



(INCORPORATED IN HONG KONG IN 1960)

傳真: 2876 0222  
Fax : 2876 0222

**Claim No.**

## Pre Estimate

IN THE EVENT OF ANY OCCURRENCE WHICH MAY LEAD TO A CLAIM PLEASE COMPLETE AND RETURN THIS FORM IMMEDIATELY TO THE COMPANY.  
若發生任何事故而可能導致索償，請立刻填妥本表格及送交本公司

受保人資料

Name 名稱	Occupation 職業	Telephone No. 電話號碼
Address 地址		Email Address 電郵地址

承保車輛資料

Registered Number 車牌號碼	Policy No. 保單號碼	Make & Model 車廠名 及 型號
Purpose of use at the time of accident: 發生意外時該車之用途為:	Private <input type="checkbox"/> 自用	Business <input type="checkbox"/> 營業
	Test <input type="checkbox"/> 試車	Hire <input type="checkbox"/> 租賃
	Others <input type="checkbox"/> 其他	
Was the vehicle detained for inspection by the police after the accident? 意外後承保車輛有否被拖往政府驗車中心作檢驗?	Yes <input type="checkbox"/> 有	No <input type="checkbox"/> 否
If the vehicle is insured on comprehensive coverage, do you intend to claim against our company? 如是綜合保險單，你是否打算要求本公司賠償承保車輛之修理損失?	Yes <input type="checkbox"/> 是	No <input type="checkbox"/> 否
If 'Yes', where is the location of the vehicle? 如是，該車現在停泊在何處?	Garage / Person and Telephone No. contacted 車房 / 聯絡人姓名及電話號碼	

肇事時之駕駛人

PIC-Y012(H21/05)

## 意外資料

### Particulars of Damage to Insured Vehicle

承保車輛之損毀情況

## Witnesses

證人

State Names and Addresses of all persons (Other than the Driver) who witnessed the accident at the time of the accident  
請列明目擊証人之姓名及地址(駕駛人除外)

(1)

(2)

# Particulars of Injured or Deceased

## 傷者或死者資料

Any casualties involved in the accident and state the number of injured(s) & deceased(s), if any: 請列明此意外是否牽涉死傷者及所牽涉之人數:	Yes (a) Injured(s) (b) Deceased(s) <input type="checkbox"/> 是 受傷者 _____ 人 傷重死亡 _____ 人	No <input type="checkbox"/> 否
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IF MORE THAN 3 PERSONS WERE INVOLVED, PLEASE PROVIDE THE BELOW INFORMATION IN SEPARATE SHEET.

若死傷者多於三人，請另加附頁說明。

Names, Sex, Age, Occupation and Addresses 請列明死傷者姓名、性別、大約年齡、職業及地址	Extent of injury the injured sustained (e.g. bruised, scraped, fracture, laceration, sprain, bleeding etc.) as well as part of body injured (e.g. head, neck, hand etc.) 請略述傷者之傷勢 (如:瘀傷、擦傷、骨折、割傷、扭傷、流血等)及受傷之部份 (如:頭、頸、手等。)	Conscious? 是否清醒?	Carried by the stretcher to the ambulance? 是否須用擔架抬上救護車?	Hospitalized? 是否留院?
(1)	Slight Please describe: <input type="checkbox"/> 輕傷 請略述: Serious <input type="checkbox"/> 重傷 Death <input type="checkbox"/> 死亡 _____	Yes <input type="checkbox"/> 是 No <input type="checkbox"/> 否 Unknown <input type="checkbox"/> 不詳	Yes <input type="checkbox"/> 是 No <input type="checkbox"/> 否 Unknown <input type="checkbox"/> 不詳	Yes <input type="checkbox"/> 是 No <input type="checkbox"/> 否 Unknown <input type="checkbox"/> 不詳
(2)	Slight Please describe: <input type="checkbox"/> 輕傷 請略述: Serious <input type="checkbox"/> 重傷 Death <input type="checkbox"/> 死亡 _____	Yes <input type="checkbox"/> 是 No <input type="checkbox"/> 否 Unknown <input type="checkbox"/> 不詳	Yes <input type="checkbox"/> 是 No <input type="checkbox"/> 否 Unknown <input type="checkbox"/> 不詳	Yes <input type="checkbox"/> 是 No <input type="checkbox"/> 否 Unknown <input type="checkbox"/> 不詳
(3)	Slight Please describe: <input type="checkbox"/> 輕傷 請略述: Serious <input type="checkbox"/> 重傷 Death <input type="checkbox"/> 死亡 _____	Yes <input type="checkbox"/> 是 No <input type="checkbox"/> 否 Unknown <input type="checkbox"/> 不詳	Yes <input type="checkbox"/> 是 No <input type="checkbox"/> 否 Unknown <input type="checkbox"/> 不詳	Yes <input type="checkbox"/> 是 No <input type="checkbox"/> 否 Unknown <input type="checkbox"/> 不詳

## Damage to Property of Third Parties

### 第三者損壞之產物

If available, please state Name, Address and Phone number of the Third Parties, and also describe details of the damage.

如有，請列明第三者之姓名地址電話及損毀詳情。

☐ Government Property (e.g. lamp post, traffic sign, railing)  
政府財物 (如:燈柱、交通標誌、欄杆)

☐ Third Party vehicle(s) (type and registration mark)  
第三者損毀車輛 (車輛類型及車牌號碼)

☐ Others  
其他

I/We hereby declare I/we believe that the facts stated in this Notice of Accident are true in every respect and that I/we have no other policy of insurance indemnifying me/us in respect of this accident and I/we undertake to give the Company all assistance in my/our power in dealing with the matter. I/We also have read and fully understood the contents printed overleaf and hereby give my/our consent thereto.

本人/吾等謹此聲明，本人/吾等相信本意外通知書所述事實乃屬真實，本人/吾等就有關意外並無重複保險，並且答應提供所有協助辦理一切有關事宜。此外，本人/吾等亦已閱讀及完全明白並同意背頁所列印之內容。

Signature of Insured  
車主簽名

(請依照車輛登記文件之式樣)

Date  
日期

Signature of Driver  
司機簽名

(請依照口供紙之式樣)

## **Personal Information Collection Statement**

The information you provided in this Notice of Accident or accompanied therewith, or further information provided voluntarily or on the request of us or our representative(s) is collected to enable us to carry on insurance business and may be used for the purpose of:

- any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service;
- any claim or investigation or analysis of such claim;
- detecting and preventing fraud;
- exercising any right of subrogation; and

may be transferred to:

- any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
- any association, federation or similar organisation of insurance companies ("Federation"), including but not limited to organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information, 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 or any member(s) of the Federation; and
- any members of the Federation by the Federation for any of the above or related purposes.

Moreover, The Pacific Insurance Company, Limited is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by The Pacific Insurance Company, Limited. Requests for such access can be made to The General Manager at 10th Floor, Dominion Centre, 43-59 Queen's Road East, Wanchai, Hong Kong.

## **收集個人資料聲明**

閣下在此意外通知書內所提供或附隨的資料，或其後自願或應本公司或本公司代表之要求所提供的資料，為本公司提供保險業務所需，並可能使用於下列目的：

- 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；
- 任何索償，或該等索償的調查或分析；
- 偵測和防止欺詐行為；
- 行使任何代位權；及

可能移轉予：

- 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；
- 現存或不時成立的任何保險公司協會或聯會或類同組織（「聯會」），包括但不限於整合保險業申索和承保資料的組織；防欺詐組織；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者），以達到任何上述或有關目的，或以便聯會執行其監管職能，或其他基於保險業或任何聯會會員的利益而不時在合理要求下賦予聯會的職能；及
- 或透過聯會移轉予任何聯會的會員，以達到任何上述或有關目的。

此外，在此授權太平洋保險有限公司由聯會從保險業內收集的資料中查閱及/或核對閣下任何資料。

閣下有權查閱及要求更正由太平洋保險有限公司持有有關閣下的個人資料。如有此項要求，可向香港灣仔皇后大道東43-59號東美中心十樓本公司總經理提出。





THE PACIFIC GROUP

# 太平洋保險有限公司 THE PACIFIC INSURANCE CO., LTD.

(INCORPORATED IN HONG KONG IN 1960)

敬啟者：

若因發生任何事故而可能導致索償，請於該事故發生之七天內填妥『汽車遇事報告書』交回本公司賠償部，並在該報告書內詳列有關事故中第三者之資料。為加速有關之工作程序起見，務請同時遞交下列各項文件：

- (1) 遇事車輛之登記文件（前後頁）副本
- (2) 台端之身份証（如屬個人）/商業登記文件（如屬公司）副本及遇事司機之身份証副本（可親身出示身份証或提供副本以供查核）
- (3) 遇事司機駕駛執照副本
- (4) 遇事司機於警署提供之口供（如有）副本
- (5) 警署發出之『擬予控告通知書』或『只造成汽車損毀之交通意外報告』（如適用）副本
- (6) 台端及遇事司機正式簽署之意外調查授權書正本

日後 台端或台端之遇事司機收到任何有關該事故之文件時，請勿自行回覆，及應盡速送交本公司賠償部辦理。

台端若購有綜合保險，及於本公司賠償 台端汽車之損失後，擬再向第三者追討賠償時，請先取得本公司書面同意，避免逕自行動而招致影響本公司之權益。否則， 台端必須負責償還本公司有關之損失。

最後， 台端所遞交之『汽車遇事報告書』將被視為一宗正式索償。因此， 台端於續保時將不會享有原本之『無賠償折扣』。但若該宗意外並沒有牽涉第三者傷亡，而 台端亦能出示足夠文件證明該意外乃完全由第三者司機之疏忽所引致，即使 台端曾獲本公司賠償，亦可來信本公司賠償部申請恢復 台端原有之『無賠償折扣』，本公司會按個別情況考慮 台端之申請，但批准與否本公司有絕對之決定權。

台端如有任何有關索償之欸問時，請致電 2876 0202 賠償部查詢。

此致  
貴保戶

太平洋保險有限公司  
車險部經理  
梁月明謹啟



THE PACIFIC GROUP

# 太平洋保險有限公司 THE PACIFIC INSURANCE CO., LTD.

(INCORPORATED IN HONG KONG IN 1960)

Dear Policyholder,

In the event of an occurrence which may give rise to a claim under the policy, please submit a completed **“NOTICE OF ACCIDENT UNDER MOTOR POLICY”** to our Claims Department **WITHIN 7 DAYS** upon its occurrence giving all the details of the involved third party/parties. To expedite the claim process, please let us have the following documents at the same time:

- (1) Copy of both the front and back pages of the Vehicle Registration Document
- (2) Copy of the Insured's Identity Card (if an individual) / Business Registration Document (if a company) and Driver's Identity Card (He/She may present his/her Identity Card in person or provide a copy for verification)
- (3) Copy of the Driver's Driving Licence
- (4) Copy of the Driver's statement made to the police (if any)
- (5) Copy of 'Notice of Intended Prosecution' or 'Traffic Report-Damage Only' obtained from the police (if applicable)
- (6) Original letter of authorization for accident investigation duly signed by the Insured and the Driver

Every correspondence from the third party/parties and any form of prosecution or writ should be unanswered and forwarded to our Claims Department immediately for necessary actions.

Should you insure under comprehensive cover and intend to seek recovery of your own loss after claiming indemnity from us under the policy, please first contact our Claims Department for our written consent instead of commencing any action against the liable party/parties. Or else, our right of recovery would be prejudiced and you would then be responsible for compensating all our loss.

Lastly, your submission of **“NOTICE OF ACCIDENT UNDER MOTOR POLICY”** would be considered as a formal claim. It follows that the normal **“No Claim Discount (NCD)”** would be automatically forfeited upon renewal of your policy. However, if no third party bodily injury resulted from the occurrence and concrete evidence can be produced to prove the entire negligence of the third party driver/drivers, you may write to our Claims Department to apply for reinstatement of the NCD even after being indemnified under your own motor vehicle policy. Your application will be considered by us according to circumstances but we have absolute discretion on this matter.

If you have any queries, please contact our Claims Department at 2876 0202.

Yours faithfully,  
For and on behalf of  
The Pacific Insurance Co., Ltd.

Leung Yuet Ming  
Manager  
Motor Department

總行：香港灣仔皇后大道東43-59號東美中心10樓  
Head Office : 10/F., Dominion Centre, 43-59 Queen's Road East, Wanchai, Hong Kong  
Tel: (852) 2876 0000 Fax: (852) 2876 0111 (Underwriting) (852) 2876 0222 (Claims)  
E-mail: [pichk@pacificgroup.com.hk](mailto:pichk@pacificgroup.com.hk) Website: <http://www.pacificinsurance.com.hk>

The Officer-In-Charge,  
Accident Investigation Section,  
Traffic

Dear Sir,

Re: Traffic Accident on  
Involving Vehicle No. \_\_\_\_\_

At the time of above accident, I / We \_\_\_\_\_  
was the owner / driver of vehicle No. \_\_\_\_\_.

The Insurers of this vehicle are anxious to obtain a copy of the statement which I made to you following the accident and as I have no objection to this, would you please supply The Pacific Insurance Co., Ltd. 10th floor, Dominion Centre, 43-59 Queen's Road East, Wanchai, Hong Kong. with a copy of my statements / sketches / brief facts / MVE report at the scene of the above accident.

Yours faithfully,

逕啓者：

在此次交通意外發生時本人 \_\_\_\_\_ 為編號 \_\_\_\_\_  
汽車之車主 / 駕駛者，現該車承保之保險公司切望獲得本人曾在該事件發生後在 貴處  
所提供有關本人之口供 / 失事地點之略圖副本 / 案情撮要 / 驗車報告各一份以便該公  
司辦理賠償，本人對其要求全無反對特函 貴處希將該副本寄交香港灣仔皇后大道東  
四十三至五十九號東美中心十字樓太平洋保險有限公司 為禱

此致

香港交通意外諮詢處

主任先生台照

簽署：