



閩信保險有限公司
MIN XIN INSURANCE COMPANY LIMITED
(A WHOLLY OWNED SUBSIDIARY OF MIN XIN HOLDINGS LIMITED)
(INCORPORATED IN HONG KONG)

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Head Office

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Macau Office

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汽車擋風玻璃損毀索償申請表 Motor Windscreen Damage Claim Form

- 請於意外發生後之三十天內填妥此申請表並交回本公司。
Completed Claim Form must be given to the Company within 30 days from the date of accident giving rise to such claim.
- 發出此索償申請表不代表閩信保險有限公司承認任何責任。
The issue of this claim form is not an admission of liability by Min Xin Insurance Company Limited.
- 維修或更換汽車擋風玻璃必須由本公司認可汽車擋風玻璃專門店負責。
The repair or replacement of the motor windscreen must be done by our Authorized Windscreen Repairer.
- 所需之文件:-
Necessary Documents:-
 - 受保車輛的有效登記文件正背面副本;
Copy of Vehicle Registration Document (with a valid back page)
 - 受保司機的身份證及駕駛執照副本; 及
Copy of ID and driving license of the Insured Driver

保單號碼 Policy No. _____ 保戶姓名 Name of the Insured _____
地址 Address _____
住宅電話 Home Tel _____ 辦公室電話 Office Tel _____ 流動電話 Mobile Tel _____
聯絡人姓名 Contact Person _____ 電郵 E-mail _____
職業/行業 Occupation/Business _____

受保車輛資料 Details of insured vehicle

車輛登記號碼 Registration no. _____ 廠名及款式 Make & Model of the Vehicle _____
引擎容量 Engine Capacity _____ 製造年份 Year of Manufacture _____

損毀/意外詳情 Particulars of damage/accident

日期 Date (DD/MM/YY) _____ 地點 Place _____
原因 Cause _____

受保車輛之擋風玻璃之損壞情形 Extent of windscreen damage to insured vehicle
 車頭擋風玻璃 Front Windscreen 車尾擋風玻璃 Rear Windscreen
 認可汽車擋風玻璃專門店 Authorized Windscreen Repairer
 日本汽車玻璃有限公司 Japan Automobile Glass Co. Ltd 協安汽車玻璃有限公司 Hip On Auto Glass Co. Ltd 信義汽車玻璃有限公司 XinYi Glass Co. Ltd
 認可汽車擋風玻璃專門店之維修中心 Authorized Windscreen Repairer Centre _____

聲明

本人/吾等願意將這汽車意外報告書上填寫的任何資料及附加文件發給與今次意外有關的公証行、調查員、律師等公司及人仕。
本人/吾等茲聲明上述各節均屬實情而本人/吾等是在是項意外事故均已據實報告並無隱瞞。同時亦願意盡力協助公司處理此事件而對於是項意外事故本人/吾等並無投保其他保險及其他保險公司。
本人/吾等亦答應當收到與這次意外有關之令狀、傳票、訴訟及起訴通知等文件後即呈交貴公司。

DECLARATION

I/We hereby declare that the foregoing particulars are true in every respect, that I/we have not withheld any information within my/our knowledge connected with the accident, that I/we undertake to give all assistance in my/our power in dealing with this matter, and that I/we have no other policy of insurance indemnifying me/us in respect of this accident.
I/We also undertake that every letter claim writ summons process and or notice of prosecution in respect of this accident will be notified or forwarded to the Company immediately on receipt.

保戶簽署
Signature of Insured _____

駕駛人簽署
Signature of Driver _____

報告日期
Report Date (DD/MM/YY) _____