

MOTOR INSURANCE CLAIM FORM

汽車保險索償申請表

(Please complete in block letters 請用正楷填寫)

MAKING A CLAIM 索償須知

- 1. Please **READ** your policy and relevant documents to check if your claim is covered under the policy terms and conditions.
- 2. Please complete this form in block letters and submit it together with all relevant documents to Claims Department at "Allied World Assurance Company, Ltd 22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong".
- 1. 請查閱保單細則及有關文件,確保該項索償已納入為承保範圍之內。
- 2. 請用正楷填寫表格,連同有關證明文件,送交 Allied World Assurance Company, Ltd 世聯保險有限公司理賠部, 地址為香港鰂魚涌太古坊華蘭路 18 號港島東中心22樓。

Tel 電話:+852 2968 3221

Fax 傳真:+852 2917 6179

Email 電郵:hk_claims@awac.com

Policy No. 保單號碼			Period of From To Insurance 由 至 保險期		
Insured 受保人	Name 姓名		Telephone No. 電話號碼		
	Postal Address 郵遞地址				
	Occupation 職業		Email 電郵		
Insured Vehicle 受保車輔	Registration No. 車牌號碼		Date of First Registration 首次登記日期		
	Year of Manufacture 製造年份	Cubic Capacity 汽缸容量	Make & Model 款式及型號		
	Color 顔色		Type of Body 車型		
	Engine No. 引擎號碼		Chassis No. 底盤號碼		

FOR TRAFF	IC ACCIDENT / THEFT DAN	<i>IAGE</i>	申報交流	通意外	人/ 盗竊推	美	
Use of Insured Vehicle at the time of accident 發生意外時	a) Was the vehicle being used with Insured's knowledge & consent? 該車是否獲得受保人認許下使用					Yes / No 是 否	
	b) Circle exact purpose for which the vehicle was being used 圈出意外發生時該車作何用途 Domestic use / Commercial / Hired / Rewards / Motor trade / Others, please state 自用 商業用途 出租 報酬 試車 其它,請說明						
受保汽車作何用途	c) Details of passenger(s) 乘客詳 Name & Telephone No.姓名 及	情:					
	Relationship with the driver: colleagues / friends / relatives / others, please state 與駕駛者關係						
Driver 駕駛者	Name 姓名		Telephone 電話號碼	No.			
Please submit a copy of the driver's	HKID Card No. 香港身份證號碼		Date of Bir 出生日期				
driving licence & HKID card	Occupation 職業		Current Pe 駕駛執照有		License:	from 由	to 至
請附上駕駛者之 駕駛執照及香港 身份證副本	Postal Address 郵遞地址						

Driver (Con't) 駕駛者 (續)	Driving Experience State 駕駛經驗 1) years of driving experience 有若干年駕駛經驗 2) any accident in the past & deta 過去曾否發生意外事件,請列出記	ils 羊情	Y年	M月	
	3) any conviction or motoring offe 過去曾否觸犯交通條例,請列出語 4) any physical impairments & de	羊情 ·tails			
	駕駛者身體有否任何缺陷,請列出 5) own any other car & who is the 駕駛者有否車輛向其他公司投保				
Witness 見證人	Name 姓名		Telephone No. 電話號碼		
	Postal Address 郵遞地址				
Accident 肇事詳情	Date 日期	Time 時間	Speed of Vehicle 車速		
	Place 地點				
	Description of accident 肇事過程				
	Sketch:				
	肇事草圖				

After the Accident	1) Whether the vehicle has been remanded and / 警方有否將承保之車輛扣押及 / 或檢查	or examined by the police?	Yes / No 有 否
肇事後	If yes, what is the result? 如有,結果如何?		
	2) Whether the driver has been asked to perform 警方有否要求駕駛者測試酒精含量 If yes – what is the result? Please provide a co 如有 – 結果如何? 請提供測試結果副本。	Yes / No 有 否	
	3) Whether the owner and / or driver get prosecut 警方有否向車主及 / 或駕駛者提出檢控?		Yes / No 有 否
Report to Police	Date of report 報告日期	Case No. 案件號碼	
報案詳情	Which Police Station 警署地區		
Particulars of Bodily Injury /	Name 姓名	Age 年齡	
Deceased 受傷 /	Postal Address 郵遞地址		
死亡詳情	Nature & Extent of Injury 受傷性質及程度		
		Dwner / Driver / Passenger / Employee 車主 駕駛者 乘客 僱員	
	In Third Party Vehicle:	Dwner / Driver / Passenger / Pedestrian 車主 駕駛者 乘客 途人	
Particulars of Third Party Vehicle 第三者汽車詳 情	Name 姓名	Vehicle Registration No. 車牌號碼	
	Postal Address 郵遞地址		
	Details of Third Party Insurers 承保第三者汽車的保險公司		
Particulars of Third Party Properties 第三者財物 詳情	Damaged Details 損壞情況		
e i 1/3			

Circumstances	Date & Time	Place			
of the Theft 失竊情況	日期及時間	地點			
	Diago state the name and addr	ess of the management office for the Car Park (if applicable). Whether you			
	own the parking space or hire it on a monthly basis?				
		(如有)。你是否擁有該失車的車位或以月租形式使用?			
	-	nin three months before the theft?			
	在失竊前三個月內,誰人持有失車	之 鑰匙 ?			
	Did you have any duplicate key				
	你是否有失車的後備鑰匙?如有,	誰人保官?			
		vated at time of theft, i.e. alarm system, engine immobilizer, steering wheel			
	brace or others? 在失竊時里內有	甚麼防盜裝置,如防盜系統、引擎停止器、駕駛軟盤鎖或其它?			
	Has your car been driven to Mai	·			
	你曾否駕駛該失車前往中國大陸?	如有,曾前往何處?			
	Any other details or suspicions	?			
	任何其它詳情及可疑之處?				