保人名稱 / 姓名 (中文及英文)	Occupation 職業
ID card no./passport no. 身份證/護照號碼	E-mail address 電郵地址	
Telephone no. (Residential) 電話號碼 (住宅)	Telephone no. (Office) 電話號碼 (辦公室)	Telephone no. (Mobile) 電話號碼 (手提電話) Acknowledgement will be sent to this mobile phone number via SMS upon receipt of this form. 本公司將會在收到此索償申請表後發送確認短訊至此手提電話號碼。
Mailing address 聯絡地址 (請盡量以英文填寫)		
Name of agent/broker 經紀姓名	Agent/broker's email address 經紀電郵地址	Agent/broker's telephone no. (Mobile) 經紀電話號碼 (手提電話) Acknowledgement will be sent to this mobile phone number via SMS upon receipt of this form. 本公司將會在收到此索償申請表後發送確認短訊至此手提電話號碼。

Section II - Details of Vehicle 第二部份 車輛資料

Registration no. 車牌號碼	Cylinder capacity 汽缸容量	Year of manufacture 出廠年份
Make and model 廠名及型號	Purpose of use at the time of accident 在意外發生時，此車之用途為	
Engine no. 引擎號碼	Chassis no. 底盤號碼	

Section III - Details of Driver 第三部份 駕駛人資料

Name (Chinese & English) 姓名 (中文及英文)		Date of birth 出生日期 DD 日 MM 月 YYYY 年			ID card no./passport no. 身份證/護照號碼
Mailing Address 聯絡地址				Telephone no. 電話號碼	
Driving license no. 駕駛執照號碼 Local 本地 _____ International 國際 _____ <input type="checkbox"/>		Date of first issue 首次發牌日期 DD 日 MM 月 YYYY 年			Driving experience 駕駛經驗 _____ Year(s) 年
Driving on insured's order or with insured's permission? 駕駛人是否得到受保人同意駕駛該車輛? Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>			Relationship with insured 駕駛人與受保人關係		
Does the driver, other than the insured, own a car? If yes, please provide the registration no. Is it insured? If yes, please provide the insurance company and policy no. 駕駛人是否擁有車輛 (受保人除外)? 如有, 請提供車牌號碼. 有否投保? 如有, 請提供保險公司名稱及保單號碼					

Section IV - Details of Accident 第四部份 意外發生詳情

Date of accident 意外發生日期 DD 日 MM 月 YYYY 年	Time of accident 時間 <input type="checkbox"/> A.M./P.M. 上午 / 下午	<input type="checkbox"/> Place of accident 地點
Full description of how the accident happened 詳述意外發生的經過		
Diagram 圖解		
In the driver's opinion, who was at fault? 以駕駛人意見, 誰應對這意外負責?		

Remarks: If other party was at fault, you should lodge a complaint to the Police within 10 days of the accident.
備註: 如認為意外之責任在對方, 您應該於意外發生後十天之內向警方交通意外調查組作出投訴。

Section V - Police Report You should report the accident to police immediately after the accident.

第五部份 警方報告 於意外發生後, 您應立即向警方報告

Name of the police station where the accident was reported to 報案警署名稱	Date of report 報案日期 DD 日 MM 月 YYYY 年	Time of report 報案時間 <input type="checkbox"/> <input type="checkbox"/> A.M./P.M. 上午 / 下午	Report no. 案件編號
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Section VI - Damage to Insured Vehicle 第六部份 受保車輛損壞情況

Details of the damage with photos, if any 請詳述損毀情況並提供照片(如有)		
Intended repairer's name 擬將車輛交予修理之修理廠名稱	Telephone no. 電話號碼	Estimated repair costs (Please indicate the currency) 估計修理費(請註明貨幣)
Address 地址		
Is the vehicle at this repairer's premises? 該車是否已在此修理廠? Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>	If no, where is the vehicle at present? 如否, 該車現於何處? <hr/> If the vehicle is insured on comprehensive terms, an estimate of repair costs should be submitted and approved before making any repair. 如屬綜合保險(全保), 估價單必須先交到本公司審查及批准後才可以開始進行修理。	

Section VII - Details of Injured Please use a separate paper if the space is insufficient 第七部份 傷者資料 如空白位置不足可另加紙張

Name 姓名	Sex and age 性別及年齡	Telephone no. and address 電話及地址	Extent of injury 受傷情況	Identity* (please refer to below categories and state the no.) 身份類別* (請參照下列分類然後填寫所屬組別號碼)
1.				
2.				
3.				
4.				
5.				

* 1-Driver of my/our vehicle; 2-Driver of other vehicle; 3-Passenger of my/our vehicle; 4-Passenger of other vehicle; 5-Pedestrian

* 1 - 我方司機 ; 2 - 對方司機 ; 3 - 我方乘客 ; 4 - 對方乘客 ; 5 - 路人

Section VIII - Witness or Passenger 第八部份 證人或乘客

Name of witness/passenger 證人/乘客姓名	Telephone no. 電話號碼
Address 聯絡地址	

Section IX - Details of Third Party Vehicle or Property Damaged 第九部份 第三者車輛或財物損壞情況

Type of damaged vehicle: 壞車輛類別:	Private/commercial vehicle or motorcycle 私家/商用車或電單車 Maxicab/public light bus or franchised bus 公共小巴或專利巴士 Government/armed forces or other type of vehicle 政府/軍用或其他車輛	Light bus or bus 小巴或巴士 Taxi 的士
Damaged vehicle's registration no. 損壞車輛車牌號碼	Other type of damaged property 其他財物類別	
Details of damage 損壞詳情		
Name of the third party 第三者姓名	Telephone no. 電話號碼	
Address 聯絡地址		
Insurance type and provider's name 保險類別及保險公司名稱		
Remarks: Any lawsuit, demand, claim or proceeding of any types relating to the incident of which becomes aware of, and received from the third party claimant, should be immediately forwarded to us without acknowledgement. No liability should be admitted and no settlement or promise of payment should be reached or made to the third party without our prior approval. 備註: 如收到任何第三者對有關事件的索償要求、法庭傳票、通告及書面命令, 或涉及任何法律訴訟, 切勿自行處理, 應立即通知及提交本公司處理未得本公司事先同意前, 不要向第三者承認任何責任或達成和解或付款承諾		

聲明DECLARATION

本人 / 吾等聲明, 本人 / 吾等已填報一切必要的資料, 絕對正確, 並無隱瞞或保留。本人 / 吾等明白本人 / 吾等提供的資料為泰山保險顧問有限公司提供保險業務所需, 並可能使用於下列目的: i)任何與保險或財務有關的產品或服務, 或該等產品或服務的任何更改、變更、取消或續期; ii)任何索償, 或該等索償的調查或分析; iii)行使任何代位權; 及可能移轉予任何有關的公司, 或任何其他從事與保險或再保險業務有關的公司, 或與保險業務有關的中介人或索償或調查或其他服務提供者, 以達到任何上述或有關目的。

I / We declare that the Statements and particulars given in this application are true and that I / We have not withheld any material information. The information provided by me/ourselves to Taishan Insurance Brokers Ltd. is collected to enable Taishan Insurance Brokers Ltd. to carry on insurance business and may be used for the purpose of: i) any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service; ii) any claim or investigation or analysis of such claim; and iii) exercising any right of subrogation; and may be transferred to any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes.

Name of driver

駕駛人姓名

ID card no./passport no.

身份證/護照號碼

Name of insured

受保人名稱 / 姓名

ID card no./passport no.

身份證/護照號碼

Signature of driver

駕駛人簽署

Date DD MM YYYY
日期 日 月 年

Signature of insured with company chop, if applicable
受保人簽署及蓋章(如適用)

Date DD MM YYYY
日期 日 月 年