



MSIG Insurance (Hong Kong) Limited
9/F., Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong
G.P.O. Box 783, Hong Kong
Tel +852 2894 0555, Fax +852 2890 5741
www.msig.com.hk

Notice of Motor Vehicle Accident 汽車失事通知書

(Please complete in BLOCK letters)

(請以正楷填寫)

Procedures and Notes:

1. Please submit the Claim Form to us immediately after the accident/ discovery.
2. Please submit a completed Claim Form, together with original copies of all relevant documents to:

MSIG Insurance (Hong Kong) Limited
Claims Division
9/ F Cityplaza One
1111 King's Road
Taikoo Shing Hong Kong

3. Incomplete Claim Form cannot be accepted for processing of payment.
4. Further information may be needed.
5. It is important that a complete answer be given to every question. If insufficient space is provided for your answers, please continue on a separate sheet.
6. For inquiry, please call our Claims Services Hotline at 2894 0660 or email at claimin@hk.msig-asia.com or fax at 2902 9109.

程序及備註:

1. 請將索償表格於事發/發現後立即呈交本公司。
2. 請將填妥之索償表格連同有關證明文件之正本寄回:

三井住友海上火災保險(香港)有限公司
理賠部
香港太古城
英皇道 1111 號
太古城中心一期 9 樓

3. 未經填妥之索償表格, 將不獲接受索償處理。
4. 稍後可能需要提供進一步資料。
5. 請回答所有問題, 若需要, 請另附紙張繼續填寫。
6. 如有任何查詢, 請致電我們的賠償服務熱線 2894 0660 或電郵 claimin@hk.msig-asia.com 或傳真至 2902 9109。

Important Notes 重要事項	IF YOU RECEIVE ANY COMMUNICATION IN ANY WAY CONNECTED WITH THE ACCIDENT, PLEASE FORWARD THEM UNANSWERED TO THE COMPANY IMMEDIATELY. 受保人若收到任何有關是次意外之文件或通知書, 請勿予以回覆, 並應立即將該等文件或通知書交回本公司。			
	THE DRIVER IS REQUIRED TO SIGN THE LETTER OF AUTHORISATION ATTACHED TO THIS NOTICE: 駕駛者必須簽署本通知書內之授權書。			
PLEASE SUBMIT A COPY OF THE FOLLOWING DOCUMENTS WHEN RETURNING THIS NOTICE: 於遞交本意外通知書時, 請同時提交下列文件之副本:				
1. HONG KONG VEHICLE REGISTRATION DOCUMENT (BOTH SIDES) 香港車輛登記文件 (正面及背面)				
2. DRIVER'S HKID CARD AND DRIVING LICENCE 駕駛者之身份證及駕駛執照				
N.B.: The writing in Chinese characters is inserted for information of the Insured Person and does not form part of this Notice. 注意: 本通知書上之中文翻譯只為便利受保人了解通知書之內容而設, 該等翻譯並不應被視作此通知書之一部份。				
*Compulsory 必須填寫				
Insured Person/Policyholder 受保人/保單持有人	Name of Insured Person/Company* 受保人姓名/公司名稱*	HKID No./Business Reg. No.* 香港身份證號碼/商業登記號碼*	Age 年齡	
	Correspondence Address 通訊地址	Home Tel. No. 住宅電話號碼	Mobile Tel. No. 手提電話號碼	
	Policy Number* 保單號碼*	Expiry Date 到期日		
	Company Address 公司地址	Company Tel. No. 公司電話號碼	Occupation/Nature of Business 職業/業務性質	
	(*Note: not applicable if same as correspondence address 註: 如與通訊地址相同則不用填寫)		Email Address 電郵	

Vehicle 汽車	Make 車廠	Year 年份	Reg. No. 車牌號碼
	Engine No. 機器號碼	Details of H.P. 馬力為(匹)	
	Details of any modification from standard specifications? <input type="checkbox"/> Yes, e.g. <input type="checkbox"/> No 詳列該車有否任何改裝? 有, 如 沒有		
Usage 用途	Journey From 當時車輛由		To 去
	State Precise Purpose of Journey 此行目的為		
	Details of goods or equipment being carried at time 有關當時所載貨物或器材之詳情		
	Was something being on tow? <input type="checkbox"/> Yes <input type="checkbox"/> No 有否用車輛拖動其他物件? 有 沒有		If yes, what was on tow? 如有, 被拖動之物件為?
	Whether for Hire or Reward? 是否用於租賃或收費性質?		
Driver 駕駛人	Full Name 全名	Age 年齡	HKID No. 香港身份證號碼
	Home Address 住宅地址		Home Tel. No. 住宅電話號碼 Mobile Tel. No. 手提電話號碼
	Business Address 辦事處地址		Business Tel. No. 辦事處電話號碼
			Occupation 職業
	Driver's Licence No. 駕駛執照號碼	Full Licence being first held on 於何時開始持有有效駕駛執照	
	Date of Issue 發出日期	Year 年	Month 月
	Valid to 有效日期至	Year 年	Month 月
	Class of Licence (State if Provisional Licence) 執照類別 (如屬臨時駕駛執照者, 請列明)		Day 日
	Has the Driver ever been convicted of any offence or penalty or fine in connection with any motor vehicles? 駕駛者以往有否就任何車輛被判罰或刑罰或罰款?		
	State quantity of intoxication liquor or drugs consumed by the driver during 12 hours prior to accident: 駕駛者於意外發生前十二小時內所飲酒或服藥之數量為:		
	Has the driver ever been refused insurance or had special terms imposed? 駕駛者曾否被拒絕購買保險或被要求附加特別條件?		
	Does the driver suffer from any physical disability such as Heart Diseases, Diabetes or Epilepsy? 駕駛者是否有身體傷殘如心臟病、糖尿病或癲癇病?		
	If Driver other than the Insured Person 如駕駛者若非受保人		
	State if driving with the Insured Person's permission 寫出駕駛者用車是否已得受保人同意		
	Was vehicle being used on the business of the Insured Person? 該車輛是否用於受保人之業務?		<input type="checkbox"/> Yes <input type="checkbox"/> No 是 否
If yes, nature of business is 若是, 該項業務性質為			
Was the driver in the employment of the Insured Person? 駕駛者是否為受保人之僱員?		<input type="checkbox"/> Yes <input type="checkbox"/> No 是 否	
If yes, length of service is 若是, 已僱用時間為			
If no, what is the relationship between the Insured Person? 若否, 請述與受保人之關係			
Whether the driver is an owner of a motor vehicle? 駕駛者本人是否擁有車輛?		<input type="checkbox"/> Yes <input type="checkbox"/> No 是 否	
If yes, name of the Insurer is 若是, 其投保之保險公司為		Policy No. 保單號碼	
		Vehicle No. 車牌號碼	

	Was the driver's own vehicle being involved in this accident? <input type="checkbox"/> Yes <input type="checkbox"/> No 是次意外有否涉及駕駛者自己之車輛? <input type="checkbox"/> 有 <input type="checkbox"/> 沒有			
Details of Accident 有關意外之細節	Date Year Month Day 日期 年 月 日	Time Hr. Mins. AM / PM 時間 時 分 上午/下午	Place 地點	
	Weather 天氣	Road Surface 路面 <input type="checkbox"/> Wet 濕 <input type="checkbox"/> Dry 乾 <input type="checkbox"/> Smooth 平整 <input type="checkbox"/> Rough 不平整		
	<input type="checkbox"/> Uphill <input type="checkbox"/> Downhill <input type="checkbox"/> Flat 上斜坡 下斜坡 平路	Speed prior to impact 發生意外前之車速為	MPH 哩/時	
	What lights being used by you 你當時所亮為		By other party (if any) 對方所亮為 (如有)	
	Were street lights on? <input type="checkbox"/> Yes <input type="checkbox"/> No 當時是否有亮街燈 有 沒有			
	Did you signal? By hand: <input type="checkbox"/> Yes <input type="checkbox"/> No 你有無打訊號 用手: 有 沒有	By indicator: <input type="checkbox"/> Yes <input type="checkbox"/> No 用訊號燈: 有 沒有	By horn: <input type="checkbox"/> Yes <input type="checkbox"/> No 按喇叭: 有 沒有	
	Did other party signal? By hand: <input type="checkbox"/> Yes <input type="checkbox"/> No 對方有無打訊號? 用手: 有 沒有	By indicator: <input type="checkbox"/> Yes <input type="checkbox"/> No 用訊號燈: 有 沒有	By horn: <input type="checkbox"/> Yes <input type="checkbox"/> No 按喇叭: 有 沒有	
	Describe how accident happened 意外發生經過之詳情			
	(If there is insufficient space on the claim form, please specify the details on a separate sheet clearly and indicate which section the information relates to. 如空位不足, 請另附紙張填寫, 並列明所述之項目名稱。)			
	Sketch 現場草圖			
Who do you consider at fault and reasons 你認為是誰人之過錯及陳述理由				
Have you ever made commitment to other parties on settlement of their damages? 你有否答應對方作出賠償? <input type="checkbox"/> Yes, please state details <input type="checkbox"/> No 有, 所作出之賠償承諾為 沒有				
Have you ever made complaints to the Police regarding the attitude of other parties? <input type="checkbox"/> Yes <input type="checkbox"/> No 你有否向警方投訴對方之駕駛態度? 有 沒有				
Damage to Your Own Vehicle 己方車輛之損毀程度	Please advise details 詳情			
	Estimate HK\$ 估計為港幣 元			
	Where can vehicle be inspected? 可於哪裡檢驗車輛?			
<i>N.B.: Repairs may not be put in hand without the Company's prior consent.</i> 注意: 未得本公司同意不得修理車輛。				
Passengers in Your Own Vehicle 己方車內乘客	Give Names and Addresses of ALL Passengers 列出車內全部乘客之姓名及地址			

<p>(*Note: not applicable if only claim for windscreen damage 註：如只是索償擋風玻璃損毀則不用填寫)</p>	<p>Name & Address 姓名及地址</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Occupation 職業</p> <p>.....</p>	<p>Relationship between Insured Person / Driver 與受保人／駕駛者之關係</p> <p>.....</p>	<p>Injuries & Medical Attention 所受損傷及醫治</p> <p>.....</p>																
<p>Witnesses 證人 (*Note: not applicable if only claim for windscreen damage 註：如只是索償擋風玻璃損毀則不用填寫)</p>	<p>Give Names and Addresses of ALL Witnesses 列出全部證人之姓名及地址</p> <p>.....</p> <p>.....</p> <p>.....</p>																			
	<p>If you cannot identify any, can you say if there were any? 如未能指出證人，請說出當時是否有證人？</p> <p>.....</p> <p>.....</p>																			
<p>Other Parties 對方 (*Note: not applicable if windscreen claim only 註：如只是索償擋風玻璃損毀則不用填寫)</p>	<p>Name of Driver 駕駛人姓名</p>		<p>Occupation 職業</p>																	
	<p>Address 地址</p>																			
	<p>Type of Vehicle 車牌號碼</p>		<p>Reg. No. 車牌號碼</p>																	
	<p>Type of Vehicle 車輛種類</p>		<p>Policy No. 保單號碼</p>																	
	<p>Details of damage to other vehicle 對方的車輛損毀詳情</p>																			
	<p>Was anyone injured in the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No 意外中是否有人受傷？ 是 否</p>																			
	<p>Please state details of injury to other parties 請提供對方損傷詳情</p> <table border="1" data-bbox="357 1563 1495 1877"> <thead> <tr> <th data-bbox="357 1563 564 1626">Name(s) 姓名</th> <th data-bbox="564 1563 932 1626">Address(es) 地址</th> <th data-bbox="932 1563 1142 1626">Injuries 所受損傷</th> <th data-bbox="1142 1563 1495 1648">State whether passenger, pedestrian or driver etc 請註明為乘客、路人或駕駛者</th> </tr> </thead> <tbody> <tr> <td colspan="4">.....</td> </tr> <tr> <td colspan="4">.....</td> </tr> <tr> <td colspan="4">.....</td> </tr> </tbody> </table>				Name(s) 姓名	Address(es) 地址	Injuries 所受損傷	State whether passenger, pedestrian or driver etc 請註明為乘客、路人或駕駛者			
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.....																				
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	<p>Details of damage to other property (if any) 請述其他財物損毀之詳情（如有）</p>																			
	<p>Owner of other property 擁有該等財物之人為</p>																			

Police 警方 (*Note: not applicable if only claim for windscreen damage 註：如只是索償擋風玻璃損毀則不用填寫)	Which Police Station was the accident reported to 該意外已向那一所警署報案			
	Police Report No.: 報案號碼：			
	Did they take measurement & sketch? <input type="checkbox"/> Yes <input type="checkbox"/> No 有否在現場量尺寸及繪畫草圖？ 有 沒有			
	Whether any action is being taken against Driver by the Police? <input type="checkbox"/> Yes <input type="checkbox"/> No 警方曾否向駕駛人提出控訴？ 有 沒有 If yes, please state details 若有，請述詳情			
Claim Settlement Method 賠償方法	To quicken our settlement for any valid claim, please provide your banking details if you prefer direct credit. We must stress that this request should not be treated as an admission of our liability whatsoever means by law. Finally, we hereby reserve all rights for assessing your claim subject to terms, conditions and exclusions of the related policy. 在成功審批賠償後，本公司可以將賠款直接過戶。如閣下選擇此項服務，敬請提供銀行名稱和存款戶口號碼。本公司特此聲明，此項要求並不代表閣下之索償現正獲成功審批。有關決定，本公司在收齊證明文件後，將根據保單一切條款才作最後審批，敬請留意。 For claim payment (if any) direct credit to Policyholder's bank account, please complete all of the following: 本公司將賠償款項（如有）直接存入閣下之戶口，請填寫以下資料：			
	Account Holder's Name 戶口持有人姓名 (Must be the same as the Policyholder 必須與保單持有人相同)			
	Bank Name 銀行名稱	Bank Code 銀行編號	Branch No. 分行號碼	Bank A/C No. 銀行帳戶號碼
			
Declaration 聲明	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 this accident and I/ We undertake to give MSIG Insurance (Hong Kong) Limited all assistance in my/ our power in dealing with the matter. 我/我們謹聲明上述細節為全部真確，是次意外並無其他保單給予我/我們賠償，我/我們並將全力協助三井住友海上火災保險（香港）有限公辦理有關事項。 I believe that the facts stated in this claim form are true and correct. I acknowledge that the Insurers will rely upon the information supplied by me / the policyholder / the insured person, which I verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory / the policyholders / insured person under this policy, if so required by the Insurers, will be asked and are bound to sign any court documents on the basis of information provided herein. 本人確認此索償申請書內之事實均為真實及正確。本人確認貴保險公司會依靠本人/保單持有人/受保人所提供的資料（該等提供的資料本人誠實地相信是真實和正確的），作為將來進行或辯護任何索賠及訴訟程序之用。如貴保險公司要求，本簽署人/保單持有人/受保人將會及必定同意簽署任何有關倚靠該等資料所準備之法律文件。			
Date 日期	Signature of Insured Person/Policyholder 受保人/保單持有人簽署 (with company chop if applicable 如屬公司請蓋章)			
Date 日期	Signature of Driver 駕駛者簽署			

PRIVACY POLICY

MSIG Insurance (Hong Kong) Limited ("MSIG", "we" or "us") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone for any purposes. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agent, contractor or third party who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purposes. If you have any questions or inquiries regarding our privacy policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the 'Privacy Policy' link on our website homepage at www.msig.com.hk. You should check the Privacy Policy regularly for changes.

Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product or any claim made under the Product.

Your personal data may be used for **obligatory purpose** or **voluntary purpose**. If personal data are to be used for an obligatory purpose, you **MUST** provide your personal data to MSIG if you want MSIG to provide the Product. Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The **obligatory purposes** for which your personal data may be used are as follows:-

- processing and evaluating your insurance application and any future insurance application you may make;
- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- invoicing and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings;
- exercising any right of subrogation by us;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes; and
- complying with applicable laws, regulations or any industry codes or guidelines.

The **voluntary purposes** for which your personal data may be used are any sales, marketing, promotion of other general insurance services and products provided by MSIG. The personal data we intend to use for voluntary purposes are your name,

your address, your phone number and email address. We cannot use your personal data for voluntary purposes without your consent.

If you do not wish MSIG to use your personal data for the voluntary purposes listed above, you should tick the box on the right and provide us with the following information. You may also notify us by sending an email to 'dpo@hk.msiga.com'. In your notification, you must supply the same required information as listed below.

To enable us to process your opt-out request, please provide us below information.	
Full Name:	
Contact Number:	
HKID Number:	<i>(for identification purpose)</i>
Policy / Certificate / Acknowledgement Number <i>(if you have one)</i> :	
NOTE: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.	

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance broker;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- the Insurance Claims Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted by law.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at (852) 3122 6922.

私隱政策

三井住友海上火災保險（香港）有限公司（下稱「三井住友保險」、「我們」或「本公司」）請您仔細閱讀下列條款與條件。如本聲明的英文版本與中文版本內容有歧異，將以英文版本為準。

三井住友保險極為重視您的私隱。為了保障您的個人資料，我們以有關法例及規例為準則，向公司內部傳達並執行我們定立之私隱及保障指引。三井住友保險採取預防措施以保障您的個人資料免遭受遺失、盜竊、誤用，以及在未經許可之情況下被取用、洩露、更改及破壞。此外，我們均不會出售您的個人資料給任何人。三井住友保險嚴格執行認可管制，只容許獲授權之職員在必需的情況下，取用或處理您的個人資料。我們會向職員定期提供培訓，確保他們知悉任何有關私隱法律及規例的新發展。

我們只會在法律容許並必需用於業務及稅務用途之情況下，保留您的個人資料作為我們的業務記錄。我們會向以本公司之名義提供行政或其他服務之代理、承辦商或第三者，要求他們遵循本政策保護有可能收到的個人資料。本公司不會容許他們使用有關資料於任何其他目的。如您對我們的私隱政策有任何疑問，歡迎聯絡我們查詢。

我們可能不時修改此範本。修改後的範本可於本公司網頁 www.msig.com.hk 下載。您應定期查閱此範本所修改的內容。

個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，您須向我們不時供給與我們提供之一般保險服務及保單產品（下稱「保單」）相關的個人資料，讓我們可向您提供客戶服務及改善服務質素。當中包括但不限於您在申請表填寫或任何與保單有關之文件上或任何透過保單索償上所載之個人資料。

您的個人資料可被用於**強制性**或**自願性**用途。如個人資料是用於強制性用途，而您希望三井住友保險提供有關保單，則您必須向三井住友保險提供有關個人資料，否則三井住友保險將不能向您提供有關保單。

您的個人資料可被用於以下**強制性**之用途：

- 處理及審批您的保險申請或您將來提交的保險申請；
- 向您提供與保單及核保相關之日常運作及行政用途；
- 保單之更改、取消或續保用途；
- 發出繳交保費通知及向您收取保費及欠款；
- 評估及處理透過保單索償及任何繼後法律訴訟之用途；
- 由本公司行使代位權利之用途；
- 就以上用途聯絡您；
- 其他與上述用途有直接關係的附帶用途；及
- 遵循適用法律，條例及業內守則及指引。

而**自願性用途**則指任何三井住友保險提供的其他一般保險服務及保單產品之銷售、市場營銷及推廣。用作自願性用途之個人資料則為您的姓名、地址、電話號碼及電郵地址。未獲您同意之前我們並不能使用您的個人資料用作自願性用途。

如您不欲三井住友保險將您的個人資料用作上述自願性用途，您應於右列方格加上剔號並必須提供

如下的資料。您亦可選擇以電郵方式將您的要求連同所需的個人資料（詳情如下）電郵至

“dpo@hk.msig-asia.com”。

為讓我們能夠處理您以上提出的拒絕服務之請求，請提供以下資料。

姓名：

聯絡電話：

香港身份證號碼：

(作識別之用)

保單號碼 / 證書編號 / 確認編號 (如適用)：

附註：此拒絕服務要求將會取代您先前給予三井住友保險一切關於直接促銷的指示。

就任何上述的用途，我們所收集的個人資料可能會被轉移至：

- 向我們提供行政、通訊、電腦、付款、保安及其他服務的第三方代理、承包商及顧問（包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商）；
- 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- 再保公司及再保經紀；
- 您的保險經紀；
- 我們的法律及專業業務顧問；
- 我們的關連公司（以《公司條例》內的定義為準）；
- 香港保險業聯會（或同類的保險公司聯會）及其會員；
- 保險索償投訴局及同類的保險業機構；
- 法例要求或許可的政府機關。

為了確保您的個人資料之準確性，您同意授權本公司查閱並核實任何由保險業內保險公司聯會所收集有關您的個人資料。

根據有關法例及規例，您有權查閱及更正本公司所持的任何載有您的個人資料之記錄。如您欲行使以上權利，可以書面形式投寄至香港太古城英皇道 1111 號太古城中心第一期 9 樓三井住友海上火災保險（香港）有限公司，通知本公司的資料保護主任。

如您對此個人資料收集聲明有任何疑問或須協助，請致電（852）3122 6922 與我們聯絡。