



Motor Insurance Claim Form

Completed Claim Form must be given to the Company within 30 days from the date of accident giving rise to such claim.

Policy No. _____

Insurance Agent _____

INSURED

Name _____ Occupation _____

Address _____ Home Telephone _____

_____ Office Telephone _____

DRIVER (please submit the copies of Identity Card, Driving Licence, Breath Test Report and Police Statement)

Name _____ Contact Telephone _____ Date of Birth _____ Occupation _____

Address _____

_____ driving the vehicle (with Insured's permission / on Insured's order)? (Yes / No)

Relationship with Insured _____ Year of Driving Experience _____

Particulars of convictions of traffic offence and driving offence points during past 5 years _____

Have you taken any drugs or alcoholic beverage before the accident occurred? (Yes / No) Please state the quantity taken _____

Have you demanded by Police Force for a screening Breath Test after the accident? (Yes / No) If so, _____ mg/100 ml

DETAILS OF ACCIDENT

Date _____ Time _____ (a.m. / p.m.)

Weather conditions _____ Speed of insured vehicle immediately prior to accident _____ km/h

Location _____

Registration No. _____ Year of Manufacture _____ Make _____ Model _____

Purpose of use at time of accident (Private / Business / Trade or Hire) _____

Give clear account of what happened _____

Explanatory sketch

EXTENT OF DAMAGE TO INSURED VEHICLE

Description and extent of damage _____

Whether the vehicle has been towed by the Police for inspection? _____ Where is the vehicle now? _____

Name of Garage / Tel. No. _____ Estimate of cost of repair _____

*** ESTIMATE REPAIR COST MUST BE SUBMITTED BEFORE REPAIRS ARE COMMENCED**

EXTENT OF DAMAGE TO OTHER VEHICLES

Names and addresses of owners and/or drivers of other vehicles involved Registration No./Make/Model Brief details of damage

1) _____

2) _____

3) _____

4) _____

INJURED (please state the injured is pedestrian, driver or passenger of vehicle registration no.)

Names and addresses of all injured persons Vehicle Registration No. Nature of Injury Name of Hospital/Doctor

EXTENT OF DAMAGE TO OTHER PROPERTIES

Names and addresses of owners of other properties damaged

Brief details of damage

POLICE REPORT

Name of police station _____ Date and Case No. _____

Name/Constable no. of officer _____ Whether any statements of blame made by drivers or witnesses? _____

WITNESSES

Give Name and Address of every Witness and other persons who were present at the scene _____

Driver's Opinion

In driver's opinion, which party should be held responsible for causing this accident? _____

DECLARATION

I am/We are willing to release the information, statement and sketch made by me/us and/or my/our driver in this motor insurance claim form and other documents to surveyors, investigator, solicitors and all the concerned/related parties.

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 to notify and forward to the Company immediately on receipt of every letter claim writ summons process and or notice of prosecution in respect of this accident.

Date of this report_____
Signature of Insured_____
Signature of Driver

To the Officer-in-Charge of Hong Kong Police Force

致香港警務處：

Police report no. 警方檔案編號： _____

Letter of Consent

同意書

I hereby authorize any police station of Hong Kong Police Force to disclose to MIN XIN INSURANCE COMPANY LIMITED and/or their authorized adjudicator and/or surveyor and/or legal representatives, any and all information and/or documents including a copy of my statement concerning the following occurrence for the purpose of assessment of an insurance claim, such authorization to survive me and shall be binding on my estate in any event even if I may be suffering from any kind of mental incapacity in so far as legally possible. A photocopy of this letter shall be as valid as the original.

本人茲授任何香港警務處之警局披露任何及一切有關以下事件的資料包括本人的口供副本予閩信保險有限公司或其委托之公證行/律師行，以便評估本人的保險索償。如法律上可行，此同意書在本人身故或有任何程度的精神不健全後仍然有效。本同意書的影印本與正本同樣有效。

I also agree to provide a copy of my I.D. Card for verification.

本人同意提供身份證副本以作核對之用。

Occurrence 事件： _____

Name 姓名： _____ HKID no. 香港身份證號碼： _____

Signature 簽署： _____ Date 日期： _____

Claim no. 檔案編號： _____

PERSONAL DATA (PRIVACY) ORDINANCE
DATA ACCESS REQUEST FORM

This Form is prescribed by the Privacy Commissioner for the Personal Data. It should be submitted to the party holding personal data.

(Read this Form and the accompanying Notes carefully before completing the Form.)

To _____ (for the attention of _____)

1. The Data Subject

This is a data access request under section 18(1) of the Personal Data (Privacy) Ordinance (“the Ordinance”) concerning the personal data of the following individual (hereinafter referred to as “the data subject”)

Name in English : (surname) _____
(other name) _____

Name in Chinese (if any) : (surname) _____
(other name) _____

Hong Kong Identity Card Number : _____

Personal Identifier (e.g. student no., staff no., medical no.) previously assigned by your organization (if any) : _____

2. The Requested Data

Save as excluded under paragraph 3, this data access request covers the personal data of the data subject as defined below (hereinafter referred to as “the Requested Data”) :

Type or other description of the Requested Data (e.g. medical records, personal records, records relating to a particular incident, etc) : _____

Date around which or period within which the Requested Data were collected (if known) : _____

Branch or staff member by whom the Requested Data were collected (if known) : _____

3. Exclusions

For the avoidance of doubt, the Requested Data access to which is sought do not include any Personal data :

contained in documents previously provided to your organization by the data subject (e.g. letters to your organization from the data subject)

contained in documents already provided to the data subject by your organization (e.g. letters to the data subject from your organization or documents provided pursuant to a previous request)

in the public domain (e.g. newspaper clippings or entries in public registers concerning the data subject)

(*other excluded personal data*) : _____

4. The Request

I hereby request your organization :

pursuant to section 18(1)(a) of the Ordinance, to inform me whether your organization holds the Requested Data

pursuant to section 18(1)(b) of the Ordinance, of your organization holds any of the Requested Data, to supply me with a copy of such Data that your organization holds.

5. Preferred Manner of Compliance

In your complying with this data access request, I would prefer that your organization :

- gives me an indication, before processing my data access request, of any fee that may be charged for compliance with my request
 - notifies me when a copy of the Requested Data is ready for collection
 - sends by registered mail a copy of the Requested Data to me at my address given in this Form
 - sends by ordinary mail a copy of the Requested Data to me at my address given in this Form
 - supplies to me a copy of the Requested Data in the _____ language
 - supplies to me a copy of the Requested Data in the form of _____ (e.g. computer disk, microfilm, etc.)
-

6. Capacity

This data access request is made in my capacity as (*tick one*) :

- the data subject
 - a relevant person of the data subject, in proof of which I enclose the following : _____
-

7. Further Information

I understand that before complying with my request, your organization may require me to provide :

- (a) proof of my identity;
 - (b) where I am making this request as a relevant person, proof of the identity of the data, subject and further proof (if any) of my status as a relevant person;
 - (c) such further information (whether on a form issued by your organization or otherwise) as may be reasonable for your organization to locate the Requested Data.
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8. Time for Compliance or Refusal

Please note that under section 19(1) of the Ordinance, your organization should comply with my data access request within 40 days after your receiving this request. If your organization is unable or has valid ground to refuse to comply with the request, in accordance with section 19(2) or 21(1) of the Ordinance, your organization is required to give me notification of such matter within the same 40 day period. Failure to do so may constitute an offence under section 64(10) of the Ordinance.

9. Use of Personal Data

Except with the express consent of the individual concerned, the personal data provided in this Form may be used for the purpose of processing of the data access request and for directly related purposes only.

Name of requestor : (surname) _____ (other name) _____

Correspondence address : _____

_____ Day-time telephone number : _____

Date : _____ Signature _____