



# 日本興亞保險(亞洲)有限公司 NIPPONKOA INSURANCE COMPANY (ASIA) LIMITED

19th Floor, Tai Tung Building, 8 Fleming Road, Wanchai, Hong Kong.  
Tel: (852) 2524 0036 (852) 2521 2482 Fax: (852) 2868 1997 (852) 2868 4413

## 汽車遇事報告書 REPORT OF MOTOR CAR ACCIDENT

請提供以下資料及回答有關問題

保單號碼

PLEASE PROVIDE INFORMATION AND ANSWER QUESTIONS

Policy No .....

保戶姓名 Name of the Insured .....	國籍 Nationality .....
通訊地址 Correspondence Address .....	聯絡電話 Tel No .....
	手電號碼 Mobile No .....

### 受保車輛細節 PARTICULARS OF INSURED VEHICLE

登記號碼(車牌) Registration Mark .....	廠名及引擎號碼 Make and Engine No. ....
製造年份 Year of Manufacture .....	車身類別 Type of Body .....
估計該車在遇事時之價值 Approximate Value on date of accident .....	保單到期日 Policy Expires On .....
該車現停在何處可供視察 Where may the Insured Vehicle be inspected .....	
該車所作用途：自用，營業，租賃 Was the Vehicle being used for Private, Business, or Trade of Hire Purposes .....	

### 肇事時之駕駛人 THE PERSON DRIVING AT THE TIME OF THE ACCIDENT

姓名 Name .....	駕駛執照號碼 Driving License No .....	執照發出日期 Date of Issue .....
地址 Address .....	年歲 Age .....	電話 Tel No .....

### 遇事經過 THE ACCIDENT

日期 Date .....	時間 Time .....	地點 Place .....
曾向何警署報案 Police Station to which report of accident has been made .....	報案檔案號碼 Report Case No .....	
遇事時受保車輛行駛之速度每小時若干里 Estimated speed of your car at the time of accident .....		Kilometers per hour.
遇事時對方車輛行駛之速度估計每小時若干里 Estimated speed of other vehicle at the time of accident .....		Kilometers per hour.
閣下以為此次肇事應由何人負責 Whom do you consider responsible for the accident.....		
請將失事經過詳細說明 Explanation as to how the accident occurred.....		
.....		
.....		
.....		
.....		
.....		
.....		

請將遇事時有關車輛及人員所處之位置繪圖說明之  
Please give below a rough sketch of the road indicating the position of any Vehicles or persons at the time of the accident.

**受保車之損壞情形**  
**PARTICULARS OF DAMAGE TO INSURED VEHICLE**

損壞情況

Details of Damage .....

估計需修理費若干

Estimated cost of repairs necessitated caused by the accident .....

閣下意欲交與何家車廠修理

To which repairer do you intend to entrust the repair job .....

請盡速將修理估價單寄出

Please forward an estimate of repairs for the insured vehicle as soon as possible

**證人**  
**WITNESSES**

請列明失事時在車內各乘客之姓名及地址 (駕駛人除外)。

Please state the Name and Address of all persons (other than Driver) in the insured vehicle.

請列明其他見證人之姓名及地址。

Please state the Name and Address of any other persons who witnessed the accident.

**身體受傷者**  
**BODILY INJURY**

請列明受傷者之姓名，職業，地址及傷害情況。

Please state the Name, Address and Occupation of any persons injured in the accident together with details of injuries sustained.

**損壞第三者財物之情形**  
**DAMAGE TO PROPERTY OF THIRD PARTIES**

姓名

Name .....

地址

Address .....

職業

Occupation .....

登記號碼(車牌)

Registration Marks of other Vehicles involved .....

損失詳情

Details of Damage .....

**盜竊**  
**BURGLARY & THEFT**

請述被盜竊物在何處購買，買價及現值若干。

Please give full particulars, attach a list of the stolen articles stating when and where they were purchased, price paid and present value.

**DECLARATION**

以上所列乃屬真實及無重復保險並願協助公司辦理一切。

I/We hereby declare the foregoing particulars to be true in every respect and that I/We have no other policy of insurance indemnifying me/us in respect of the accident and I/We undertake to give the Company all assistance in my/our power in dealing with the matter.

投保人署名

SIGNATURE OF INSURED .....

日期

Date .....

駕駛人署名

SIGNATURE OF DRIVER .....

**重要事項**  
**IMPORTANT**

如閣下收到有關此次失事之一切函件，請立即送交敝公司，以便處理。

IF YOU RECEIVED ANY COMMUNICATIONS IN ANY WAY CONNECTED WITH THE ACCIDENT. PLEASE FORWARD THEM **UNANSWERED** TO THE COMPANY **IMMEDIATELY**.

如未經敝公司同意，請勿擅意修理車輛。

REPAIR WORK MUST **NOT** BE CARRIED OUT WITHOUT OUR AUTHORIZATION