

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"/>
Date of Birth: 出生日期	<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"/> - <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"/> - <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VAT? 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VAT，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"/>
Postcode: 郵政號碼	<input type="text"/> - <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

Two empty text boxes for providing details of convictions.

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

Text box for insurance company name and address.

Policy Number

保險單號碼

Text box for policy number.

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"，請列明簽發該執照日期。

Text box for license issue date in format / /

VEHICLE 車輛

Make and Model

車廠及類型

Text box for make and model.

Registration No.

車牌號

Text box for registration number.

Year of Make

製造年份

Text box for year of make.

C.C.

汽缸容量

Text box for C.C.

Date of First Registration

首次登記日期

Text box for date of first registration in format / /

Name and Address of Owner

車主姓名及地址

Text box for owner name and address.

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

如車輛是分期付款購買，請列明財務公司名稱，地址及合約號碼。

Two empty text boxes for hire purchase agreement details.

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

請詳細述明該車輛之用途。

Text box for vehicle purpose.

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

Text box for description of goods.

B. Owner

貨主

Text box for owner name.

Weight of load on

貨物重量

A. Vehicle

在該車輛上

Text box for weight on vehicle.

B. Trailers

在拖車上

Text box for weight on trailers.

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？

Three empty text boxes for describing damage to the insured vehicle.

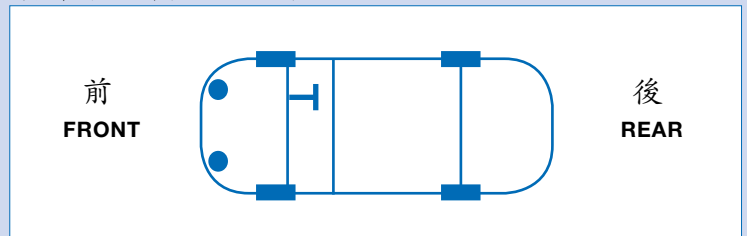
Repairer's name, address and tel. no.

修理廠名稱，地址及電話號碼

Four empty text boxes for repairer details.

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



In all cases where your vehicle is damaged and you are entitled to claim under the Policy, please send an estimate for repairs to the Company immediately.

在任何情況下，如你的車輛遭受損毀，並有權在保險單項下取得賠償，請立即將修理估價單寄本公司。

Is the vehicle at repairers premises? If 'No' when will it be taken in for repairs?

該車輛是否存放在修理廠？如不是，何時將可送去進行修理？

Yes 是 No 否

If you are registered for VAT, do we have your authority to instruct repairers as your agent?

如你已登記為 VAT 付款人，你可否授權本公司與修理廠聯繫？

Yes 是 No 否

ACCIDENT 意外事故

Date 日期 / / Time 時間 am / pm 上午/下午 Place 地點

Weather 天氣 Visibility 能見度 Yards 碼

What lights were lit on the vehicle? 車輛亮起甚麼燈？

Speed 車速 A. Before the accident 意外事故發生前時速 m.p.h. 英里/每小時 B. At the moment of the accident 意外事故發生時時速 m.p.h. 英里/每小時

Distance from nearside kerb 與內邊距離 feet 英尺 Was the Insured on the vehicle? 被保險人是否在車輛內？ Yes 是 No 否

State fully what happened. (please continue on separate sheet if necessary)

請詳述意外事故發生經過情形（如有需要可用另一紙張繼續填寫）

Rough plan of accident. Please show: A. Name and approximate widths of roads. B. Tracks of vehicles and road markings.
發生意外事故的草圖。請示明： 路名及其寬度， 汽車位置及路向標誌

State names and addresses of all: (Please write on separate sheet if more than the number stated) 請列出所有姓名及地址：

A. Passengers - Name 乘客	Address 地址
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

B. Independent Witnesses - Name 獨立証人	Address 地址
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Were particulars taken by the Police? If 'yes', please give: 警方有錄取口供否？如"是"，請註明： Yes 是 No 否

A. Name of Force 警隊名稱 B. Officer's Number 警官編號

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. 車牌號	<input type="text"/>
Address 地址	<input type="text"/>		
	<input type="text"/>	Postcode 郵政號碼	<input type="text"/> - <input type="text"/>
Insurers Name and Policy No. 保險公司名稱及保險單號碼	<input type="text"/>		
Apparent Damage 明顯的損毀	<input type="text"/>		
2. Name 姓名	<input type="text"/>	Registration No. 車牌號	<input type="text"/>
Address 地址	<input type="text"/>		
	<input type="text"/>	Postcode 郵政號碼	<input type="text"/> - <input type="text"/>
Insurers Name and Policy No. 保險公司名稱及保險單號碼	<input type="text"/>		
Apparent Damage 明顯的損毀	<input type="text"/>		

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)	<input type="text"/>
	<input type="text"/>
Nature of Damage 損毀情況	<input type="text"/>
	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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。

PRIVACY AND YOUR PERSONAL INFORMATION

China Taiping Insurance (UK) Co Ltd are the data controller (as defined by the UK Data Protection Act 2018 and all applicable laws which replace or amend it, including the General Data Protection Regulation) in respect of this contract of insurance. **We** may obtain, collect and process **your** personal information for the purposes of entering into and performing **our** insurance contract with **you**.

For full details of what data **we** collect about **you**, how **we** use it, who **we** share it with, how long **we** keep it and **your** rights relating to **your** personal data, please refer to **our** Privacy Notice which is available on our website at: <https://uk.cntaiping.com/uk-privacy/>

If **you** do not have access to the Internet, please write to **our** Data Protection Officer (at the address shown below) with **your** name and address and a copy will be sent to **you** in the post.

In summary, **we**, may, as part of our agreement with **you** under this contract, collect personal information about **you**, including:-

- Name, address, contact details, date of birth and cover required
- Financial information such as previous credit history, bank details
- Details of any previous insurance claims.
- Information for Employers' Liability Database records (if Employers' Liability insurance is included)

We may also collect sensitive personal information about **you**, and any additional people who **you** wish to be insured under the policy, including medical records to validate a claim should **you** be claiming for sickness or an accident.

We collect and process **your** personal information for the purpose of insurance and claims administration.

Telephone calls may be monitored and recorded and the recordings used for fraud prevention and detection, training and quality control purposes.

Your personal information may be shared with third parties which supply services to us or which process information on **our** behalf (for example, premium collection and claims validation, or for communication purposes related to **your** cover). **We** will ensure that they keep **your** information secure and do not use it for purposes other than those that **we** have specified in **our** Privacy Notice.

Some third parties that process **your** data on **our** behalf may do so outside of the European Economic Area ("EEA"). Where such transfers occur, **we** ensure that they do not occur without **our** prior written authority and that an appropriate transfer agreement is put in place to protect **your** personal information to an equivalent standard to that found in the EEA.

We will keep **your** personal information only for as long as **we** believe is necessary to fulfil the purposes for which the personal information was collected (including for the purpose of meeting any legal obligations).

We will share **your** information if **we** are required to by law. **We** may share **your** information with enforcement authorities if they ask us to, or with a third party in the context of actual or threatened legal proceedings, provided **we** can do so without breaching data protection laws.

If **you** have any concerns about how **your** personal data is being collected and processed, or wish to exercise any of **your** rights detailed in **our** Privacy Notice, please contact **our** Data Protection Officer at:-

China Taiping Insurance (UK) Co Limited;
2, Finch Lane, London EC3V 3NA
E-mail: dataprotectionofficer@uk.cntaiping.com
Tel: (0044) (0)20 7839 1888

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
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