

## MOTOR CLAIM FORM 車輛索償表 (EXCEPT STOLEN AND ATTEMPTED THEFT 盜竊及企圖盜竊報告除外)

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### Personal Information Collection Statement

#### Purposes of Collection

The information you provide us is used for the purposes of :

- carrying out your instructions, arranging and providing the requested insurance covers;
- providing services relating to insurance covers contracted, including settlement of claims;
- providing you with information concerning the business or products of our company or of our subsidiary or associated companies;

and for any other purposes related to the above. Failure to supply such information may result in our being unable to provide the requested insurance covers or related services.

#### Transfer of Personal Data

Personal information held by us is kept confidential but we may provide such information to :

- reinsurers, intermediaries, contractors, third-party service providers, and other persons who provide services to us in connection with our business;
- statutory governmental or regulatory bodies or insurance industry organisations and institutions;
- our subsidiary or associated companies.

#### Access to Personal Data

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Falcon Insurance Company (Hong Kong) Limited. Request for such access can be made to :

Data Protection Officer  
Falcon Insurance Company (Hong Kong) Limited  
Suites 7-11 3/F Cityplaza Four  
No.12 Taikoo Wan Road  
Taikoo Shing  
Hong Kong

### 個人資料收集聲明

#### 收集目的

閣下所提供的資料將用作於：

- 執行閣下的指示及安排閣下要求的保險保障，
- 提供保險合約內的有關服務，包括理賠服務，
- 為閣下提供本公司或附屬公司、聯營公司的業務和產品資訊，

及與以上有關的其他業務運作。倘若閣下提供的資料錯誤或不完整，會導致本公司無法按閣下之要求提供保險保障和有關服務。

#### 個人資料轉交

本公司對個人資料是絕對保密，惟可能提供此資料予：

- 任何向本公司提供有關業務運作服務之人仕、再承保公司、中介人及其他承約商，
- 官方監管機構及保險界組織及團體，
- 本公司的附屬公司及聯營公司。

#### 索閱個人資料

閣下有權查閱及要求更正由富勤保險(香港)有限公司持有有關閣下的個人資料，如有此項要求，可向富勤保險(香港)有限公司索閱：

資料保護主任  
富勤保險(香港)有限公司  
香港太古城  
太古灣道十二號  
太古城中心第四期三樓七至十一室



A member of  
the Insurance Claims Complaints Bureau

For us to handle your claims immediately, please complete this form and sign on the attached Letter of Consent and return these to us as soon as possible together with a copy of the following documents:	為方便立即處理閣下之索償，敬請盡快填妥及簽署此索償表格與隨表附上之同意書，再連同下列文件之副本一併交回。
1. Vehicle Registration Document (both sides) 2. Report chit or Notice of Intended Prosecution from police authorities 3. Police statement and other relevant documents from other authorities 4. Driver's driving licence and other identity documents, e.g. ID Card or Passport 5. Screening breath test result from police authorities	1. 車輛登記文件 (正反兩面) 2. 警署報案編號紙或擬控告通知書 3. 警方口供及所有有關部門發出的文件 4. 司機的駕駛執照及其他身份證明文件，如身份證或護照 5. 警方之檢查呼氣測試結果

<b>Special Note:</b>	<b>注意事項：</b>
1. Do not discuss or agree with third party on who is responsible for the incident. 2. Lodge a complaint to the police authorities within ten days if the incident was caused by the negligence of third party. 3. Forward all documents in relation to this incident to us immediately without acknowledging the sender.	1. 請切勿與有關之第三者協商或同意有關事件中的責任問題。 2. 為保障閣下之權益，如此事件是由於第三者疏忽所導致，請於十日內正式向警方提出投訴。 3. 切勿自行回覆所收到的有關索償文件，並需將該文件立即轉交予本公司

Policy No./ Cover Note No. 保單號碼 / 暫保單號碼

### 1. Details of Insured 保戶詳情

Name 姓名	<input type="text"/>	Occupation 職業	<input type="text"/>	Contact No. 聯絡電話	<input type="text"/>
Address 地址	<input type="text"/>				

### 2. Details of driver 駕駛司機詳情

Name 姓名	<input type="text"/>	Occupation 職業	<input type="text"/>	Contact No. 聯絡電話	<input type="text"/>
Address 地址	<input type="text"/>				

Date of birth 出生日期	<input type="text"/>	How long have you been holding a driving licence (except learner's driving license)? 持有駕駛執照之年期 (學習駕駛執照除外)	<input type="text"/>
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a) What is the relationship with insured?  
保戶與司機之關係

<input type="checkbox"/> Relative / Friend 親屬或朋友	<input type="checkbox"/> Employer/Employee 僱主 / 僱員	<input type="checkbox"/> Hirer / Borrower 出租或借用	<input type="checkbox"/> Others (please state) 其他(請敘述)	<input type="text"/>
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b) Was the driver driving the insured vehicle on the order or permission of the Insured?  
司機是否已獲得保戶授權或同意之情況下駕駛受保車輛?

<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
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c) Has the driver performed screening breath test by police authorities for this incident? If "Yes", what is the reading result?  
司機是否曾接受警方之酒精呼氣測試? 如「是」，請告知測試讀數。

<input type="checkbox"/> Yes 是	the reading is: 讀數是：	<input type="text"/>
<input type="checkbox"/> No 否		

**3. Driving and Claims Record 駕駛及索償記錄**

- a) Has the driver ever been involved in any other traffic accident, or been convicted of any driving offences during the past 5 years?  Yes  No  
司機有否在過去五年內曾經發生任何交通意外或因觸犯任何交通條例而遭定罪? 是 否

If "Yes", please give details:

如「是」請詳述:

- b) Has the driver made a motor insurance claim in the past 5 years?  Yes  No  
司機有否在過去五年內曾因交通事故而索償? 是 否

If "Yes", please give details:

如「是」請詳述:

- c) Has the driver ever been disqualified from driving or accumulated more than 6 driving offence point in the past 24 months?  Yes  No  
司機有否在過去 24 個月內曾被取消駕駛資格或扣減超過 6 分的違規記錄? 是 否

If "Yes", please give details:

如「是」請詳述:

**4. Witnesses 見証人**

Name  Contact no.   
姓名 聯絡電話

Address   
地址

Name  Contact no.   
姓名 聯絡電話

Address   
地址

Name  Contact no.   
姓名 聯絡電話

Address   
地址

5. Insured vehicle 受保車輛

Registration no.   
車牌號碼

Year, Make and Model   
車輛年份, 牌子及型號

a) For what purpose was the vehicle being used at the time of incident?

事件發生時, 該車輛是用作何種用途?

- |                                                                                                 |                                                 |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Social Domestic & Pleasure<br>社交家庭及娛樂                                  | <input type="checkbox"/> Parking<br>停泊          |
| <input type="checkbox"/> Insured's Business or Profession<br>保戶的業務或職業                           | <input type="checkbox"/> Towing<br>拖運           |
| <input type="checkbox"/> Hire or Reward<br>供出租或以報酬形式借予他人                                        | <input type="checkbox"/> Motor Trade<br>車輛修理及買賣 |
| <input type="checkbox"/> Racing Pacemaking Reliability Trail Speed Testing<br>賽車 車輛性能測試 試車 速度測試 |                                                 |
| <input type="checkbox"/> Others purpose (please give details)<br>其他用途(請詳述)                      |                                                 |

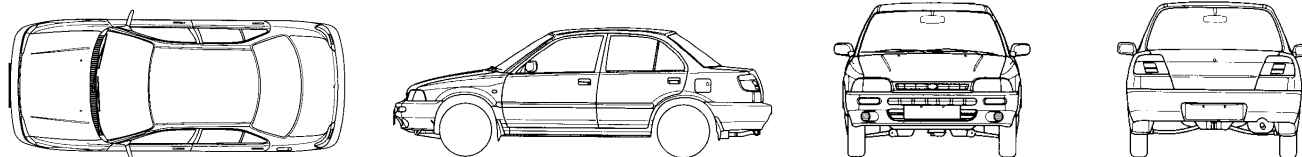
b) Extent of damage of the vehicle ?

車輛之損毀程度?

- Minor 輕微       Normal 一般       Serious 嚴重

Please mark the damaged area(s) of the vehicle at the diagram below:

請於下列圖案上劃出車輛之損毀地方:



c) What is the name and contact no. of the repairer?

車廠之名稱及聯絡電話?

d) How much is the estimated repair costs ? (Please attach the repairer's estimate if available)

估計之修理費用? (請附上已接獲之車廠估價單)

HK\$

## 6. Incident details 事故詳情

Date of incident / 事故日期  /  /  Time / 時間

a) Estimated speed of vehicle at the time of incident / 事故時之估計車速

b) Weather conditions / 天氣情況

<input type="checkbox"/> Fine / 晴天	<input type="checkbox"/> Rainy / 雨天	<input type="checkbox"/> Thunder/ Lightning / 雷電交加
<input type="checkbox"/> Typhoon / 颱風	<input type="checkbox"/> Rainstorm / 暴雨	<input type="checkbox"/> Foggy / 大霧

c) Condition of the road surface / 路面情況

<input type="checkbox"/> Dry / 乾爽	<input type="checkbox"/> Wet/ Slippery / 濕滑	<input type="checkbox"/> Flooded / 水浸	<input type="checkbox"/> Insufficient lighting / 光線不足
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d) Where did the incident occur? / 事故地點

e) How did the incident occur ? (Please give details) / 事件是怎樣發生? (請詳述)

f) Incident explanatory sketch (please indicate the direction of vehicles at the time of the incident) / 事故之說明草圖 (請指示車輛出事時之行駛方向)

### 7. Details of third party bodily injury 第三者人身傷亡詳情

a) Did the accident cause bodily injury or death?  Yes  No  
該事件是否牽涉人身傷亡? 是 傷者或死者之人數:  否

b) Please state the details of the injured person(s) involved in the incident. 請敘述該事件所有牽涉之死傷者資料。

Sex & Age 性別及年齡	Passenger of insured vehicle 受保車輛內之 乘客	Name/Contact No. 姓名/聯絡電話	Nature of Injury 傷者傷勢	Conscious? 是否清醒?	Carried by stretcher to the ambulance? 是否須用擔架抬 上救護車?
<input type="checkbox"/> M 男 <input type="checkbox"/> F 女 Age 年齡 <input type="text"/>	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Pedestrian 途人		<input type="checkbox"/> Slight 輕傷 <input type="checkbox"/> Serious 重傷 <input type="checkbox"/> Death 死亡 Please describe the extent of injury and part of body injured (請詳述受傷情況及受傷部位)	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 不詳	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 不詳
			<input type="checkbox"/> Slight 輕傷 <input type="checkbox"/> Serious 重傷 <input type="checkbox"/> Death 死亡 Please describe the extent of injury and part of body injured (請詳述受傷情況及受傷部位)	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 不詳	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 不詳
<input type="checkbox"/> M 男 <input type="checkbox"/> F 女 Age 年齡 <input type="text"/>	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Pedestrian 途人		<input type="checkbox"/> Slight 輕傷 <input type="checkbox"/> Serious 重傷 <input type="checkbox"/> Death 死亡 Please describe the extent of injury and part of body injured (請詳述受傷情況及受傷部位)	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 不詳	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 不詳
			<input type="checkbox"/> Slight 輕傷 <input type="checkbox"/> Serious 重傷 <input type="checkbox"/> Death 死亡 Please describe the extent of injury and part of body injured (請詳述受傷情況及受傷部位)	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 不詳	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 不詳
<input type="checkbox"/> M 男 <input type="checkbox"/> F 女 Age 年齡 <input type="text"/>	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Pedestrian 途人		<input type="checkbox"/> Slight 輕傷 <input type="checkbox"/> Serious 重傷 <input type="checkbox"/> Death 死亡 Please describe the extent of injury and part of body injured (請詳述受傷情況及受傷部位)	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 不詳	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 不詳
			<input type="checkbox"/> Slight 輕傷 <input type="checkbox"/> Serious 重傷 <input type="checkbox"/> Death 死亡 Please describe the extent of injury and part of body injured (請詳述受傷情況及受傷部位)	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 不詳	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 不詳

### 8. Details of third party property damage 第三者財物損毀詳情

a) Did the accident cause damage to third party vehicle(s) or property?  Yes  No  
是否牽涉其他車輛或第三者財物損毀? 是 牽涉第三者車輛數目:  否

b) Please state the details of third party vehicle(s).  
請詳述第三者車輛資料。

Registration No. of third party vehicle 第三者車牌號碼	Year, Make & Model 車輛年份, 牌子及型號	Brief details of damage 簡述損毀情況

c) In your opinion, who should be held responsible for the incident?  
依閣下所見, 該事件是那一方面的責任?

Myself/Person who was driving my car  Driver of vehicle(s)  之司機  
本人/駕駛本人車輛之司機

Other (please state)   
其他(請敘述)

d) Please state the details of damaged third party property.  
請詳述第三者財物損毀資料。

Nature of the damaged property 損毀物件之性質	Brief details of damage 簡述損毀情況

### 9. Police reporting details 報案詳情

a) Did anyone report to the police?  Yes  No  
是否已向警方報案? 是 否

i) If "Yes", please provide:  
如「是」, 請提供:

b) Name of police station  
警署名稱

c) Police report no.  
報案號碼

d) Did the police witness the incident?  Yes  No  
該警員是否此宗事件之見証人? 是 否

ii) If "No", please state the reason:  
如「否」, 請提供原因:

### 10. Declaration & Authorization 聲明及同意書

I/We confirm that I/we have read and fully understand the Purpose of Collection of my personal data. I/We agree to the transfer of my data to the relevant parties as stated in the section of Transfer of personal Data.

本人/吾等確認已閱讀, 並清楚明白收集本人/吾等個人資料之目的。本人/吾等同意富勤保險(香港)有限公司, 將本人/吾等的個人資料, 根據“個人資料轉交”一項所列, 移交予有關人仕。

I/We declare that the information given on this form is true to the best of my/our knowledge and belief.

本人/吾等謹此聲明本表格上之各項資料皆盡本人/吾等之所知並確認正確無誤。

#### Letter of Consent 同意書

I/We consent to the relevant party(ies) releasing my/our statement, personal data, sketches, MVE Report, brief facts and notes of proceeding in relation to this incident to Falcon Insurance Company (Hong Kong) Limited.

I/We confirm that the copy of this Consent has the same effect as the original.

本人/吾等現同意有關部門就有關於上述事件提供本人/吾等之口供, 個人資料, 草圖, 車輛檢驗報告, 案情簡介及審判過程給予富勤保險(香港)有限公司。

本人/吾等確定同意書的副本, 與正本擁有同樣效力。

Insured's Signature (with Company Chop, if Incorporated)  
保戶簽名(及公司蓋章, 如適用者)

Driver's Signature  
司機簽名

Date  
日期

Date  
日期

Ref 檔案編號：

**Letter of Consent 同意書**

**Incident on 事故日期**  
**Involving vehicle 牽涉車輛**

I / We, \_\_\_\_\_, consent to the relevant party(ies) releasing my/our statement, personal data, sketches, MVE Report, brief facts and notes of proceeding in relation to the captioned incident to **Falcon Insurance Company (Hong Kong) Limited**.

I / We confirm that the copy of this Consent has the same effect as the original.

本人 / 吾等，\_\_\_\_\_，現同意有關部門就有關於上述事件提供本人 / 吾等之口供、個人資料，草圖、車輛檢驗報告，案情簡介及審判過程給予**富勤保險(香港)有限公司**。

本人確定同意書的副本，與正本擁有同樣效力。

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Signature of vehicle owner (with Company chop, if Incorporated)

車主簽署(及公司蓋章，如適用者)

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I.D. Card No./ Passport No. (if an individual)

身份証號碼 / 護照號碼 (如屬個人)



Ref. 檔案編號：

**Letter of Consent 同意書**

**Incident on 事故日期**  
**Involving vehicle 牽涉車輛**

I, \_\_\_\_\_, consent to the relevant party(ies) releasing my statement, personal data, sketches, MVE Report, brief facts and notes of proceeding in relation to the captioned incident to **Falcon Insurance Company (Hong Kong) Limited**.

I confirm that the copy of this Consent has the same effect as the original.

本人，\_\_\_\_\_，現同意有關部門就有關於上述事件提供本人之口供，個人資料，草圖，車輛檢驗報告，案情簡介及審判過程給予富勤保險(香港)有限公司。

本人確定同意書的副本，與正本擁有同樣效力。

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Signature of driver 司機簽署

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I.D. Card No./ Passport No. 身份証號碼 / 護照號碼

## Claim Procedures - Motor Insurance 車輛保險之一般索償程序

- 1 If you are involved in a traffic incident, you should report to the police authorities immediately.
- 2 Note down the essential information of the third party(ies) involved, such as
  - Vehicle registration number(s) of the vehicle(s) involved;
  - Name(s) and address(es) of the driver(s) involved;
  - Name of insurance company(ies) and their policy number(s) of the vehicle(s) involved;
  - Personal particulars of the injured person(s) involved;
  - Extent of injury of the injured person(s) involved;
  - Police reporting case number.
- 3 To protect your own interest, lodge a complaint to the police within ten days if the incident was caused by the negligence of the third party(ies).
- 4 Do not sign any agreement with the third party(ies) because it may absolve them of responsibility and you may sign away your rights for recovery.
- 5 Even though you think the incident was possibly caused by your fault, no admission of liability or offer of settlement should be made.
- 6 Complete and sign the attached Motor Claim Form and Consent Letter. Then, return it together with a copy of the following supporting documents to us:
  - Vehicle Registration Document (both sides);
  - Report chit or Notice of Intended Prosecution from police authorities;
  - Police statement and other relevant documents from other authorities;
  - Driver's driving licence and other identity documents, e.g. ID Card or Passport; and
  - Screening breath test result from police authorities.
- 7 All documents in relation to the incident must be unanswered and forwarded to our Company immediately.

如閣下涉及交通事故，應盡快通知警方。

應記下第三者之重要資料，例如：

- 被牽涉之車輛的車牌號碼；
- 被牽涉之司機的姓名及地址；
- 被牽涉之車輛的保險公司名稱及保單號碼；
- 被牽涉之傷者的個人資料；
- 被牽涉之傷者的傷勢；
- 警方之報案號碼。

為保障閣下之權益，如此事故是由於第三者疏忽所導致，應於十日內正式向警方提出投訴。

切勿與第三者簽署任何協議書，此舉可能導致對方擺脫在此事故中之責任及有可能令閣下喪失追討權利。

即使閣下認為此事故有可能是由於閣下疏忽所致，也不能向對方承認責任或同意作出賠償。

填妥及簽署附上之車輛索償表與同意書，連同下列證明文件之副本一併交回：

- 車輛登記文件（正反兩面）；
- 警署報案編號紙及擬控告通知書；
- 警方口供及所有有關部門發出的文件；
- 司機的駕駛執照及其他身份證明文件，如身份證或護照；及
- 警方之檢查呼氣測試結果。

所有有關此事故之文件應不予回應，並即時轉交本公司處理。