

保險公司填寫 For Office Use
Claim Ref. No.
Received Date

Motor Vehicle Accident Report Form

汽車意外報告書

(I) Insured 投保人		
Name 姓名	Occupation 職業	
Policy / Certificate No. 保險單號碼	Period of Insurance 承保日期	
Residential Address 住宅地址	Tel. 電話	
Office Address 辦事處地址	Tel. 電話	
(II) Insured Vehicle 承保車輛		
Registration Marks. 車牌號碼	Make 廠名	
Model 款式	Year of Manufacture 製造年份	
Engine No. 引擎號碼	Chassis No. 車身底盤號碼	Date of Purchase 購入日期
Hire Purchase Owner 所屬財務公司	No. of passengers being carried at the time of the accident excluding driver 意外時所載乘客人數 (不包括司機)	
Nature of goods being carried at the time of the accident 意外時所載貨物種類		
(III) Driver 駕駛人		
Name 姓名	Date of Birth 出生日期	Occupation 職業
Residential Address 住宅地址	Tel. 電話	
Office Address 辦事處地址	Tel. 電話	
I. D. Card No. 身份證號碼	Driving Licence No. 駕駛執照號碼	
Years of driving experience 若干年駕駛經驗	Relationship to Insured 與保戶之關係	
Are you driving with Insured's Permission 是否得到保戶同意駕駛承保車輛	<input type="checkbox"/> Yes 是	<input type="checkbox"/> NO 否
Any physical defects 身體是否有缺陷	<input type="checkbox"/> Yes 是	<input type="checkbox"/> NO 否
Were you involved in any previous accident(s) 過往曾否涉及交通意外	<input type="checkbox"/> Yes 是	<input type="checkbox"/> I (if yes, please give details) (如是, 請述詳情)
Any previous convictions of driving offences 過往曾否被判罰觸犯交通條例	<input type="checkbox"/> Yes 是	<input type="checkbox"/> I (if yes, please give details) (如是, 請述詳情)
Do you own a motor vehicle? Please state Reg. Marks., Insurance Co. & Policy No. 您是否擁有汽車? 請詳述車牌號碼, 保險公司及保險單號碼		

(IX) Persons Injured in the Accident 傷者

(1)	Name 姓名	Age 年齡	Occupation 職業
	Address / Tel. 地址 / 電話		
	Registration Marks 車牌號碼	Nature of injury 受傷情況	
(2)	Name 姓名	Age 年齡	Occupation 職業
	Address / Tel. 地址 / 電話		
	Registration Marks 車牌號碼	Nature of injury 受傷情況	
(3)	Name 姓名	Age 年齡	Occupation 職業
	Address / Tel. 地址 / 電話		
	Registration Marks 車牌號碼	Nature of injury 受傷情況	

(X) Witnesses 證人

(1)	Name 姓名	Age 年齡	Occupation 職業
	Address / Tel. 地址 / 電話		
	Registration Marks 車牌號碼	Relationship to driver or any other parties involved 與駕駛人之關係或其他任何有關人仕之關係	
(2)	Name 姓名	Age 年齡	Occupation 職業
	Address / Tel. 地址 / 電話		
	Registration Marks 車牌號碼	Relationship to driver or any other parties involved 與駕駛人之關係或其他任何有關人仕之關係	

(XI) Authorization 授權 / Declaration 聲明

I hereby authorize the Police Station concerned to release my statement to CHINA BOCOM INSURANCE CO., LTD. A photostat copy of this authorization shall be considered as effective and valid as the original.

本人授權警方向中國交銀保險有限公司提供本人之口供紀錄。此授權書之副本具有正本之同等效力。

I/We hereby declare to the best of my / our knowledge belief that the above statements and particulars to be true and correct and I / We have no other insurance policy indemnifying me / us in respect of this accident. I/We hereby further agree that if I / We have made or shall make any false statement or concealment, the Policy shall be void and all rights to recovery thereunder shall be forfeited.

本人 / 我等在此聲明以上一切資料均屬真實，及在此次意外中，本人 / 我等並無得到其他保險賠償。

本人 / 我等亦同意，如以上或將來提供之資料有虛假成份或有隱瞞，此保險單將被作廢，而一切索償權利亦將喪失。

I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement ("PICS"). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by China BOCOM Insurance Co., Ltd. in accordance with the PICS. 本人 / 我們確認本人 / 我們已閱讀並明白收集個人資料的聲明。本人 / 我們確認本人 / 我們已被通知本人 / 我們須詳細閱讀該聲明，而本人 / 我們已詳細閱讀該聲明對貴公司所收集或持有之本人 / 我們的個人資料的影響 (不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人 / 我們特此確認並同意中國交銀保險有限公司根據該聲明使用及轉移本人 / 我們的個人資料。

Remark :

- Do not admit liability and forward all correspondence to the Company.
 - Estimate of repairs must be approved by the Company prior to the commencement of repairs.
 - The Company does not admit liability by the issue of this accident report form.
- 不可向對方承認責任，並須將一切函件送交本公司
 - 必須經本公司批准方可對損毀車輛進行修理。
 - 本公司發出此報告書，並不表示承認任何責任。

Date 日期	Signature of Driver 駕駛人簽名
Date 日期	#Signature of Insured # 投保人簽名
	#If the Insured is a corporation, company's chop is required 若投保人是公司，必須在投保申請人簽署部分蓋上公司印章。

香港中環紅棉路8號東昌大廈18樓
18/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong.
電話 Tel (852) 2591 2938 傳真 Fax : (852) 2831 9192

In the event the Insurance claims application consisting of personal information, such application will not be processed unless this personal information collection statement is duly read and signed by the Policyholder/Insured Person.

PERSONAL INFORMATION COLLECTION STATEMENT (“PICS”)

COLLECTION AND USE OF PERSONAL DATA

China BOCOM Insurance Co., Ltd. (hereafter called “the Company”) may use the personal data collects from you (whether contained in this application or otherwise) for the purposes of

- (i) investigating, processing and paying claims made under your insurance policy;
- (ii) collecting deductibles for claim settlement and/or any outstanding amounts from you;
- (iii) conducting market research for statistical or other purposes;
- (iv) matching any data held which relates to you from time to time for any of the purposes listed herein;
- (v) conducting identity and/or credit checks and/or debt collection;
- (vi) carrying out other services in connection with the operation of the Company’s business;
- (vii) contacting you for any of the above purposes;
- (viii) other ancillary purposes which are directly related to the above purposes; and
- (ix) complying with applicable laws, regulations or any industry codes or guidelines.

Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

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 which assist the Company to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers, bank for executing direct debit payment and data processors);**
- (b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;**
- (c) in the event of default, debt collectors and recovery agents;**
- (d) insurance reference bureaus or credit reference bureaus;**
- (e) reinsurers and reinsurance brokers;**
- (f) your insurance broker (if you have one);**
- (g) our legal and professional advisors;**
- (h) our related companies;**
- (i) the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;**
- (j) the Insurance Claims Complaints Bureau and similar industry bodies; and**
- (k) government agencies and authorities as required or permitted by law.**

The Company may also use and disclose your personal data otherwise with your consent.

“Related companies” in this form means the holding company of the China BOCOM Insurance Co., Ltd (Bank of Communications Co., Ltd.) which includes branches, subsidiaries, representative offices and/or any corporations or legal entity under the effective management control by the Bank of Communications Co., Ltd. and/or any subsidiaries and/or representative offices of China BOCOM Insurance Co., Ltd, wherever situated.

DIRECT MARKETING

Unless with your consent, the Company MAY NOT use any extra information obtained under this form for any direct marketing purpose except for those information obtained from you before for processing the insurance application. In the event you DO NOT WISH the Company and/or its affiliated companies to use your personal data in direct marketing and receive the direct marketing materials, you may inform us in writing to the address in the section on “ACCESS AND CORRECTION OF PERSONAL DATA”. The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

ACCESS AND CORRECTION OF PERSONAL DATA:

Under the Personal Data (Privacy) Ordinance (Cap. 486) (“PDPO”), you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it. Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to: Data Privacy Officer of China BOCOM Insurance Co., Ltd. 18/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong.

保單持有人/受保人必須閱讀及簽署此收集個人資料聲明後有關的索償申請將會被處理

收集個人資料的聲明

收集及使用個人資料

中國交銀保險有限公司(下稱“本公司”)可能會使用客戶提供的個人資料(不論是否此表格所載或從其他途徑所取得)作以下用途:

- (i) 調查、處理及支付 閣下保單有關的索償;
- (ii) 向 閣下收取自負額及欠款;
- (iii) 為統計或其他目的進行市場研究;
- (iv) 不時就本條款所列的任何目的核對所持有的與 閣下有關的任何資料;
- (v) 進行身份和/或信用核查和/或債務追收;
- (vi) 開展與本公司業務經營有關的其他服務;
- (vii) 就以上用途聯絡 閣下;
- (viii) 其它與上述用途有直接關係的附帶用途;及
- (ix) 遵循適用法律、條列及業內守則及指引。

本公司僅將為合法和相關的目的收集個人資料,並將採取一切切實可行的步驟,確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟,確保個人資料的安全性,及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

本公司亦可因應上述用途披露 閣下的個人資料予下列各方:

- (a) 就上述用途,向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、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、執行直接付款方式繳付保費之銀行及數據處理服務商);
- (b) 處理索賠個案的理賠師、理賠調查員及醫療顧問;
- (c) 追討欠款的收數公司或索償代理;
- (d) 保險資料服務公司及信貸資料服務公司;
- (e) 再保公司及再保經紀;
- (f) 閣下的保險經紀(若有);
- (g) 本公司的法律及專業業務顧問;
- (h) 本公司的關連公司;
- (i) 香港保險業聯會(或同類的保險公司聯會)及其會員;
- (j) 保險索償投訴局及同類的保險業機構;
- (k) 法例要求或許可的政府機關。

經 閣下同意,本公司可能會以其它方式使用及披露 閣下的個人資料。

“關連公司”是指本公司的控股公司『交通銀行股份有限公司』其中亦包括交通銀行股份有限公司屬下之分行、附屬公司及代表處及/或任何被交通銀行股份有限公司在管理上控制的公司及/或中國交銀保險有限公司的附屬公司及代表處,不論其所在地。

直銷促銷

若非經閣下同意，本公司不可能使用閣下在索償申請書中提供的額外聯絡資料用作任何直接促銷用途。這並不包括早前在投保申請處理時提供的資料。若閣下不願意本公司及與本公司關聯的公司使用及將閣下的個人資料提供予其他人士作任何形式的直接促銷用途。請閣下請發信至下文“個人資料的查閱和更正”部份所列的地址通知本公司。本公司會在不收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。

個人資料的查閱和更正

根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：中國交銀保險有限公司位於香港中環紅棉路8號東昌大廈18樓個人資料保護主任收。