

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

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For Office Use
Only Claim No.

MOTOR VEHICLE ACCIDENT REPORT

The Insured filled this Motor Vehicle Accident Report does not represent any admission of liability by China Taiping Insurance (Hong Kong) Company Limited., (hereinafter called as the "Company")

Notes

- The following questions have to be completed, if inappropriate, please write down "n/a". Except those with remarks, please put a tick in the box like .
- When Insured and/or insured driver receive any letter, claim, writ, summons or court proceeding etc document in connection with this accident, please inform the Company immediately for handling and do not reply to anybody without the written consent of the Company.
- Please do not admit any liability, proposed, pay or indemnify regarding those property damage or bodily injury without the written consent of the Company. Otherwise, the claim regarding the accident might be affected.
- Please inform the injured person (i) the request for providing his/her personal information is not compulsory, and (ii) those requested personal information will be transferred to the Company for the claims only before you provided the injured person's information to the Company.
- If the space provided is insufficient, please use separate sheet of paper for your further elaboration and sign and affixed as well (if necessary)

Insured's Information	Policy no.	Email
	Name	Occupation/ Industry
	Correspondence address	Phone no. (Wireline & Mobile)
Particulars of Insured vehicle	Registration mark	
	What purpose was the insured vehicle being used during the incident? <input type="checkbox"/> Private <input type="checkbox"/> Business <input type="checkbox"/> Trade or Hire <input type="checkbox"/> Others* (Please specify) :	
	Was it carrying goods during the incident? <input type="checkbox"/> No <input type="checkbox"/> Yes, (Please specify the name/types of goods) :	
	Has the specification of the insured vehicle been modified? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
	Does it fulfill the standard of the original manufacturer? and/or Did it pass the checking by Hong Kong Transport Department after the change of specification of the insured vehicle? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
Driver's information (Please complete this party even the insured driver is the Insured)	Name	Occupation/ Industry
	Correspondence address	Phone no. (Wireline & Mobile)
	Driving License No. Date of first issue / / (dd/mm/yyyy)	Email
	Relationship with the insured <input type="checkbox"/> The owner himself/herself <input type="checkbox"/> Employee <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Others(Please specify) :	
	Did the driver has obtained consent from Insured to use the insured vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Has the driver been convicted of any traffic offence or faced with any prosecution pending in the past 3 years before this accident? (e.g. Careless driving, Dangerous driving, Speeding etc, except illegal parking) <input type="checkbox"/> Yes* <input type="checkbox"/> No	
	Has the driver been involved in any traffic accident in the past 3 years before this accident? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
	Has the driver been cancelled and/or declined to renew the motor policy and/or adding premium loading and/or adding additional compulsory exception clause(s) in the motor policy and/or declined to insure by any other insurer in the past 3 years before this accident? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
	Should any other insurer and policies indemnify or already indemnified this accident/event? <input type="checkbox"/> Yes* <input type="checkbox"/> No	

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Circumstances of accident	Date / / (dd/ mm /yyyy)	Time am/pm	Place
	The condition of weather <input type="checkbox"/> Sunny <input type="checkbox"/> Rainy <input type="checkbox"/> Foggy		
	Speed before the accident km/hour	Speed limit of this road km/hour	
	Description of the accident		
Sketch	Please indicate the position of involving vehicle(s), pedestrian(s) with direction of movement (by means of arrows) , the name of the road(s), traffic sign(s), road marking, traffic light(s), etc.		
	Was Car camcorder installed on insured vehicle and switched on at the time of accident? Did you have any photo(s) of the scene? <input type="checkbox"/> Yes * (please provide the copy) <input type="checkbox"/> No		
	Which party should be blamed in the opinion of the insured driver? <input type="checkbox"/> Ourselves <input type="checkbox"/> Other part(ies) <input type="checkbox"/> Uncertain		
	Have you ever received/paid^ any compensation from/to^ the involved party? <input type="checkbox"/> Yes*, the amount was : (^delete if inappropriate) <input type="checkbox"/> No		
	Have you ever made any written agreement with the involved party in connection with this accident? <input type="checkbox"/> Yes * (please provide the Original document) <input type="checkbox"/> No		
	Had the involved driver given warning or taken emergency action? <input type="checkbox"/> Yes, Ourselves / other part(ies) (Please specify) : <input type="checkbox"/> No		
	Were there skid marks left on the road? Please describe. <input type="checkbox"/> Yes, approx. meters skid marks left by vehicle registration mark(s) : <input type="checkbox"/> No		
	Witnesses	Was there any witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Witness (1) Name :		Phone no. (Wireline & Mobile) :	
Relationship with the insured driver or the Insured: <input type="checkbox"/> Passenger(s) in the insured vehicle <input type="checkbox"/> Employee(s) <input type="checkbox"/> Others (Please specify):			
Witness (2) Name :		Phone no. (Wireline & Mobile) :	
Relationship with the insured driver or the Insured: <input type="checkbox"/> Passenger(s) in the insured vehicle <input type="checkbox"/> Employee(s) <input type="checkbox"/> Others (Please specify) :			

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Police Investigation	Had the incident been reported to the Hong Kong Police Force? <input type="checkbox"/> Yes, the police station was: _____ <input type="checkbox"/> No,Reason: _____				
	The date of report / / (dd/mm/yy)		The report no.		
	Have you lodged a complaint to the police against the involved party? <input type="checkbox"/> Yes <input type="checkbox"/> No If the involved party is at fault, please lodge a complaint to the police within 10 days.				
	Did police intend to prosecute any party as stated below? <input type="checkbox"/> Insured driver <input type="checkbox"/> Other driver(s) of the involved party. Vehicle registration mark: <input type="checkbox"/> Pedestrian(s)				
	Did the police require insured driver to undergo blood, urine, drug or screening breath tests? <input type="checkbox"/> Yes, please provide the copy of the result for record purpose. <input type="checkbox"/> No, the insured driver is required to provide a written confirmation in the above connection.				
	Did the Insured/insured driver make any police statement(s)? <input type="checkbox"/> Yes, please sign the attached letter of authorization. <input type="checkbox"/> No				
	Has the insured vehicle been towed to the Vehicle Examination Centre after the accident? <input type="checkbox"/> Yes, please provide the vehicle examination report <input type="checkbox"/> No				
Damage to vehicle(s)	The extent of damage of insured vehicle(Please skip this part if your policy was not a comprehensive policy (or own damage cover policy) or without intention to claim indemnity under own damage loss) Extent of apparent damage <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Serious Damage to which part of vehicle <input type="checkbox"/> Left side <input type="checkbox"/> Right side <input type="checkbox"/> Front side <input type="checkbox"/> Rear end <input type="checkbox"/> Other part				
	Do you intend to report and claim for repair expense on the insured vehicle ? <input type="checkbox"/> Yes* <input type="checkbox"/> No *please provide the quotation of repair and obtain consent from the Company before proceed with repair.				
	Third Party Vehicle (applicable to the comprehensive or third party policy) Do you intend to report and claim for repair expense on the insured vehicle ? <input type="checkbox"/> Yes* <input type="checkbox"/> No *please provide the quotation of repair and obtain consent from the Company before proceed with repair.				
	Third Party Vehicle registraiton Mark	Vehicle type (eg. Private car, goods vehicle,bus, etc)	Name of third party vehicle owner/driver	Contact Phone no.	Description of damage to vehicle
	Damage to third party property (applicable to comprehensive or third party policy)				
	Type of third party property (eg lamp post,railing,etc)	Name of third party owner		Contact Phone no.	Description of damage (provide photo, if any)
Third party death or bodily injury (please skip this part if not applicable)					
If captioned incident involves any bodily injury, please provide the details of injured person information. The following information is only based on the observation of the insured and/or witness(es)					
This accident involved _____ injured person(s); _____ dead person(s) except insured driver					
Injured Person (1) (not including Insured driver) <input type="checkbox"/> Ourselves <input type="checkbox"/> Other part(ies), Vehicle registration mark:					
Name		Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	Contact Phone no.		
Based on insured driver's observation/ estimate, the age of the injured person (around):					
Relationship with insured driver: <input type="checkbox"/> Employee <input type="checkbox"/> Colleague <input type="checkbox"/> Relative/friend <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger of insured vehicle <input type="checkbox"/> Driver / Passenger (delete if inappropriate) of third party vehicle. Vehicle registration mark :					
Injury to which part of body ? <input type="checkbox"/> Head <input type="checkbox"/> Waist/back <input type="checkbox"/> Chest and Abdomen <input type="checkbox"/> Limb(s) <input type="checkbox"/> Others(please specify) :					
Extent of injury <input type="checkbox"/> Abrasion <input type="checkbox"/> Fracture <input type="checkbox"/> Amputation <input type="checkbox"/> Coma <input type="checkbox"/> Death <input type="checkbox"/> Others(please specify) :					
Had the injured person been sent to the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No			Did the injured person wear the seat belt on the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Third party death or bodily injury (please skip this part if not applicable)	Injured Person (2) (not including Insured driver) <input type="checkbox"/> Ourselves <input type="checkbox"/> Other part(ies), Vehicle registration mark:		
	Name	Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	Contact Phone no.
	Based on insured driver's observation/ estimate, the age of the injured person (around):		
	Relationship with insured driver: <input type="checkbox"/> Employee <input type="checkbox"/> Colleague <input type="checkbox"/> Relative/friend <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger of insured vehicle <input type="checkbox"/> Driver / Passenger (delete if inappropriate) of third party vehicle. Vehicle registration mark :		
	Injury to which part of body ? <input type="checkbox"/> Head <input type="checkbox"/> Waist/back <input type="checkbox"/> Chest and Abdomen <input type="checkbox"/> Limb(s) <input type="checkbox"/> Others(please specify) :		
	Extent of injury <input type="checkbox"/> Abrasion <input type="checkbox"/> Fracture <input type="checkbox"/> Amputation <input type="checkbox"/> Coma <input type="checkbox"/> Death <input type="checkbox"/> Others(please specify) :		
Had the injured person been sent to the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did the injured person wear the seat belt on the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Document checklist	In order to deal with your claims efficiently, please fill and submit this Accident Report together with the attached letter of authorization and other outstanding documents to the Company for our further processing. Please check and <input checked="" type="checkbox"/> those required documents with the checklist below:		
1	<input type="checkbox"/> Motor Vehicle Accident Report (original)	2	<input type="checkbox"/> The letter of authorization of the insured / driver (original)
3	<input type="checkbox"/> Copy of the vehicle registration document (Both front and back sides)	4	<input type="checkbox"/> vehicle license (copy)
5	<input type="checkbox"/> The HKID of the driver (copy)	6	<input type="checkbox"/> The driving license (copy)
7	<input type="checkbox"/> Blood, urine, drug or screening breath tests Document(s) or Insured driver's confirmation	8	<input type="checkbox"/> The statement recorded in Police
9	<input type="checkbox"/> The police report with report number and the notice of intended prosecution (if available)	10	<input type="checkbox"/> The motor vehicle examination report (if available)
11	<input type="checkbox"/> Photo(s) / video(s) taken at the scene (if available)		
Additional documents (if applicable)			
Own damage case	12	<input type="checkbox"/> The quotation of repair	
Third party vehicle/ property damage	13	<input type="checkbox"/> Any claim document /correspondence(s) between involved party and the Insured	
Third party death /bodily injury	14	<input type="checkbox"/> Any claim document/ correspondence(s) between involved party and the Insured	
Personal information collection statement			
China Taiping Insurance (HK) Company Limited (the "Company") understands its responsibilities in relation to the collection, retention, processing or use of personal data under the Personal Data (Privacy) Ordinance.			
You are under an obligation to provide all of the personal data requested in this form, which is collected to enable us to carry on insurance business. The Company may also use your personal data for the following purposes:			
(i) any insurance related product or service (include processing and evaluating your insurance application, any claim, providing administration, financing, claim investigation or analysis work and other services in relation to your insurance policy), or any alterations, variations, cancellation or renewal of such product or service;			
(ii) exercising any right of subrogation			
(iii) contacting you for any of the above purposes;			
(iv) other ancillary purposes which are directly related to the above purposes; and			
(v) complying with applicable laws, regulations or any industry codes or guidelines.			
The Company may disclose your personal data for the above purposes to the following classes of transferees:			
(a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services, or any company carrying on insurance or reinsurance related business or your insurance intermediary (if you have one) or claim or investigation adjusters/companies, or other service provider providing services relevant to insurance business;			
(b) the Company's related companies (as that term is defined in the Companies Ordinance);			
(c) Government and industry recognized insurance regulatory bodies: the Insurance Claims Complaints Bureau and similar insurance industry bodies, the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members ; and			
(d) government agencies and authorities as required or permitted by law including the Transport Department.			
Your personal data may be provided to any of the above organizations, located in Hong Kong or outside of Hong Kong, for the above purposes, and in this regard you consent to the transfer of your data outside of Hong Kong.			

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Direct Marketing Communications : With your consent, the Company may also use and/or provide your personal data to the Company's related companies (as that term is defined in the Companies Ordinance), partners of the Company's related companies and third party financial institutions. The Company and/or the companies who obtained related personal data can contact and/or send you with direct marketing communications regarding financial and insurance products or services by mail, email, telephone or SMS. Tick the box below if you do not wish to receive such direct marketing communications and do not consent to the Company providing your personal data to the above companies.

You have the right to access and/or request correction of any personal information concerning yourself held by the Company and/or withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time. Requests for such access can be made in writing to Office of the General Manager at 19/F., China Taiping Tower, 8 Sunning Road, Causeway Bay, Hong Kong or email to info@hk.cntaiping.com. Moreover, the full version of the Company's Data Privacy Policy can be found at www.hk.cntaiping.com.

I/ We object to the use and provision of my/our personal data for direct marketing purposes, and do not wish to receive any promotional and direct marketing materials.

Declaration of the Insured and the driver

I/ We hereby declare that:

1. The information provided by me/us in this form are all true;
2. I/ We have not withheld from China Taiping Insurance (Hong Kong) Company Limited any information within my/our best knowledge in connection with the accident/incident;
3. I/ We understand that those information provided by me/us in this form may be used to **draft the statement of claims**. If there is any false or incorrect information provided in this form, it may prejudice the conduct of such proceedings and also my/our entitlement to be indemnified under the policy.
4. I/We understand where 'the statement of truth' is signed on my/our behalf based on false or incorrect information provided by me/us may be treated as Contempt of Court and punished by the Court;
5. I/ We understand and agree that China Taiping Insurance (HK) Company Limited by requesting me/us to submit and complete this form and by requesting me/us to make the declaration and give authorization herein, does not constitute a waiver of its right entitled under the terms and conditions of the policy and the law in general; and
6. I/ We have not submit captioned claim to any other insurers at the mean time.

Insured's signature with company chop (if applicable):	Driver's signature
Date: / / (dd/mm/yy)	Date: / / (dd/mm/yy)

Remarks: If either the insured or the driver provides any untrue or misleading information, the Company will reserve every legal right. [Attached herewith is the letter of authorization for driver to fill in and return together with this Motor Vehicle Accident Report.]

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

Ref. No. _____

授權書
Letter of Authorization

意外日期

Date of Accident : _____

意外地點

Place of Accident : _____

牽涉車輛

Involved Vehicle (s) : _____

本人/公司授權中國太平保險(香港)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。

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 China Taiping Insurance (HK) Co., Ltd. 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.

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

司機/車主/證人簽署及蓋章(如適用)

Driver / Vehicle owner / Witness Signature & Chop (if applicable) : _____

司機/車主/證人姓名(正楷)

Driver / Vehicle owner / Witness Name (in Block Letter) : _____

香港身份証/商業記號碼/法團註冊證書編號

HKID/Business Registration No./Certificate of incorporation No. : _____

日期

Date : _____