

此欄由本公司填寫 Internal Use Only	保單編號 Policy No.	索償編號 Claim No.	自負額 Excess
	保險期限 Insured Period	開立日期 Open Date	準備金 Reserve

### 1. 意外詳情 Details of Accident

發生日期、時間及地點  
Date, Time & Place of Accident

天氣情況 Weather Condition	<input type="checkbox"/> 良好 Fair	<input type="checkbox"/> 有霧 Foggy	<input type="checkbox"/> 微雨 Rain	<input type="checkbox"/> 大雨 Heavy Rain	<input type="checkbox"/> 強風 Gusty	事發時之車速 Driving Speed	乘客人數 No. of Passengers
路面情況 Road Condition	<input type="checkbox"/> 正常 Normal	<input type="checkbox"/> 濕滑 Slippery	<input type="checkbox"/> 顛簸不平 Bumpy	意外詳細經過 Details of Accident			
圖示 Illustration							

### 2. 目擊證人及責任誰屬 Witnesses and Responsibility

目擊者姓名 Name of Witness	職業 Occupation
地址 Address	電話號碼 Phone No.
1. 是否有交通警員到場錄取事故資料? Was the accident recorded by a policeman on the spot? <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes 2. 您是否有在警署簽錄口供? Did you sign off any testimony at a police station? <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes 3. 您是否有接受酒精測試? Did you submit to any breathalyzer or blood alcohol test? <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes 讀數為 With a reading of ..... 4. 您當場是否有承認任何責任? Did you admit any responsibility on the spot? <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes 5. 您認為意外的責任誰屬? Who do you think was responsible for the accident? ..... 6. 交通警員認為意外的責任誰屬? Who did the policeman mention was responsible for the accident? .....	

### 3. 受保車輛及司機 Insured Vehicle and Driver

車主 Owner	同時為保單持有人? Same as Policyholder?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
地址 Address	電話號碼 Phone No.	
車款 Model	車牌號碼 Plate No.	年份 Year
車身顏色 Color	用途 Usage	座位數目 No. of Seats
司機姓名 Name of Driver	職業 Occupation	
地址 Address	電話號碼 Phone No.	
證件類別及號碼 ID Type & No.	出生日期 Date of Birth	與保單持有人之關係 Relation with Policyholder
駕駛執照號碼及簽發日期 Driver License No. & Issue Date	司機是否有在保單內申報? Driver declared in policy? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	

如以下欄目位置不足，可另外填交「索償補充資料頁」。

If the space for any item below is not sufficient, please continue with a separate "CLAIM INFORMATION SUPPLEMENT" form.

4. 第三者車輛及司機 Third Party Vehicle and Driver			
車主 Owner			
地址 Address		電話號碼 Phone No.	
車款 Model	車牌號碼 Plate No.	年份 Year	
車身顏色 Color	用途 Usage	座位數目 No. of Seats	
保險公司名稱 Insurer		保單號碼 Policy No.	
損毀情況 Extent of Damage			
司機姓名 Name of Driver		職業 Occupation	
地址 Address		電話號碼 Phone No.	
證件類別及號碼 ID Type & No.	出生日期 Date of Birth	駕駛執照號碼及簽發日期 Driver License No. & Issue Date	
5. 第三者傷亡 Third Party Death and Injury			
姓名 Name		職業 Occupation	
地址 Address		電話號碼 Phone No.	
證件類別及號碼 ID Type & No.	出生日期 Date of Birth	意外中之身份 Role in Accident	
傷亡情況 Extent of Injury			
醫院 / 醫生 Hospital / Physician		<input type="checkbox"/> 門診 Outpatient	<input type="checkbox"/> 留醫 Hospitalized
6. 其它財物損毀 Other Property Damage			
財物類型 Type of Property <input type="checkbox"/> 本身車輛 (如有相應保障) Own Vehicle (If so insured) <input type="checkbox"/> 第三者財物 Third Party Property .....			
損毀情況 Extent of Damage			
7. 聲明及簽署 Declaration and Signature			
<p>本人授權任何機構或當局就本次意外向澳門保險公司或其授權代表提供所有有關本人之資料、紀錄及報告。本授權書之副本具有原本之同等效力。本人聲明上述各項資料均為真實無誤，且本人在本次意外中並無得到任何其他保險賠償。本人明白且同意，如以上所列或本人將來提供之資料有虛假或隱瞞成分，相關之保單將會作廢，而一切由該保單賦予之索償權利亦將撤銷。本人明白且同意澳門保險公司可將本表格或從其他途徑所得關於本人之個人資料用於保險業務用途，並可使用、儲存、透露及轉交該等資料予任何與該公司有關之人士、機構或選定之第三者，包括其他與保險或再保險業務有關之公司、中介人、理賠調查員、醫療機構、顧問、政府機關或保險業組織。</p> <p>I authorize any organization or authority to furnish to Macau Insurance Company or its authorized representative any and all information, records and reports related to me with respect to this accident. A photocopy of this authorization shall be considered as effective and valid as original. I declare that the above statements and particulars are true and correct, and I have no other insurance policy indemnifying me in respect of this accident. I understand and agree that if I have made or shall make any false statement or concealment, the related insurance policy shall be void and all rights of recovery under the policy shall be forfeited. I understand and agree that Macau Insurance Company may use any of my personal information, contained herein or obtained otherwise, in its insurance business and may use, store, disclose and transfer such information to any individual or organization associated with or appointed by the Company, including any company carrying on insurance or reinsurance related business, intermediary, claims investigator, medical facility, advisor, government authority or industry association.</p>			
受保人簽署 Signature of Insured		日期 Date	駕駛者簽署 Signature of Driver
			日期 Date
注意 Attention	<ol style="list-style-type: none"><li>本公司接受本索償申請表並不代表本公司確認承擔任何有關之賠償責任 The Company does not undertake any liability for indemnity by accepting this form</li><li>為免延誤索償，請盡快提交駕駛者之身份證明文件及駕駛執照、車主之身份證明文件及民事責任保障卡、車輛之物業登記證及登記摺之副本 To avoid any claims handling delay, please submit copies of the driver's ID and driving license, the owner's ID and third party liability card, and the property registration card and vehicle registration card of the vehicle as soon as possible</li><li>受保人及駕駛者不應向任何人士承認任何責任 NEITHER the insured nor the driver should admit any responsibility to any party</li><li>如收到任何第三者之函件，請馬上交回本公司處理，而不應自行作答 Please forward any correspondence from any third party immediately to Macau Insurance Company, and do NOT answer it directly</li><li>必須經本公司批准，方可對車輛進行維修 Approval must be obtained from Macau Insurance Company prior to the commencement of any repairs</li></ol>		