

Motor Accident Report 汽車意外事故報告

Please return to:
請寄回至

Claim No: (Office Use Only)
賠償檔案號碼 (本公司專用)

Insurers pass information to the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the register.

為查核資料來源的準確性及防止詐騙發生，保險公司將會把這報告書上的資料提交保險人協會屬下的汽車盜竊紀錄中心。

INSURED 投保人			
Policy No: 保險單號碼	<input type="text"/>		
Full Name 姓名	<input type="text"/>	Occupation 職業	<input type="text"/>
Private Address 住宅地址	<input type="text"/>		
	<input type="text"/>		
Postcode 郵政號碼	<input type="text"/>	Telephone. No 電話號碼	<input type="text"/> - <input type="text"/>
Business Address 營業地址	<input type="text"/>		
	<input type="text"/>		
Postcode 郵政號碼	<input type="text"/>	Telephone. No 電話號碼	<input type="text"/> - <input type="text"/>
A. Is the Insured registered as a taxable person for VAT? 投保人是否登記為VAT付稅人?		Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
B. If the Insured is registered for VAT, is full remission of input tax obtained? 如投保人登記為VAT付款人，是否能完全豁免輸入稅?		Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
C. If 'yes' and only partial remission is obtained, please state last annual adjusted percentage of tax 如僅是部份豁免VAT，請述上一年度調整的稅率是			<input type="text"/> %

DRIVER 駕駛者			
Please Note: All questions should be answered, whether or not the Insured was driving. You are not required to include convictions regarded as 'spent' by virtue of the Rehabilitation of Offenders Act 1974. 注意：不論投保人是否駕駛，請回答所有問題（但不需包括「判罪紀錄消失法案1974」之判罪。			
Name 姓名	<input type="text"/>	Address 地址	<input type="text"/>
	<input type="text"/>		
Postcode 郵政號碼	<input type="text"/>	Telephone. No 電話號碼	<input type="text"/> - <input type="text"/>
Occupation 職業	<input type="text"/>	Date of Birth 出生日期	<input type="text"/> / <input type="text"/> / <input type="text"/>
Is the driver main user of vehicle? 駕駛者是否是車輛的主要使用人?		Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
Is the driver employed by you? 駕駛者是否受僱於你?		Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
Was the vehicle being driven with your permission? 該車輛的駕駛是否得到你的准許?		Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>

Has the driver any conviction for any offence in connection with any motor vehicle ?

Yes 是 No 否

if Yes, please give details including dates 駕駛者可曾犯有與其他車輛有關的罪行？如"是"，請提供詳情包括日期等

Has the driver been refused motor vehicle insurance or continuance thereof ?

Yes 是 No 否

駕駛者曾否被拒絕受保或續保汽車保險？

Does the driver own a motor vehicle ? If 'Yes' please give name and address of insurer together with policy number.

Yes 是 No 否

駕駛者是否擁有汽車？如"是"請提供保險公司名稱，地址及保險單號碼。

Name and Address of Insurance Company

保險公司名稱及地址

Policy Number

保險單號碼

Was the driver licensed to drive the vehicle ?

駕駛者是否持有駕駛該類車輛的執照？

Yes 是 No 否

Was the licence ?

該執照性質是？

Full 正式 Provisional 臨時

If full, please state date when first full licence issued ?

如"正式"，請列明發發該執照日期。

 / /

VEHICLE 車輛

Make and Model

車廠及類型

Registration No.

登記號碼

Year of Make

製造年份

C.C.

汽缸容量

Date of First Registration

首次登記日期

 / /

Name and Address of Owner

車主姓名及地址

If vehicle is subject to hire purchase agreement state name of finance company, address and agreement number.

如車輛是分期付款方式購買，請列明財務公司名稱，地址及合約號碼。

State fully the purpose for which the vehicle was being used.

請詳細述明該車輛之用途。

ADDITIONAL QUESTIONS FOR TRADE VEHICLES ONLY 僅適用於商用汽車的附加問題

Were trailers attached to the vehicle ?

該車輛是否與拖車掛接？

Yes 是 No 否

Were goods being carried ? If 'Yes' please state

是否載有貨物？如是，請列明

Yes 是 No 否

A. Description

貨物描述

B. Owner

貨主

Weight of load on

貨物重量

A. Vehicle

在該車輛上

B. Trailers

在拖車上

DAMAGE TO INSURED VEHICLE 所保車輛的損毀情況

What damage was caused to the insured vehicle ?

所保車輛有何損毀？

Repairer's name, address and tel. no.

修理廠名稱，地址及電話號碼

Please indicate on the diagram the damage caused to your vehicle.

請在草圖顯示車輛受損毀的部位

前 FRONT

後 REAR

OTHER VEHICLES INVOLVED (PLEASE CONTINUE ON SEPARATE SHEET IF NECESSARY) 其他牽連的車輛 如有需要，請在另一紙張繼續填寫

Name and address of driver and / or owner 駕駛者和 / 或車主的姓名及地址。

1. Name 姓名	<input type="text"/>	Registration No. 登記號碼	<input type="text"/>
Address 地址	<input type="text"/>		
	<input type="text"/>	Postcode 郵政號碼	<input type="text"/>

Insurers Name and Policy No.

保險公司名稱及保險單號碼

Apparent Damage

明顯的損毀

2. Name

姓名

Registration No.

登記號碼

Address

地址

Postcode

郵政號碼

Insurers Name and Policy No.

保險公司名稱及保險單號碼

Apparent Damage

明顯的損毀

OTHER PROPERTY DAMAGED (APART FROM VEHICLES) 其他財物之損毀 (車輛除外)

Please continue on separate sheet if necessary 如有需要，請在另一張紙繼續填寫

Name and Address of owner (if known)

物主姓名及地址 (如知悉)

Nature of Damage

損毀情況

PERSON INJURED (PLEASE CONTINUE ON SEPARATE SHEET IF NECESSARY) 受傷者 (如有需要，請在另一紙張繼續填寫)**Name and Address**

(state whether driver or passenger and in which vehicle, or pedestrian)

姓名及地址 (請述明受傷者是那一輛車的駕駛者、乘客或是路人)

Apparent injuries

明顯受傷

Taken to hospital

已送醫院

Injured persons was he / she wearing a seat belt ?

如乘客受傷，他 / 她是否扣上安全帶？

Yes 是 No 否 **Any communications you receive about the accident should not be answered but sent to the Company immediately.**

如接獲任何與上述意外事故有關之文件，請勿回答，並立即遞送本公司辦理。

DECLARATION 聲明

I/We hereby declare that to the best of my knowledge and belief these particulars are true and complete

I/We understand that you may ask for information from other insurers to check the answers I/We have provided

本人 / 我們謹此明聲明，以上情況據本人所知，俱是確實無訛的。本人 / 我們深知本報告書的資料將會跟其他保險公司覆核。

Signature

簽署人

Date

日期

Members of the Association of British Insurers
 Authorised by the Prudential Regulation Authority and Regulated by the Financial Conduct Authority & the Prudential Regulation Authority

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