閩 信 保 險 有 限 公 司
MIN XIN INSURANCE COMPANY LIMITED
(A WHOLLY-OWNED SUBSIDIARY OF MIN XIN HOLDINGS LIMITED)

香港總行 Head Office
：香港中環紅棉路8號東昌大廈17樓
17/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong
電話Tel: (852) 2826 3660　傳真Fax: (852) 3020 5063
電郵E-mail: cs@mxic.com.hk

澳門分行 Macau Branch
：澳門南灣湖景大馬路810號中國工商銀行大廈6樓E座
Avenida Panorâmica do Lago Nam Van, no. 810, Edif. ICBC Tower, 6.°andar E, Macau
電話Tel: (853) 2830 5686　傳真Fax: (853) 2830 5600
電郵E-mail: macaucs@mxic.com.hk

汽 車 保 險 索 償 申 請 表
Motor Insurance Claim Form

索償申請表請電郵至
claims@mxic.com.hk
或傳真: 3020 5063

請閣下於意外發生後立刻填妥本表格並連同下列所需文件一併交回。本公司會保留權利在需要時要求閣下提供額外之有關索償資料及文件。發出此索償申請表不代表本公司已承認賠償責任。

Completed claim form must be given to the Company immediately from the date of accident together with the following supporting documents. We reserve our right request additional information / documents when needed. The issue of this claim form is not an admission of liability on the part of our Company.

重要事項：

1. 如收到任何第三者索償文件、警方文件或傳票請勿自行回答，應立即交予本公司作適當處理。
2. 如是次意外是由第三者之疏忽引致，您或司機應盡快向警方提出投訴，以便警方作進一步調查。
3. 於是次理賠您應披露所有重要事實及說明。
4. 未經本公司審核及批准不能進行維修。

若有違反上述事項本公司將拒絕您的索償或導致您的保險單被作廢。

IMPORTANT NOTE:

1. All communication, Writ and Summons received from third party or police must be forwarded to the Company immediately unanswered.
2. Driver should make complaint against the third party promptly if the accident was caused by the negligence of the third party to enable the police carry out further investigation on the accident.
3. Should disclose all the material facts and caption.
4. Do not proceed any repairing works without our prior consent.

In case, breach of the above Conditions will cause us not to handle your submitted claim or the Policy shall be forfeited.

索償所需文件 Supporting Documents:

1. 填妥及簽署附頁之同意書正本及第三者傷亡附加頁(如適用)；
   Completed and sign on attached Letter of Consent (Original) and Third Party Bodily Injury Questionnaires (if any);
2. 填妥附上之"申請過往定罪事項證明書"並向香港警務處交通總部申請過往駕駛記錄 (適用於記名司機)；
   Completed the attached "Application for a Certificate Relating to Previous Convictions" and apply the driving history record from Hong Kong Police Force Traffic Branch Headquarters (for named driver only);
3. 受保車輛之有效登記文件正背頁及行車證；
   Vehicle Registration Document (with back page) and vehicle licence;
4. 駕駛人的身份證及駕駛執照；
   Driver's Identity card and driving licence;
5. 呼氣測試報告及警方口供紙；
   Screening breath test report and Police statement
6. 事故發生時的行車紀錄儀數據(如有)；
   Video recorder or memory card at the material time (if any);
7. 肇事車輛損毀及意外現場之彩色相片；
   Color photos showing the extent of damage of vehicles involved and accident scene;
8. 報價單 (適用於综合保障之自車損毀索償)。
   Repair quotation (for comprehensive coverage only).

保單號碼
Policy No. _____

保險中介人
Insurance Agent / Broker _____

保 戶 INSURED

姓名
Name _____

地址
Address _____

職業
Occupation _____

聯絡電話
Contact Telephone _____

電郵地址
Email Address _____

受保車輛 INSURED VEHICLE

車牌編號
Registration No. _____

製造名稱及款式
Make and Model _____

出廠年份
Year of Manufacture _____

在發生意外事件時，該車乃作 (私人 / 商業 / 租賃) 之用途
Purpose of use at time of accident (Private / Business / Trade or Hire) _____

駕 駛 人 DRIVER

姓名 Name _____ 地址 Address _____

職業 Occupation _____ 聯絡電話 Contact Telephone _____ 電郵地址 Email Address _____

首次擁有正式駕駛執照日期 Date of official driving licence first issued:	駕駛經驗之總年數 Driving experience:
出生日期 (日/月/年) Date of birth (dd/mm/yyyy) :	是否在保單上之記名司機 ☐ 是 ☐ 否 Are you the named driver under this Policy? ☐ Yes ☐ No
駕駛人是否得車主同意駕駛該車輛 ☐ 是 ☐ 否 Driving on Insured's order or with Insured's permission? ☐ Yes ☐ No	與保戶之關係 Relationship with Insured:
意外前曾服用任何藥物或含有酒精飲品 ☐ 是 ☐ 否 如有，請註明份量 _____ Have you taken any drugs or alcoholic beverage before accident? ☐ Yes ☐ No If yes, please state the quantity taken _____	曾進行呼氣測試 ☐ 是 ☐ 否 結果度數為_____ Have you demanded by Police for screening breath test after an accident? ☐ Yes ☐ No If yes, the result is_____mg/100ml

於過去 3 年內曾否因:

(1) 發生交通意外被判有罪 ☐ 有 ☐ 沒有 如有，請詳述 _____

(2) 觸犯交通法例被檢控 / 罰款 / 扣分 / 停牌 ☐ 有 ☐ 沒有 如有，請詳述 _____

Particulars of (1) convictions of traffic offence and (2) driving offence points during past 3 years:_____

意外發生之詳情 DETAILS OF ACCIDENT

日期 Date _____ 時間 Time _____ (上午 / 下午) (am / pm) 受保車輛在意外事件發生前之行駛時速為每小時 Speed of insured vehicle immediately prior to accident _____ 公哩 km/h

天氣及路面情況 Weather and road condition _____ 地點 Location _____

請詳述是次意外事件如何發生

Detailed description of accident _____

圖 解 SKETCH

受保車輛損毀情況 EXTENT OF DAMAGE TO INSURED VEHICLE

詳述損毀情況
Description and extent of damage _____

該車在意外後曾否被警方拖往政府驗車中心進行驗車 ☐是 ☐否 該車目前停放在何處
Whether the vehicle has been towed by the Police for inspection? ☐ Yes ☐ No Where is the vehicle now? _____

維修車廠的名稱及電話 修理費估計約為
Name of repairer and contact telephone _____ Estimate repair costs _____

注意：未經本公司審核及批准不能進行維修。
NOTE: Do not proceed any repairing works without our prior consent.

第三者車輛損毀情況 EXTENT OF DAMAGE TO THIRD PARTY VEHICLE

有關肇事車輛的車主或駕駛人之姓名及聯絡電話 Names and contact no. of owners or drivers of vehicles Involved	汽車編號 / 廠名 / 型號 Registration No. / Make & Model	簡述損毀情況 Brief extent of damage
1)		
2)		
3)		

注意：如閣下/司機已接受賠償或給予第三者賠償，或曾與第三者有口頭/書面和解承諾，請提交有關文件正本。
☐是 ☐否
NOTE: If you/your driver have been received compensation from third party or made any compensation to the third party; or any verbal/written settlement agreement with third party, please submit original of relevant document. ☐ Yes ☐ No

受傷者 INJURED PERSON

此意外是否涉及第三者人身傷亡 ☐是 ☐否 所涉及死者 / 傷者數目：_____
Whether the accident have third party death or bodily injury involved? ☐ Yes ☐ No No(s) of deceased / injured person _____

注意：如涉及傷亡者請填寫附加頁。若涉及多名傷者，則每一名傷者填寫一份附加頁。
NOTE: If the accident caused third party death or injury, please fill the attached "Third Party Bodily Injury Questionnaire". If more than one deceased or injured person, each "Bodily Injury Questionnaire" for one injured person.

其他財物損壞 EXTENT OF DAMAGE TO OTHER PROPERTIES

其他受損毀之財物的物主姓名及地址 Name and address of owner(s) of other properties damaged	簡述損毀情況 Brief extent of damage

見證人 WITNESSES

請詳述每位見證人及在場目擊此意外事件者之姓名及地址
Give name and address of every witness and other person(s) who was present at the scene _____

司機意見 DRIVER'S OPINION

據司機意見，認為誰人導致及需要對是次交通意外負責?
In driver's opinion, which party should be held responsible for causing this accident? _____

警方報告 POLICE REPORT

報案警署名稱
Name of police station _____

報案日期及案件編號
Report date and case number _____

警員姓名或編號
Name & No. of officer _____

駕駛人或證人有否提出指控 □有 □否
Did the driver or witness make any statement of blame? □Yes □No

聲明及授權 DECLARATION & AUTHORIZATION

本人/吾等在此聲明本人/吾等已盡一切能力保證上述各節均屬實情，及在此次意外中，本人/吾等並無得到其他保險賠償。
本人/吾等亦同意，如以上或將來提供之資料有虛假成分或有隱瞞，此保險單將被作廢，而一切索償權利亦將喪失。
I/We declare that, to the best of my/our knowledge, the above statements are true and correct and I/We have no other insurance policy indemnifying me/us in respect of this accident. I/We hereby further agree if I/We have made or shall make any false statement or concealment, the Policy shall be void and all rights of recovery under the Policy shall be forfeited.

本人/吾等現授權**閩信保險有限公司 (「本公司」)** 由現存或不時成立的任何保險公司的協會或聯會或類同組織 (以下簡稱「聯會」) 從保險業內收集的資料中查閱及/或核對本人/吾等之任何資料。
I/we hereby authorize **Min Xin Insurance Company Limited ("Company")** to obtain access to and/or to verify any of my/our data with information collected by any association, federation or similar organization of insurance companies the exists or is formed from time to time (the "Federation") from the insurance industry.

本人/吾等授權持有本人/吾等投保資料，索償紀錄或任何有關資料之一方，包括但不限於警方及政府機構，保險公司等任何有關人士或組織，可以將部份或全部有關本人是次或相關事件等資料提供**貴公司**或其代理人。
I/We hereby further authorize any parties, including but not limited to police and government authorities, insurance companies etc. who are in possession of my insurance proposal information, claim information or any related information to release part or all of the information about the subject or related incidents of injury, loss or damage to the **Company** or its agents.

個人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT

由**本公司**收集所得或持有閣下之個人資料(該等資料可能在此表格提供或從其他途徑得到)可被用於**強制性**用途，如閣下不能提供有關個人資料，**本公司**將不能向閣下提供服務。
Your personal information collected or held by the **Company (**whether contained in this Application or otherwise obtained) may be used for below **obligatory purposes**. Failure to supply the required information may result in the **Company** unable to provide services to customers.

閣下提供的資料，為**本公司**提供業務所需，並可能使用於下列目的 ：
The information you provide to the **Company** is collected to enable the **Company** to carry on insurance business and may be used for the purpose of:

- 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 ；
  any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service;
- 任何索償、訴訟或該等索償的調查或分析 ；
  any claim, action and/or proceedings or investigation or analysis of such claim; and
- 行使任何代位權 ； 及
  exercising any right of subrogation; and

可能轉移予 ：
may be transferred to:

- 任何有關的公司，或任何其他從事與保險或再保險有關的公司，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 ；
  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 providers providing services relevant to insurance business for any of the above or related purposes;
- 現存或不時成立的任何保險公司協會或聯會或類同組織「聯會」，以達到任何上述或有關目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能 ； 及
  any association, federation or similar organization of insurance companies "Federation" that exists or is formed from time to time for any of the above or related purposes or to enable the "Federation" to carry out its regulatory functions or such other functions that may be assigned to the "Federation" from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the "Federation", and
- 透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的。
  any members of the "Federation" by the "Federation" for any of the above or related purposes.

閣下有權查閱及要求更正由**本公司**持有有關閣下的個人資料，如有需要，請以書面向**本公司**個人資料保護主任提出。
You have the right to obtain access to and to request correction of your personal information held by the **Company** by request in writing to Personal Data Protection Officer of the **Company**.
根據私隱條例，**本公司**有權收取合理費用，藉以處理任何資料的查閱要求。
In accordance with the Ordinance, the **Company** has the right to charge a reasonable fee for processing any data access request.
此授權書之影印本亦屬有效。
A photocopy of this authorization shall be considered as effective and valid as the original.

保戶簽署 (如屬公司請印章)
Signature of Insured (with Company chop, if applicable)
日期 Date:

駕駛人簽署
Signature of Driver
日期 Date:

To: Senior Inspector of Police,
Investigation and Support Division,
Traffic HKI / KE / KW / NTN / NTS

致: 香港警務處

Police Report No. 警方檔案編號: _____

Letter of Consent
同意書

Date of Accident 意外日期:

Involving Vehicle(s) 牽涉車輛:

Location of Accident 意外地點: _____

I hereby agree any police station of Hong Kong Police Force to disclose to MIN XIN INSURANCE COMPANY LIMITED and/or their appointed adjudicator and/or surveyor and/or loss adjuster and/or legal representatives, any and all information and/or documents including a copy of my statement concerning the above event for the purpose of assessment of an insurance claim. A photocopy of this letter shall be as valid as the original.

I have read the above authorization and confirm my understanding and consent by signing below.

本人謹同意任何香港警務處之警局披露任何及一切有關以上事故的資料包括本人的口供副本予閩信保險有限公司及/或其委托之調查員 / 公證行 / 律師行，以便評估本人的保險索償。此同意書的影印本亦屬有效。

本人已閱讀以上內容及明白此同意書，並簽名作實。

Signature & Chop (if applicable) 簽署及蓋章(如適用): _____
the signature should be same as the one signed on statement 該簽署必須與閣下口供相同

Name (in block letter) 姓名(正楷): _____

HKID / Business Registration No. 香港身份證 / 商業登記證號碼: _____

Data Subject 資料當事人: Vehicle Registration Owner / Driver 車輛登記車主 / 司機

Date 日期: _____

Claim No. 檔案編號: _____

第三者傷亡附加頁
Third Party Bodily Injury Questionnaire

保單號碼 Policy No.: _____ 意外發生日期 Date of Accident: _____ 車牌號碼 Vehicle No.: _____

1. 請說明傷亡者之身份
Identity of the injured / deceased
☐ 行人 Pedestrian ☐ 車上乘客 Passenger ☐ 第三者車上乘客 Passenger of the third party vehicle

2. 請描述該傷亡者
Give the following details of the injured / deceased
☐ 男 Male ☐ 女 Female 姓名 Name _____ 年齡 Age _____

聯絡電話號碼 Contact telephone No._____

3. 傷亡者當時穿著何種服飾及鞋？
Do you have any idea on the appearance and wearing of shoes of the injured / deceased at the time of accident?

_____

4. 該傷亡者當時是否正在使用手提電話或任何耳筒音響器具？
Do you have any idea on whether the injured/ deceased was engaging in the mobile phone or musical appliance at the time of accident? ☐ 是 Yes ☐ 否 No ☐ 不清楚 No idea

5. 如傷亡者是車上乘客，有否佩戴安全帶？
If the passenger of third party vehicle was injured / deceased, was he / she wearing a seat belt?
☐ 有 Yes ☐ 否 No 請說明 Please specify ( )

6. 傷者傷勢屬於輕微抑或嚴重？
Did the injury appear minor or serious?
☐ 輕微 Minor ☐ 嚴重 Serious 請說明 Please specify ( )

7. 傷者遇事後是否清醒?
Was the injured conscious?
☐ 是 Yes ☐ 否 No 請說明 Please specify ( )

8. 傷者遇事後能否步行?
Was the injured able to walk after the accident?
☐ 能 Yes ☐ 否 No 請說明 Please specify ( )

9. 傷者在遇事後有否被送往醫院？ 請提供醫院名稱
Did the injured person admitted in hospital? ☐ 有 Yes ☐ 否 No
醫院名稱 Name of hospital _____

10. 傷者乃自行抑或由救護員抬上救護車？
Did the injured walk to the ambulance or was he / she carried? ☐ 自行 Walk ☐ 由救護員 Carried

11. 肇事時閣下之車輛那部份觸及傷者？
Which part of your vehicle struck the injured?_____

12. 當時閣下車輛之車輪曾否輾過傷亡者身體之任何部份？如有，請加以說明
Did the wheels of your vehicle go over any part of the injured/ decease's body?
☐有 Yes ☐否 No如有, 請說明 If yes, Please specify ( )

13. 請指出傷亡者之受傷部位？
Please put a tick in the appropriate box regarding the apparent injury suffered by the injured / deceased?

☐ 右腳 Right Leg ☐ 右臂部 Right Arm ☐ 頭部 Head
☐ 左腳 Left Leg ☐ 左臂部 Left Arm ☐ 身體其他部位 Other part of body: _____

14. 如傷者有出血現象，請說明出血的部位?
Was blood coming out from any part of the injured?

☐ 耳部 Ears ☐ 眼部 Eyes ☐ 鼻子 Nose
☐ 口部 Mouth ☐身體其他部位 Other part of body: _____

15. 如傷亡者受其他傷害之情況，請詳述：
Do you have any further details regarding the injury suffered by the injured/ deceased?

_____

_____