Motor Accident Report Form 汽車失事報告表

Please send the completed claim form to claims.hk@bolttechinsurance.com
請將填妥的理賠表格發送至 claims.hk@bolttechinsurance.com

The forwarding of this form for compensation is not an admission of liability upon the part of Bolttech Insurance (Hong Kong) Company Limited ("bolttech Insurance").
呈上此通知書不能視為保特保險(香港)有限公司（"保特保險"）承認賠償損失之責任。

It is important that a complete answer be given to every applicable question. If insufficient space is provided for your answer please continue on a separate sheet. No admission offer, offer, payment or indemnity should be made in respect of liability for bodily injury, death, or property damage without the written consent of bolttech Insurance.
請詳細填報本表格上每一個適用的項目。在未得到保特保險書面同意之前，不得就任何有關人身傷亡或財務損毀賠償之責任作出承認, 提議, 承諾付款或付款。

A. Insured's Information 保户資料

Full name 姓名 _____

Correspondence address 通訊地址# _____

Tel no. 電話# _____ Email address 電郵地址# _____

Business address 商業地址# _____

Tel no. 電話# _____ Email address 電郵地址# _____

Occupation / Business 職業/行業_____

B. Vehicle's Details 汽車之細節

Policy no. 保單號碼 _____

Vehicle reg. no. 車牌號碼 _____ Make / Model 廠名及款式 _____

Cubic capacity 馬力 _____ Year of make 年份 _____

Carrying capacity 載客人數 _____ Value before the accident 失事前之價值 _____

Is the vehicle under a hire purchase or loan agreement? YES/NO* 該車是否受限於任何分期付款合約或借貸合約？是/否

If YES, state the name of the finance or lending company, their address and the agreement number. 如是，請註明該財務公司名稱，地址及合約號碼。_____

State fully the purpose for which the vehicle was being used at the time of accident. 在交通意外發生時，該車作為何種用途? _____

Number of trailer attached to the vehicle 該車是否連接有拖車，如是，請詳述細節 _____

Value of trailers before accident 意外前之拖車價值 _____

Were goods being carried? Yes/No *
是否載有貨物? 是/否

If YES, state (a) description	(b) owner
如是，請説明(a)貨物品類 _____	(b) 物主 _____
Weight of load on (a) vehicle	(b) trailers
載重 汽車 _____	拖車 _____

Additional questions for motor cycles or scooters only 如車輛是電單車，請回答以下問題:

Was a sidecar attached? 是否連接側車? Yes/No*

Was a pillion passenger being carried? 是否載有後座乘客? Yes/No *

* Please delete whichever is inapplicable 請刪去不適用者

C. Driver's Details 司機之細節

Note: All the questions should be answered, whether or not the Insured was driving.

注意: 不論保單持有人是否駕駛遇事車輛，都必須回答以下問題。

Name 姓名 _____ HKID Card no./Passport no. 身份證號碼/ 護照號碼 _____

Address 地址# _____

Tel. no. 電話# _____ Occupation 職業 _____ Date of birth 出生日期_____

Is the driver employed by you? Yes/No *

司機是否受僱於閣下? 是/否*

Was the vehicle being driven with your permission? Yes/No *

在駕駛該車前，司機有否徵求閣下同意? 是/否*

Was the car normally driven by the above driver? Yes/No *

該車是否經常由該司機駕駛? 是/否*

If the driver is not the Insured, please state their relationship

如果司機不是保單持有人，請寫上他與保單持有人之關係 _____

Has the driver been convicted of any offence in connection with any motor vehicle? Yes/No *

司機有否曾觸犯交通條例? 是/否*

如是，請寫上違反上述條例的細節及日期

_____

_____

Has the driver ever been refused motor vehicle insurance or continuance thereof? Yes/No *

司機有否曾被任何保險公司拒絕投保或續保? 是/否*

Does the driver own any motor vehicle? Yes/No *

該司機是否擁有任何車輛? 是/否*

If YES, please provide the name and address of the insurer

如是，請寫上保險公司之名稱及地址。_____

Policy no. 保單號碼 _____

Was the driver licensed to drive the vehicle? Yes/No *

該司機是否擁有駕駛車輛之執照? 是/否*

If YES, was the licence full or provisional? Licence No.

如是，駕駛執照是正式或臨時? 執照號碼 _____

How long has the driver held a full licence? Date Passed Expiry Date

司機擁有正式執照之時間為多久? 合格日期 _____ 到期日 _____

Kindly present to us herewith the photocopy of the Vehicle Registration Document, Driver's Driving Licence and HKID card. 請將車輛登記文件，司機之駕駛執照與香港身份證的影印本一併交給本公司，以便查閱。

For the use of this claim only 只限於此索償之用

* Please delete whichever is inapplicable 請刪去不適用者

D. Damage to insured Vehicle 保單持有人之車輛損壞情況

What is the extent of damage to the insured vehicle? 保單持有人之車輛損壞程度?

_____

_____

Repairer's name 修理廠名稱 _____

_____

Address 地址 _____

_____

Tel. No. 電話號碼 _____

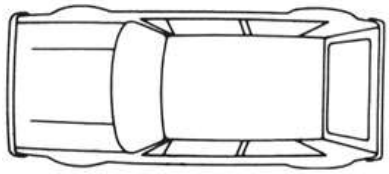
Is the vehicle at the repairer's premises? Yes/No *

該車現時是否在修理廠? 是/否*

If not, when will it be taken for repair?

如否，將會在何時送往修理廠? _____

Show area of impact by arrow and extent of damage by crosses on the diagram 請在圖上用箭咀指出被撞部份及用 X 列出



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

任何情況下，如閣下打算從保單獲得賠償,請附上估價單。

E. Accident 意外發生情況

Date 日期 _____ Time 時間 _____ am/pm

Place 地點 _____

Weather and visibility 天氣及視野

_____

What lights were lit on the vehicle? 汽車當時所亮為

_____ 燈

Speed: (a) before the accident 意外前車速

_____ km/h

(b) at the moment of the accident 意外時車速

_____ km/h

Speed limit on the road 事發地點行車速度限制

_____ km/h

Was the insured inside the vehicle? YES/NO*

保單持有人是否在車上 是/否*

Condition and type of road surface 道路情況及路面物料

_____

Distance from the nearside at moment of accident 發生意外時受保車輛距離路邊

_____ metres 公尺

State fully what happened 請詳述意外經過

_____

_____

_____

1. The driver's opinion, who was at fault? 遇事司機之意見，意外是那一方之過失做成？

☐ Self 己方

☐ Others 他方

2. *If the accident was caused by other driver's & person's fault, please lodge a complaint to the police within 10 days *如意外是由其他駕駛者或人仕所引至，請於事發後十天內向 警方作出投訴、要求警方調查。

Please sketch the scene and indicate below: 請在下面空白處畫上草圖:

- Name of roads, traffic lights, signs, warnings etc. 請包括街道名稱,交通燈,交通標誌告示,路標等。
- The position and direction (by means of arrows) of all vehicle(s), object(s) and person(s) involved. 請包括意外中牽連的車輛,物件或人士之位置及方向(請用箭咀指明)。

Positions just before the accident 意外發生前之位置	Positions at the moment of the accident 意外發生時之位置

Please state the names and addresses of all: 請就以下兩項填上姓名及地址:

(a) Passengers 乘客

_____

(b) Independent witnesses 在場目擊證人

_____

F. Police 警方

Were particulars taken by or reported to the police: 事發細節有否被在場警方記錄或向警署報告: Yes/No * 有/否*

If YES, (a) give the name of the Station 有/否* (b) Attach a copy of their report 請附上警方報告

如有,請寫上警署名稱

_____

Police report book no.

報案號碼 _____

Has any person been or may any person be charged with any offence arising from the accident? Yes/No *

任何人有否因這次意外而被檢控或可能將被檢控? 有/否*

If YES, give (a) Name of person (b) Offence

如有,請列明 被檢控者姓名 _____ 檢控罪名 _____

Was the driver of the Insured Vehicle tested for alcohol or drugs? Yes/No *

受保車輛之司機有否接受酒精或藥物試驗? 有/否*

If YES, what was the result? 如有,結果如何?

_____

G. Third Party's Vehicles Involved 第三者之車輛損壞情況

Name and address of third party driver and/or owner 第三者司機或車主之姓名及地址

Name 姓名 _____ 汽車登記號碼 Registration mo. _____

Address 地址 _____

Insurers and policy no. 保險公司名稱及保單號碼 _____

Apparent damage 明顯之損壞 _____

Name and address of third party driver and/or owner 第三者司機或車主之姓名及地址

Name 姓名 _____ 汽車登記號碼 Registration mo. _____

Address 地址 _____

Insurers and policy no. 保險公司名稱及保單號碼 _____

Apparent damage 明顯之損壞 _____

H. Third Party's Property Damaged (Apart From Vehicles) 第三者之財物損壞情形

Name and address of owner 物主之姓名及地址 _____

_____

Nature of damage 損壞性質 _____

_____

* Please delete whichever is inapplicable 請刪去不適

I. Person Injured 受傷者之情況

Name and address 姓名及地址	Apparent injuries 表面傷勢	Taken to hospital? 有否被送往醫院?
(State whether the injured is driver, passenger, (in either case, in which vehicle), or pedestrian) (請註明傷者為司機, 乘客 (如傷者為司機或乘客, 請註明屬於哪一輛車)或是行人)		
_____	_____	YES/NO* 有/否*
_____	_____	YES/NO* 有/否*
_____	_____	YES/NO* 有/否*
_____	_____	YES/NO* 有/否*
If a front seat passenger was injured, was he/she wearing a seat belt? 如車頭乘客受傷, 他/她有否佩戴安全帶?		YES/NO* 有/否*
If a motor cyclist or his passenger was injured, was he/she wearing a safety helmet? 如電單車司機或乘客受傷,他/她有否佩戴頭盔?		YES/NO* 有/否*

* Please delete whichever is inapplicable 請刪去不適用者

Note: Any communication you received about the accident should be unanswered and sent immediately to the Company. 注意：如接獲任何有關此意外的函件，請勿作答並必須轉交本公司以便採取適當行動。

J. Claim Payment Method 賠償款項方式

Subject to the terms and conditions of your policy, the Claimant may select to receive the claim payable amount by way of direct credit or cheque. If you do not provide payment preference as below, a cheque will be issued for any claim payment.

在保單條款許可情況下，閣下可選擇以銀行轉賬或支票方式收取賠償款項。如閣下沒有提供以下銀行轉帳資料作收取賠償款項方式，而索償案件申請被核准後, 將視作選擇以支票收取賠償款項。

Option (1) 選擇(一)

☐ By direct credit 銀行轉賬 – for HKD only 只限港幣

Important Notes for Direct Credit 銀行轉賬重要事項

a. The claim payment shall be credited to the bank account in the name of Insured Person in accordance with the terms and condition of your policy. To prevent any unnecessary delay, please make sure the bank account number and account holder name are correct.
   有關之賠款將按其保單條款，存入該受保人名下之銀行賬戶。請確保賬戶號碼及賬戶持有人名稱正確，以免引致不必要之延誤。
b. If the claim payment is remitted to a third party as a result of your provision of incorrect bank account number and / or account holder name, we shall not be liable to make any further payment and any other extra banking handling charges regardless of whether the claim payment can be recovered.
   如閣下提供之銀行賬戶號碼及 / 或戶口持有人名稱不正確，而導致本公司將相關賠款存至第三者戶口，無論有關賠款能否取回，本 公司無任何責任再支付該賠款及其引致之相關銀行手續費用。

Please provide the Insured Person's bank account details. A copy of bank book or bank statement showing the name and bank account number of the Insured Person MUST be provided.

請提供受保人的銀行資料，並必須提供顯示受保人的姓名及銀行賬戶口號碼的銀行存摺或月結單副本。

Bank Account Information 銀行賬戶資料

銀行名稱 Bank Name	銀行編號 Bank Code	銀行分行編號 Branch Code	銀行賬戶口號碼 Bank A/C No.
賬戶持有人姓名 (英文及大楷寫) Name of Account Holder (In English & Block Letter)			

Option (2) 選擇(二)

☐ Hong Kong Dollar Cheque 港幣支票

Terms and Conditions 條款及細則:

i. This option is NOT applicable to 此選項不適用於:
   a. Approved claims amount over HK$3,000 獲批核的賠償金額高於港幣三千元；
   b. Claims under life insurance policy purchased through FULL online application or direct marketing 透過全網上申請或直銷購買的人壽保單的索償；and 及
   c. Claims under individual medical insurance plan underwritten by Bolttech Insurance (Hong Kong) Company Limited. 任何由保特保險(香港)有限公司承保之個人醫療保險計劃的索償。
ii. Any approved claim will be rounded up to the nearest whole number. 獲批核的賠償金額會被調整至整數。
iii. Collection is only available at 7-Eleven stores located in MTR station. In the event that the claim payment via 7-Eleven is not successful, the claims benefit will be paid by cheque.
   收取款項只適用於地鐵沿線之 7-Eleven。如未能於 7-Eleven 收取款項，賠償金將以支票形式支付。
iv. bolttech Insurance shall not be liable for any of the Claimant's loss if a wrong/invalid mobile phone number has been provided or the Claimant has lost his mobile phone or the Claimant forward the QR code to any third party.
   保特保險不會就索償人提供不正確流動電話號碼、遺失流動電話或轉發此 QR 碼與第三方而蒙受之損失承擔任何法律責任。

Declaration 聲明

I/We have read, understood and accepted the Personal Information Collection Statement of the Company ("PICS"). By signing below, I/We confirm this application and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the PICS, and I understand I can scan the QR code below for review of the PICS or else I can request a copy of the PICS by calling the Company's Customer Service Hotline at 2603 9435.

本人/我們已閱讀、明白及接受本公司的收集個人資料聲明。 透過以下簽名，本人/我們確認此申請並同意本公司可根據收集個人資料聲明列出之目的使用及披露本公司目前或將來持有的關於本人/我們的所有個人資料，並理解本人可以掃描以下二維碼查看本公司的收集個人資料聲明，或可致電本公司的客戶服務熱線 2603 9435 索取收集個人資料聲明副本。

I/We confirm having read and understood bolttech Insurance'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保特保險的收集個人資料聲明。

Driver's signature 肇事司機簽名	H.K.I.D. Card no. 香港身份證號碼	Date 日期
Insured's signature (& company chop, if applicable) 保户簽名 (及公司蓋章，如適用)	HKID Card no./B.R. no. 香港身份證號碼 / 商業登記號碼	Date 日期

* Please delete whichever is inapplicable 請刪去不適用者

Letter of consent

To Whom It May Concern

Dear Sirs

Traffic accident on
Involving vehicle No.

As driver of vehicle No is involved in the above accident, I hereby give you my consent to provide to my insurers, Bolttech Insurance (Hong Kong) Company Limited with a copy of my statement, the sketch of the scene of the accident and other information relevant to the accident.

This is to confirm that the copy of this Letter of Consent has the same authority as stated in this letter.

Thank you.
Yours faithfully

_____
Driver's signature
(Please use the signature as appeared on the police statement)

Name: _____

HK driving license no.: _____

Personal Information Collection Statement (“PICS”)
收集個人資料聲明

Please scan the following QR code for review of Bolttech Insurance (Hong Kong) Company Limited’s (the “Company”) PICS. You can also request a copy of the PICS by calling the Company’s Customer Service Hotline at 2603 9435.

請掃描以下二維碼查看保特保險(香港)有限公司（「本公司」）的收集個人資料聲明。您亦可致電本公司的客戶服務熱線 2603 9435 索取收集個人資料聲明副本。

English

中文