



# TRINITY GENERAL INSURANCE COMPANY LTD.

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## 三 聯 保 險 有 限 公 司

GENERAL AGENTS : SHERIC UNDERWRITING AGENCY LTD

### MOTOR VEHICLE ACCIDENT REPORT 汽車意外報告書 IMPORTANT 重要事項

- All accidents must be reported to the nearest Police Station.  
所有意外事件均須向就近警署報案
- This Report Form must be fully and accurately completed, irrespective of whether it is in favour of the Insured/Driver or otherwise.  
無論情況是否不利於保戶 / 駕駛者，報告書內之提問均需詳盡作答。
- Never admit liability in any way or make any offer or promise of payment to any party without prior consent from the Company. If you receive any communication summons &/or writ in any way connected with the Accident, please immediately forward them unanswered to the Company.  
未得本公司同意，任何人士不能擅作承諾或賠償協議，一切有關此意外之函件及傳票等必須立即交由本公司處理。
- The acceptance of this Report by the Company cannot be construed as admission of liability.  
向本公司呈交此報告書並不表示本公司必須承擔此意外之賠償責任。
- If the estimate exceeds the "Authorized Repair Limit" mentioned in the Policy, the consent of the Company after appropriate assessment must first be obtained before the repairs can be carried out.  
如修理費估價超出保單內之 "授權修理限額"，須由本公司審核後方可開始修理工程。
- The following documents should be presented with this Accident Report:-
  - Photocopy of Motor Vehicle Registration Document
  - Photocopy of driver's identity card
  - Photocopy of driver's driving licence
  - Certificate of Particulars of Driving Licence issued by Transport Department to the driver
  - Hire Agreement of the Motor Vehicle, if any
  - Any Police Documents

下列文件須連同此意外報告書一併呈交

- |               |                         |
|---------------|-------------------------|
| (一) 車輛登記証副本   | (四) 運輸署簽發與駕駛者之駕駛執照細節證明書 |
| (二) 駕駛者身份証副本  | (五) 租車合約                |
| (三) 駕駛者駕駛執照副本 | (六) 所有警方文件              |

#### PARTICULARS OF THE INSURED 保戶資料

Policy No. 保單號 .....	Expiry Date 到期日 .....
Insured's Name 保戶名稱 .....	Tel. No. 電話 .....
Business/Profession/Occupation 營業性質/職業 .....	
Address 地址 .....	Tel. No. 電話 .....
Correspondence Address 通訊地址 .....	Tel. No. 電話 .....

#### PARTICULARS OF THE VEHICLE 汽車資料

Registration No. 車輛號碼	Year of Manufacture 製造年份	Make & model 廠名及型號	G.W. / C.C. 總重量/汽缸容量	Chassis & Engine Nos. 車身及引擎號碼	Manual / Auto 棍波 / 自動波	Modification 改裝



**DETAILS OF THE ACCIDENT 意外詳情**

Sketch 草圖	Description of Incident 事件過程
Vehicle was towed by Police after the accident <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是	
Detained at: 扣留於 _____ Release Date 取回日期 _____	

**PERSON(S) WILLING TO WITNESS THE INCIDENT 願意作證人士**

Name 姓名 Address & Phone No. 地址及電話 Relation with Driver 與駕駛者的關係 Information Provided to Police 資料已提供警方	Name 姓名 Address & Phone No. 地址及電話 Relation with Driver 與駕駛者的關係 Information Provided to Police 資料已提供警方
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**OWN DAMAGE 己方損失**

Damaged portion & Extent of damage 損毀部份及損毀程度 .....	
<input type="checkbox"/> The damaged vehicle can still be driven for use. 損毀車輛尚可供使用	
<input type="checkbox"/> The damaged vehicle was towed/delivered for repair. 損毀車輛已拖 / 送往修理	
<input type="checkbox"/> Own repair, for record purpose. 自行修理, 只作備案	
The damaged vehicle can be inspected at 可往下述地點檢查該車 _____	
Contact person 聯絡人 _____	Tel. No. 電話 _____
Estimated repair charges 維修費估價 _____	
Detailed estimate of repair costs issued by garage should be presented with this Accident Report 修車房之修理估價單須連同此意外報告書一併呈交	

**WOUNDED PERSON(S) IN OWN VEHICLE 己方受傷人士**

Name 姓名 _____ Age 年齡 _____ Sex 性別 _____ Address & Phone No. 地址及電話號碼 _____ Profession 職業 _____ Relation with Driver 與駕駛者之關係 _____ Condition of injury 傷勢 _____ In-patient 留醫 <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 at 在 _____ Hospital 醫院	Name 姓名 _____ Age 年齡 _____ Sex 性別 _____ Address & Phone No. 地址及電話號碼 _____ Profession 職業 _____ Relation with Driver 與駕駛者之關係 _____ Condition of injury 傷勢 _____ In-patient 留醫 <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 at 在 _____ Hospital 醫院
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Use continuation sheet if necessary 需要時請加附頁

**INJURY & DAMAGE TO OTHER PARTY 對方損失及受傷情況**

**OTHER PARTY'S VEHICLE 對方車輛**

Registration No. 車輛號碼 .....	.....	.....
Type & Colour 類型及顏色 .....	.....	.....
Driver's Name & Driving Licence No. 駕駛者姓名及駕駛執照號碼 .....	.....	.....
Driver's Address & Phone No. 駕駛者地址及電話 .....	.....	.....
Damage portion & Extent of damage 損毀部份及損毀程度 .....	.....	.....

**WOUNDED PERSON(S) IN OTHER PARTY'S VEHICLE 對方車內受傷人士**

Nil Total of which male female child baby  
無 總人數 ..... 其中 男 ..... 女 ..... 兒童 ..... 嬰兒 .....

Condition of Injury 傷勢

**WOUNDED PEDESTRIAN(S) 受傷途人**

Name 姓名 Profession 職業 Sex 性別 Age 年齡

Address & Phone No. 地址及電話號碼

Condition of injury 傷勢

In-patient 留醫  No 否  Yes 是 at 在 \_\_\_\_\_ Hospital 醫院

**THIRD PARTY PROPERTY DAMAGE 他人財物損毀**

**DRIVER'S COMMENT ON THIS INCIDENT 駕駛者對此事評語**

In Driver's opinion, who was at fault?  
以駕駛人意見，這次意外事件是誰人過失而引起? .....

Immediately after the accident did the insured driver pay or receive any payment to or from the third party?  
遇事後受保駕駛人有否付給或收取任何款項予第三者?

Yes, paid / received\* an amount of \_\_\_\_\_ to / from\* third party  No  
有,已付 / 收取\*款項 ..... 予 / 由\*第三者 否

\*delete where inapplicable  
\*刪除不適用者

Immediately after the accident did the insured driver has any verbal or written compromise agreement with the third party?  
遇事後受保駕駛人有否與第三者有口頭或書面之和解協議?

Yes, details \_\_\_\_\_  No  
有,詳細如下 ..... 否

**DECLARATION 聲明**

I/We hereby declare that the information given on this report is true to the best of my/our knowledge and belief.  
上述所填報之資料乃盡本人 / 我們所知所信而提供，而且全部屬實。

I/We agree that the information provided to and held by the Company is collected that may be used for (i) any insurance related product or service or any alteration, variation, cancellation, or renewal of them and (ii) any claim or analysis of it, and may be transferred to any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation or other service providers providing services relevant to insurance business or any association or federation of insurance companies.

本人/本公司謹同意三聯保險有限公司將本人/本公司提供之資料可作以下用途:(i) 任何有關保險服務，包括更改投保資料，取消保險單或續保等；(ii) 任何索償及其分析事宜；本人/本公司並同意三聯保險有限公司可能轉介投保資料至其關連公司、或其他保險公司、再保險公司、或其他相關服務提供者如中介人，理賠服務、調查機構；或至保險業聯會或協會。

Signature of Driver  
駕駛者簽名

Signature of Insured  
保戶簽名

Date  
日期

Date  
日期