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
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:澳門南灣湖景大馬路810號中國工商銀行大廈6樓E座
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電話Tel: (853) 2830 5686 傳真Fax: (853) 2830 5600
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索償申請表請電郵至 macaucs@mxic.com.hk 或傳真: 2830 5600

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

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.

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. 受保車輛之有效登記摺 ;
   Vehicle Registration Card;
3. 駕駛人的身份證及駕駛執照 ;
   Driver's Identity card and driving licence;
4. 呼氣測試報告及警方口供紙 ;
   Screening breath test report and Police statement;
5. 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);
6. 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;
7. 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 _____

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 / 停牌 有 ☐ 沒有 ☐ 如有，請詳述 _____

Particulars of (1) convictions of traffic offence and (2) prosecution, penalty or disqualify during past 3 years:_____

受保車輛 INSURED VEHICLE

車牌編號 製造名稱及款式 出廠年份
Registration No. _____ Make and Model _____ 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) _____

意外發生之詳情 DETAILS OF ACCIDENT

日期 時間 (上午 / 下午) 受保車輛在意外事件發生前之行駛時速為每小時 公哩
Date _____ Time _____ (am / pm) Speed of insured vehicle immediately prior to accident _____ km/h
天氣及路面情況 地點
Weather and road condition _____ 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
Whether the accident have third party death or bodily injury involved? ☐ Yes ☐ No

所涉及死者 / 傷者數目：_____
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

重要事項：
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。如是次意外是由第三者之疏忽引致，司機應盡快向警方提出投訴，以便警方作進一步調查。
IMPORTANT NOTE:
All communication, Writ and Summons received from third party and police must be forwarded to the Company immediately unanswered.
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

聲明及授權書 Declaration and authorization

1. 本人/吾等謹此聲明，本人/吾等確信，以上所填報之資料及所列各項之事件乃屬完全真確並無對保險公司作任何資料之保留。
   I/We declare that all information and particulars contained above are true and complete to the best of my knowledge and belief and they are made without reservation of any kind.
2. 本人/吾等授權於任何曾替本人/吾等作診療之醫生、醫務人員、醫院或診所提供有關本人/吾等病歷之資料予**閩信保險有限公司**（「**本公司**」）或其代理人。
   I/We hereby authorize any physician, medical practitioners, hospitals or clinics by whom or where I/We have been observed or treated to give full particulars about my/our health to the **Min Xin Insurance Company Limited (“Company”)** or its agents.
3. 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.

收集個人資料聲明 Personal Data Collection Statement

1. 閣下提供的資料，為**本公司**提供保險業務所需，並可能使用於下列目的：
   The information you provide to the **Company** is collected 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 alternations, variations, cancellation or renewal of them;
   - 處理任何對客戶的索償、訴訟及/司法程序；以及行使本公司的權利（詳情見適用保單條款所定），包括但不限於代位權；
     To manage any claim, action and/or proceedings brought against the customers, and to exercise the Company’s rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right;
   - 任何索償或索償分析及可能轉移予現存或不時成立的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或任何保險公司的協會或聯會。
     Any claim or analysis of it. and may be transferred to any related business partners, companies 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 or any association or federation of insurance companies that exists or is formed from time to time.
2. 所有客戶均有權以書面向**本公司**要求查閱、修正及/或更改由**本公司**所持有有關其本身的任何個人資料。
   All customers have the right to access to, correct, or change any of their own personal information held by the **Company** by request in writing to the **Company**.

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

To: Departamento de Trânsito - Comissariado de Trânsito de Macau

致: 交通廳 – 澳門交通警司處

Departamento de Trânsito Report No. 交通廳檔案編號: _____

Letter of Consent
同意書

I hereby authorize any Departamento de Trânsito - Comissariado de Trânsito de Macau to disclose to MIN XIN INSURANCE COMPANY LIMITED and/or their authorized 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 following event 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.

本人茲授權任何交通廳 – 澳門交通警司處披露任何及一切有關以下事故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調查員 / 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。 此同意書的影印本亦屬有效。

I also agree to provide a copy of my identity card for verification.
本人同意提供身份證副本以作核對之用。

Event 事故: _____

Signature 簽署: _____ Date 日期:_____

Name 姓名: _____ ID No. 身份證號碼:_____

Claim No. 檔案編號: _____