

MOTOR ACCIDENT CLAIM FORM 汽車意外索償申請表



- Please read and complete every question in this Claim Form carefully. If necessary, please continue your answer on a supplementary sheet.
請小心細閱此索償申請表並回答所有問題。若需要，請加附頁完成各項。
- The Company is entitled to request for more information or assign expert for investigation.
本公司有權要求索償者提供更多資料，或委派專家進行調查。
- Any requisition of this Claim Form and other documents are not construed as an admission of liability on the part of the Company.
要求遞交此索償表格或其他文件並不表示本公司承擔賠償責任。
- Please ✓ as appropriate.
請於適當的地方加上 ✓ 號。

FOR AGENT / INTERNAL USE 代理人 / 內部使用

Received By
接收人

Claim Number
索償號碼

MOT.C.201709.001

SECTION A INSURED INFORMATION 甲項 受保人資料

| | |
|--------------------------------|-----------------------|
| Name of Insured 受保人姓名 | Policy Number 保單編號 |
| Phone Number 聯絡電話 | |
| Correspondence Address 通訊地址 | |

DETAILS OF THE DRIVER (IF NOT THE SAME AS THE INSURED) 司機資料 (如非受保人本人)

| | | | | |
|--|---|-------------|-------------|-------------|
| Name of Driver 司機姓名 | Relationship with the Insured 與受保人關係 | | | |
| HKID Card / Passport Number 香港身份證 / 護照號碼 | Date of Birth 出生日期 | DD ___ 日 | MM ___ 月 | YY ___ 年 |
| Phone Number 聯絡電話 | | | | |
| Correspondence Address 通訊地址 | | | | |
| Has the driver obtained his / her first driving license for more than 2 years? 司機是否已有駕駛執照 2 年以上? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 | | | | |
| Was the driver under the influence of drug or alcohol? 司機當時是否在藥物或酒精影響下駕駛? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 | | | | |

INSURED VEHICLE DETAILS 受保車輛資料

| | | |
|---|----------------------|---|
| Registration Number 車牌號碼 | Vehicle type 車輛種類 | |
| Purpose of the Vehicle Use 車輛用途 | | |
| (If Comprehensive) Is indemnity required under the policy? (如屬全保) 是否要求本公司對此車作出賠償? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 | | If "Yes", please fill in the following 如「是」, 請填寫以下部份 |
| Description of the Damage 車輛損壞情況 | | |
| <hr/> <hr/> <hr/> | | |
| Name of Repairer 車房名稱 | Phone Number 聯絡電話 | |
| Address 地址 | | |

SECTION B CLAIM INFORMATION 乙項 索償資料

Date and Time of Accident
意外日期及時間

DD MM YY HR MIN A.M. P.M.
 日 月 年 時 分 上午 下午

Place of Accident
意外地點

Loss / Damage
損失 / 損壞涉及

Windscreen
汽車擋風玻璃
 Theft
汽車盜竊
 Fire
汽車失火

Own Damage
自身車輛損壞
 Other Vehicle(s) or Property(ies)
其他車輛或財物損毀
 Injury of Person(s)
人身受傷

Has the incident been reported to Police?
該事件是否已通知警方?

Yes 是 No 否

If "Yes", which station?
如「有」, 哪所警署?

Report Date:
報案日期:

DD MM YY
 日 月 年

Case Number
案件編號

Estimated Speed at the Time of the Accident
意外發生時受保車輛之行駛速度約為

_____ KM/H
_____ 公里/小時

Any mechanical issues?
是否有機件問題?

Yes 是 No 否
 If "Yes", please specify
如「有」, 請說明 _____

Full Description of Accident
詳述意外發生經過

Sketch
草圖

Who was at fault in the accident in the driver's opinion?
司機認為意外是誰之過失?

Is there any verbal / written agreement made with the third party(ies)?
有否與第三者達成任何口頭或書面和解協議?

Yes 是 No 否

THIRD PARTY PROPERTY DAMAGE (IF APPLICABLE) 第三者財產損壞 (如適用)

Name of owner / driver
車主 / 司機姓名

Contact
聯絡資料

Description of the Damage
損壞情況

SECTION B CLAIM INFORMATION (CONTINUED) 乙項 索償資料 (續)

THIRD PARTY BODILY INJURY (IF APPLICABLE) 第三者受傷 (如適用)

Number of Injured Persons:

意外中傷者人數：

Remarks: Please use a separate sheet if the space provided is insufficient.
註：倘若表格不敷應用，請另頁詳加說明。

| | Injured Person 1 傷者 1 | Injured Person 2 傷者 2 |
|--|--|--|
| Name 姓名 | | |
| Injured Person is 傷者是 | <input type="checkbox"/> pedestrian 行人 <input type="checkbox"/> driver / passenger on my / our vehicle 在受保車輛上的司機 / 乘客 <input type="checkbox"/> driver / passenger on board another vehicle 在其他車輛上的司機 / 乘客 | <input type="checkbox"/> pedestrian 行人 <input type="checkbox"/> driver / passenger on my / our vehicle 在受保車輛上的司機 / 乘客 <input type="checkbox"/> driver / passenger on board another vehicle 在其他車輛上的司機 / 乘客 |
| Gender 性別 | <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女 | <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女 |
| Age 年齡 | | |
| Phone Number 聯絡電話 | | |
| Extent of the injury 傷勢 | <input type="checkbox"/> Fatal <input type="checkbox"/> Serious <input type="checkbox"/> Moderate <input type="checkbox"/> Minor 當場死亡 嚴重 中度 輕微 | <input type="checkbox"/> Fatal <input type="checkbox"/> Serious <input type="checkbox"/> Moderate <input type="checkbox"/> Minor 當場死亡 嚴重 中度 輕微 |
| Injured location(s) 受傷部位 | <input type="checkbox"/> Lower Limb(s) 腿 / 腳 <input type="checkbox"/> Back 背 <input type="checkbox"/> Upper Limb(s) 手 / 手臂 <input type="checkbox"/> Neck 頸 <input type="checkbox"/> Shoulder(s) 膊頭 <input type="checkbox"/> Head 頭 <input type="checkbox"/> Chest 胸 <input type="checkbox"/> Other 其他 | <input type="checkbox"/> Lower Limb(s) 腿 / 腳 <input type="checkbox"/> Back 背 <input type="checkbox"/> Upper Limb(s) 手 / 手臂 <input type="checkbox"/> Neck 頸 <input type="checkbox"/> Shoulder(s) 膊頭 <input type="checkbox"/> Head 頭 <input type="checkbox"/> Chest 胸 <input type="checkbox"/> Other 其他 |
| Mobility of the Injured after the Accident 傷者意外後行動能力 | <input type="checkbox"/> Unaffected 無影響 <input type="checkbox"/> Did not exit his / her vehicle 留在車上 <input type="checkbox"/> Rested on the ground 坐 / 臥地上 <input type="checkbox"/> Motionless on the ground 躺臥地上不動 | <input type="checkbox"/> Unaffected 無影響 <input type="checkbox"/> Did not exit his / her vehicle 留在車上 <input type="checkbox"/> Rested on the ground 坐 / 臥地上 <input type="checkbox"/> Motionless on the ground 躺臥地上不動 |
| The injured person was conveyed to 傷者被送往哪所醫院？ | | |

CLAIMS DOCUMENT CHECKLIST 索償文件參考表

To expedite the claim process, please ensure you have submitted this Claim Form together with the following supporting documents.
請閣下確定於呈交索償表格時，一併交附以下索償所需證明文件，以便本公司盡快處理有關索償申請。

- Completed Claim Form 填妥索償表
- Copy of Driver's Identity Card 司機身份證副本
- Copy of Driver's Driving License 司機駕駛執照副本
- Letter of Consent signed by the Driver 司機已簽署的授權書
- Copy of Vehicle Registration Document (Both front and back page) 車輛登記文件副本 (正頁及背頁)
- Copy of Police Statement of the Driver 司機警署口供
- Copy of Screening Breath Test Report (if any) 酒精呼氣測試報告副本 (如有)
- Copy of Motor Rental Agreement 租車合約副本

DECLARATION 聲明

- I / We hereby declare that all the above information and particulars given herein are accurate, true and complete and are given to the best of my / our knowledge and belief. I / We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this request or inform the Company of all material information may render the Company unable to accept or process this request and all rights to recover under the Policy shall be forfeited. I / We understand that the issuance or completion of this application does not constitute admission of liability or guarantee payment of the claim on behalf of the Company.
本人 / 我們謹此聲明，上述所有問題的答案包括所有資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人 / 我們所知及所信而作答的。本人 / 我們並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知貴公司任何有關此索償申請之重要資料，將可能導致貴公司不能接受或處理此索償申請及喪失所有追討保單權益之權利。本人 / 我們明白此索償表格之發出及填妥並不代表貴公司確認責任或保證賠償。
- I / We confirm having read and understand the Company's Personal Information Collection Statement as accompanied with this form.
本人 / 我們確認已閱讀及明白隨本表格附上有關貴公司的個人資料收集聲明。

| | | |
|---------------------------------------|----------------------------------|---------------------------------|
| Date (DD / MM / YY) 日期 (日 / 月 / 年) | Signature of the Insured 保戶簽署 | Signature of the Driver 司機簽署 |
|---------------------------------------|----------------------------------|---------------------------------|

Target Insurance Company, Limited - Personal Information Collection Statement

Target Insurance Company, Limited ("the Company") may use the personal data the Company collects about you, which may include your name, address, email address, telephone number and other contact details, date of birth, bank account or credit card details, HKID card number and (in connection with appropriate policies) medical data, and which we may collect when, for example, you apply for, renew or make a claim under a policy and / or you correspond with us, for the following purposes:

Insurance Services (mandatory)

1. processing and assessing of applications for any insurance products and daily operation of the related services;
2. administering your insurance policy and providing services in relation to your insurance policy;
3. any alterations, variations, cancellation or renewal of any insurance and related services;
4. investigating, analysing, processing and paying claims made under your insurance policy;
5. invoicing and collecting premiums and outstanding amounts from you;
6. exercising any right under the insurance policy including right of subrogation, if applicable;
7. complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies, law enforcement agencies and court orders;
8. to conduct research, surveys and analysis for the purpose of product design and the development and improvement of our services to you;
9. statistical or actuarial research undertaken by the Company, other members of the Company's group as identified in our corporate chart available from time to time at www.6161.com.hk ("Group") or its regulators;
10. the operation and administration of the Company's internal business including without limitation any corporate reorganisation;
11. contacting you for any of the above purposes; and
12. other ancillary purposes which are directly related to the above purposes.

The personal data you provide to the Company may be provided or transferred to the following persons for the purposes set out in the above paragraph or directly related purposes or as otherwise permitted by applicable law:

- a) any agent, advisor, contractor or third party service provider (whether within or outside the Group) who provides administrative, telecommunications, computer, payment, debt collection, security, research, ratings, consulting services, product design, marketing (where you have consented to direct marketing as described below), data processing or storage or related services or any other person carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to insurance business;
- b) 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;
- c) any members of the Federation by the Federation for any of the purposes referred to in (b) above or directly related purposes;
- d) government bodies, regulators or any other body to whom the Company or any company within the Group is required to or has agreed to make disclosure under any applicable laws or regulations;
- e) lawyers;
- f) auditors; and
- g) other insurance companies within the Group which have undertaken to keep such information confidential.

Some of these persons may be located in countries outside of Hong Kong, where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the data protection laws of Hong Kong. That means your personal data may not be protected to the same or similar level as in Hong Kong. However, the Company will only transfer your personal data to a service provider or overseas where the Company is satisfied that adequate levels of protection are in place to protect the integrity and security of any information being processed and compliance with applicable privacy and data protection laws.

In the unlikely event that the Company or substantially all of any of its assets are acquired by an unrelated third party, your personal data may be one of the transferred assets. The Company may disclose your personal data, on a confidential basis, to any prospective transferee and its professional advisors (in each case whether within Hong Kong or overseas) for the purposes of their due diligence investigations, the completion of any such transaction and the continued operation of the acquired business.

You do not have to provide your personal data to the Company, but if you do not provide certain personal data (for example, the information indicated as mandatory on the relevant application, registration or renewal forms, or your contact details if you send us an enquiry), it would not be possible for the Company to process your application and render the services or to otherwise correspond with you.

The Company is committed to ensuring your personal data is kept secure and confidential and not kept for longer than is necessary.

Direct Marketing of Products and Services

To provide a more comprehensive range of financial and insurance services, the Company would like to use your name and the contact details you provide to us (for example, your mobile phone number, residential phone number, office phone number, residential address, correspondence address and email address) alongside information that you provide to us about your age, gender and occupation (the "Marketing Personal Data") to provide you with direct marketing communications about the Company's products and services including but not limited to the Company's insurance, banking, financial services and provident schemes products, but we cannot do so without your consent.

Please indicate your consent (which includes an indication of no objection) by ticking the appropriate boxes on your application or renewal forms, or by contacting the Company's customer care centre (for contact details see below).

If you do not want to receive any direct marketing, you may withdraw your consent at any time free of charge by contacting the Company's customer care centre (for contact details see below).

Your rights

You have the right to ascertain the Company's policies and practices in relation to personal data, and to obtain access to and to request correction of your personal data held by the Company. Your right to access your personal data may be subject to payment of an administrative fee. Requests for such access or correction, to withdraw consent to direct marketing, or for further information about our data privacy policies and practices, can be made in writing to the Data Protection Officer, Target Insurance Company, Limited, 5/F, Low Block, Grand Millennium Plaza, 181 Queen's Road Central, Hong Kong (Fax : +852 2789 1539, Email : target@6161.com.hk).

泰加保險有限公司 - 個人資料收集聲明

泰加保險有限公司(「本公司」)可以使用本公司收集閣下的個人資料,包括閣下的姓名、地址、電郵地址、電話號碼及其他聯絡資料,出生日期、銀行戶口號碼或信用咭號碼、香港身份證號碼及(與保單有關連的)醫療記錄,以及本公司在以下情況下可能收取的資料,例如根據保單申請、續期或提出索償時用作下列的用途:

保險服務(強制)

1. 處理及評估任何保險產品之申請,及有關服務之日常運作;
2. 管理閣下的保單及為閣下的保單提供相關服務;
3. 有關保險產品及服務的任何更改、變更、取消或續保;
4. 閣下保單索償的調查、分析、處理及賠償;
5. 保費通知、收集保費和款項;
6. 行使有關保單賦予的任何權利包括代位權,如適用;
7. 遵守及符合任何法例及條例規定的要求、行業手則、指引、監管機構、相關行業認可機構、政府機構及法庭頒令的要求;
8. 為產品設計、研發和改進我們為閣下提供的服務進行研究、調查和分析;
9. 本公司及本公司集團下的其他成員(「本集團」—組織架構圖可於網頁 www.6161.com.hk 查閱)或其監管機構所提供的統計或精算研究;
10. 本公司內部業務的營運及管理,包括但不限於任何企業重組;
11. 為上述任何用途與閣下聯絡;及
12. 與上述用途直接有關之其他附帶的目的。

閣下向本公司提供的個人資料可能會為上述段落或直接相關的目的或適用法律允許的目的提供或轉送予下列各方單位作前段所述的用途:

- a) 任何代理人、顧問、承辦商或提供行政、電訊、電腦、付賬、債務追討、保安、研究、評級、諮詢服務、產品設計、營銷(在閣下同意如下所述的直接營銷)、數據處理或儲存或有關服務的第三者服務供應人或任何其他從事與保險或再保險業務有關的公司,或中介人,或索償或調查或其他提供與保險業務有關的服務供應人,以達到任何上述或有關的用途;
- b) 現存或不時成立的任何保險公司協會或聯會或同類組織(「聯會」),以達到任何上述或有關的用途,或以使聯會執行其監管職能,或其他基於保險業的利益而不時在合理要求下賦予聯會的職能;
- c) 或透過聯會提供予任何聯會的會員,以達到任何上述或有關的用途;
- d) 政府機構、監管機構或本集團內任何公司要求或已同意根據任何適用法律或法規進行披露的任何其他機構;
- e) 執業律師;
- f) 認可核數師;及
- g) 本公司集團下的其他保險公司已承諾將資料保密並純粹用作上述的用途。

這些單位可能位於香港以外的國家,在那裡可能沒有與香港類似的資料保障法例。這意味閣下的個人資料可能不會受到與香港同等或類似的保障。不過,本公司只會將閣下的個人資料轉移到那些可以獲得與個人資料(私隱)條例類近或所提供的保障的服務供應商或海外單位,以保護正在處理的任何信息的完整性和安全性。

在不太可能發生的情況下,本公司或所有資產由非上述之第三方收購,閣下的個人資料亦有可能成為被轉讓資產之一。本公司會在保密的基礎上向任何準買家及其專業顧問(無論在香港或海外)披露閣下的個人資料,並進行必要查核,以完成任何該等交易及繼續業務經營。

閣下不一定需要向本公司提供閣下的個人資料,但如果閣下不同意本公司使用閣下的個人資料於上述用途上(例如保單申請、續期或查詢),本公司可能不能處理閣下之申請及為閣下提供服務。

本公司承諾確保閣下的個人資料保密,並且不會儲存超過所需時間。

直接市場推廣產品及服務

為提供更全面的金融和保險服務,本公司可能會使用閣下的姓名及聯絡資料(如手提電話號碼、家居電話號碼、辦公室電話號碼、居住地址、郵寄地址及電子郵件地址),以及閣下提供給我們的有關閣下的年齡、性別及職業(「市場推廣用途的個人資料」)作直接促銷。除非本公司已取得閣下的同意(包括表示不反對),否則本公司不可以如此使用閣下的市場推廣用途的個人資料,作任何銷售或市場推廣有關本公司或本公司之業務伙伴的保險、銀行、金融服務、公積金計劃或有關服務。

閣下可在投保書或續保表上相應的位置,或聯繫本公司的客戶服務部(有關聯繫方式見下文),表明閣下同意上述的用途(包括無異議的指示)。

如果閣下不想接受任何直接市場推廣,閣下可以隨時聯繫本公司的客戶服務部(有關聯繫方式見下文),撤銷您的同意書,並不需要任何費用。

您的權利

閣下有權查明本公司就個人資料的政策和實務,並有權要求查閱及更正由本公司持有有關閣下的個人資料,並需支付行政費用。有關查閱或更正的要求,可致函香港中環皇后大道中181號新紀元廣場低座5樓(傳真:+852 2789 1539,電郵地址:target@6161.com.hk)向泰加保險有限公司私人資料經理提出。

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

RN _____

授權書
Letter of Authorization

意外日期
Date of Accident : _____
意外地點
Location of Accident : _____
牽涉車輛
Involved Vehicle(s) : _____

本人/公司 授權 泰加保險有限公司 向 貴司/署索取有關本人/公司 之任何資料, 以作保險索償評估用途。此授權書之影印本與正本具同等效力。

本人已閱讀過以上內容及明白此授權書, 並簽名作實。

I/We hereby authorize TARGET INSURANCE COMPANY LIMITED to access and obtain all of my/our information from any person, company, authority, and/or legal entity for the purpose of assessment of an insurance claim. A photocopy of this authorization shall be considered as effective and valid as the original.

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

簽署及蓋章 (如適用)
Signature & Chop (if applicable) : _____

姓名(正楷)
Name(in Block Letter) : _____

香港身份証/商業登記 號碼
HKID/Business Registration No. : _____

日期
Date : _____