



MOTOR INSURANCE CLAIM FORM 汽車保險索償申請書

- Please complete this Claim Form in BLOCK LETTERS and provide the relevant documents listed in Part 3 to avoid delay in claim process.
Incomplete Claim Form cannot be accepted for processing of payment
The Company is entitled to request for further information, documents or other specific claim form to be completed, and assign a loss adjuster for investigation.
Completion and submission of this Claim Form shall not be construed as admission of liability on the part of the Company.
For inquiry, please call our Customer Service Hotline on 2545 6585 or email to claims@california.com.hk or fax to 2116 1951
請以正楷填妥並簽署此賠償申請表, 連同第 3 部分所列相關索償文件清單交回, 以免延誤索償進程。
未經填妥之索償表格, 將不獲接受索償處理。
本公司有權要求索償者提供更多資料、文件或填寫其他專用索償表格, 以及委派公證人進行調查。
填寫及遞交此賠償申請表並不表示本公司承擔賠償責任。
如有任何查詢, 請致電我們的客戶服務熱線 2545 6585 或 電郵至 claims@california.com.hk 或傳真至 2116 1951。

1. Insured Particulars 受保人資料 (*Mandatory fields 必須填寫)

* Policy / Cover Note No. 保單 / 臨時保單編號:
* Terms of cover 投保類別:
* Insured person 受保人姓名 (請以英文姓名填寫):
* E-mail Address 電郵地址:
* Mobile Phone 手機號碼:
* Correspondence Address 通信地址 (請以英文地址填寫):
* How do you wish to be contacted in case of additional information is required to process your claim? (If you have an insurance intermediary/agent, we will contact you via insurance intermediary/agent.)

2. Insured Vehicle Details 受保車輛資料 (*Mandatory fields 必須填寫)

* Registration no. 車牌號碼:
* Year of manufacturing 出廠年份:
* Make and model 廠名及型號:
* What purpose was the vehicle being used at the time of the accident? 在發生意外時, 該車之用途?

3. Claim Items and Supporting 索償項目及文件

Please check the relevant section(s), submit the required documents together with this completed and signed form to our company
Claim items 索償項目
Claim supporting checklist 索償文件清單
Basic Required Supporting (for all claims except windscreen damage)
Damage/ theft loss to insured vehicle (applicable to comprehensive cover only)

Claim items 索償項目	Claim supporting checklist 索償文件清單
<input type="checkbox"/> Third party property damage / Third party bodily injury (please fill in 4 to 6, and 8 to 11) 第三者財物損失/ 第三人人身傷亡 (請填寫 4 至 6, 及 8 至 11)	1. The above listed Basic Required Supporting 2. Copy of any claim(s) / summon(s) / correspondences from third party (if any) 1. 上述 基本所需文件 2. 任何第三者之索償/傳票/信件副本 (如有)
<input type="checkbox"/> Windscreen damage (applicable for policy with such coverage only) (please fill in 10) 擋風玻璃損毀 (僅適用於列有此保障的保單)(請填寫 10)	1. Original windscreen repair invoice(s) and receipt(s) 2. Copy of photos of damage 1. 擋風玻璃維修發票及收據正本 2. 損毀玻璃之相片副本

4. Driver Particulars 司機資料 (* Mandatory fields 必須填寫)

* At the time of accident, the driver of the vehicle is 在發生意外時司機是:	
<input type="radio"/> the owner of vehicle 車主 <input type="radio"/> owner's hired driver 車主之司機 <input type="radio"/> friend or relative of owner 車主之親屬或朋友 <input type="radio"/> others, please specify 其它, 請註明 _____	
* Name of Driver 司機姓名:	
* HKID Card No. 香港身份證號碼:	* Date of Birth 出生日期 (DD/MM/YY 日/月/年):
* Driver License No. 駕駛執照號碼:	* Has the driver obtained his/her first driver license for 2 or more years? 駕駛者已有香港駕駛執照 2 年或以上? <input type="radio"/> No 否 <input type="radio"/> Yes 是
* Mobile Phone 手機號碼:	E-mail 電郵地址:
* Correspondence Address 聯絡地址:	
* Has Driver in the past 3 years been convicted of any driving or motoring offence? 過去三年內, 司機是否曾觸犯交通條例?	<input type="radio"/> No 否 <input type="radio"/> Yes 是 If yes, please provide details and date: 如是, 請詳細列明及日期: _____
* Has Driver in the past 3 years been involved in any traffic accident? 過去三年內, 司機是否曾牽涉交通意外失事?	<input type="radio"/> No 否 <input type="radio"/> Yes 是 If yes, please provide details and date: 如是, 請詳細列明及日期: _____
* Did the driver undergo screening breath test following this accident and what is the result? 是次意外後司機是否曾被進行酒精測試及其結果?	<input type="radio"/> No 否 <input type="radio"/> Yes 是 If yes, please provide result of test 如是, 請詳細列其結果: _____
* Has the driver consumed any intoxicating liquor prior to this accident? 是次意外前司機是否曾飲用過含酒精成份之飲品?	<input type="radio"/> No 否 <input type="radio"/> Yes 是 If yes, please give details: 如是, 請提供資料細節: _____
* Has the driver taken any drugs prior to this accident? 是次意外前司機是否曾服用任何藥物?	<input type="radio"/> No 否 <input type="radio"/> Yes 是 If yes, please give details: 如是, 請提供資料細節: _____

5. Circumstances of Accident 遇事情況

Date (DD/MM/YY) 遇事日期 (日/月/年):	Time (a.m/p.m) 遇事時間 (上午/下午):
Location 遇事地點:	
Speed of insured vehicle immediately prior to accident (m.p.h) 事件發生前之行駛車速(每小時英里):	
Full details of occurrence and make a rough sketch where appropriate showing location of involving vehicle(s), road widths, traffic lights, signs, warnings, directions of vehicle etc. (You can add supplementary paper(s) if the provided space is insufficient.) 請詳述該意外事件如何發生, 並繪劃草圖標明事發路面情況 (如涉及之車輛位置、行駛方向、路闊、交通燈、交通標誌、讓線等等)。(如空白位置不足可另附紙張)	
Description of accident 遇事過程	Sketch 草圖

Circumstances of Accident (con't) 遇事情況 (續)

Police file no. (if any) 警方檔案編號 (如有)	Reporting date 報案日期:	Location of responsible police station 負責此案之警署地點:
Any police prosecution being taken against the Driver? 警方有否對司機進行控訴? <input type="radio"/> No 否 <input type="radio"/> Yes 有 <input type="radio"/> Unknown 不清楚		
Did you / the driver lodge any complaint or seek compensation against other driver(s) in respect of this accident? 閣下及/或司機是否就上述之交通意外向其他司機追討責任/作出投訴? <input type="radio"/> No 否 <input type="radio"/> Yes 是		
Did you / the driver make or receive any compensation to or from the other party? 閣下及/或司機曾否收受或給予對方任何補償? <input type="radio"/> No 否 <input type="radio"/> Yes, please state the amount (HKD) 有, 請列出其金額 (港幣) _____		
Did you / the driver make any written agreement with the other party relating to this accident? 閣下及/或司機曾否與對方達成任何與此意外有關之書面協議? <input type="radio"/> No 否 <input type="radio"/> Yes, please provide the original document. 有, 請給予該正本協議書。		

6. Witness / Passenger Details (if any) 證人/乘客資料 (如有)

Please list the witness/passenger 請詳列所有證人/乘客		
Name 姓名	Contact No./ Address 聯絡電話 / 地址	Relationship to driver 與司機之關係

7. Condition of Damaged Insured Vehicle (for comprehensive cover only) 受保人汽車損壞情況 (只適用於全保)

Are you claiming your own damaged vehicle under this insurance policy? 閣下會否作汽車損壞索償? <input type="radio"/> No (please skip this section) 不會 (請不用繼續填寫此部份) <input type="radio"/> Yes (please fill in the below details and submit us with a repair quotation) 會 (請繼續填寫此部份並附維修估價單。估價單必需先交本公司審查及批准方得開工修理。)
Estimated repair cost (HKD) 修理費估計約為 (港幣):
Has the damaged vehicle been moved to a repairer's garage? 該車是否已送往維修車房? <input type="radio"/> Yes, Please provide the garage's name, location and contact number 是, 請提供維修車房名稱、地點及電話號碼 _____ <input type="radio"/> No. Please indicate where the damaged vehicle is currently situated 否, 請說明該車現放置在何處 _____

8. Third Party Property Damage (if applicable) 第三者財產損壞 (如適用)

Name of Vehicle / Property Owner 第三者車主或物主姓名	Contact Number / E-mail 聯絡電話/ 電郵	Description of Damage 損壞情況	Amount Claimed (HKD) 索償金額(港幣)

9. Third Party Bodily Injury (if applicable) 第三者受傷 (如適用)

Name of Injured Person 傷者姓名	Contact Number / E-mail 傷者聯絡電話/ 電郵	Description of Injury 受傷情況	Name of Hospital (if hospitalized)/ Amount Claimed (HKD) 醫院名稱 (如入院) / 索償金額(港幣)

10. Authorization and Declaration 授權及聲明

I / We hereby declare that all the above information and particulars given herein are accurate, true and complete and are given to the best of my / our knowledge and belief. I / We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this request or inform the Company of all material information may render the Company unable to accept or process this request and all rights to recover under the Policy shall be forfeited. I / We understand that the issuance or completion of this application does not constitute admission of liability or guarantee payment of the claim on behalf of the Company.

本人 / 吾等謹此聲明，上述所有問題的答案包括所有資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人 / 吾等所知及所信而作答的。本人 / 吾等並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知貴公司任何有關此索償申請之重要資料，將可能導致貴公司不能接受或處理此索償申請及喪失所有追討保單權益之權利。本人 / 吾等明白此索償表格之發出及填妥並不代表貴公司確認責任或保證賠償。

II. I/We understand and agree the following arrangement of my/our personal data collected or held by California Insurance Co Ltd ("the Company") or its authorised representative. 本人/吾等明白並同意以下有關加州保險有限公司(“貴公司”)或其授權代表處理所收集及保存本人/吾等之個人資料安排。

The personal data of customers (include policy owners, insured persons, beneficiaries, premium payers, trustees, policy assignees and claimants) collected or held by the Company may be used by the Company for the following **obligatory purposes** necessary in providing services to the customers. Failure to supply such data for obligatory purpose may result in the Company being unable to provide the services to customers.

由貴公司收集或持有的客戶(包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人)個人資料，均可供貴公司使用作以下強制性用途，以便為客戶提供服務，否則貴公司將無法為未能提供所需資料的客戶提供服務：

1. to manage or process any insurance or financial related products or services or any alterations, variations, cancellations or renewal of said products or services; 處理或辦理任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；
2. to process, investigate (and assist the third party(ies) to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services; 辦理，調查(及協助他人調查)及決定保險申請、保險索償及提供持續之保險服務；
3. to manage any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right; 處理任何對客戶的索償、訴訟及/或司法程序；以及行使貴公司的權利(詳情見適用保單條款所定)，包括但不限於代位權；
4. to facilitate the Company's authorized service provider to provide services to the Company and/or the customers for the above purposes; 促進貴公司的認可服務供應商，就上述目的為貴公司及/或客戶提供服務
5. to process requests for payment, direct debit authorization, and to collect debts; 辦理付款要求、直接付款授權、及債務追討；
6. to compile statistics or the use in accounting and actuarial purposes; 編製統計數字，或作會計及精算用途；
7. other ancillary purposes which are directly related to the above purposes; 其他與上述用途有直接關係的附帶用途；
8. to comply with applicable laws, regulations or any industry codes or guidelines; and 遵循適用法律，條例及業內守則及指引；及
9. to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment. 使貴公司的實際或建議承讓人能夠評核擬進行涉及有關轉讓的交易。

For the above purposes, the personal data which California Insurance Company Limited has collected might be transferred to:

就上述用途，加州保險有限公司所收集的個人資料可能會被轉移至：

1. any company carrying on insurance or reinsurance related business, or an intermediary; 任何進行保險或再保險相關業務的其他公司或中介人；
2. any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the Company in connection with the operation of its business; 任何向貴公司提供行政、電訊、電腦、付款或其他與其業務運作有關服務的代理人、承包商或第三方服務供應商；
3. third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, repairers, and any third party service providers in investigating purposes. 第三方服務供應者，包括法律顧問、會計師、調查員、理賠師、再保公司、醫護及復康顧問、考察員、專家、維修人員及任何有關之調查性質第三方服務提供者；
4. credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigating services; 信貸諮詢機構，而於客戶欠帳時，任何債務追收代理或進行索償或調查服務之公司；
5. any person or party to whom the California Insurance Company Limited is under an obligation to make disclosure under the requirements of any law binding on the California Insurance Company Limited and for the purpose of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the California Insurance Company Limited are expected to comply; 根據對加州保險有限公司具約束力的任何法律，及就任何由政府、監管或任何其他機構所頒布且加州保險有限公司預期須遵守的任何規例，守則或指引而言，加州保險有限公司為有責任向其作出批露的任何人士；
6. any person pursuant to any order of a court of competent jurisdiction; 根據主管司法權區的法院的任何頒令人士；
7. any actual or proposed signee of California Insurance Company Limited or transferee of the California Insurance Company Limited's rights in respect of the policy owners; 加州保險有限公司的任何實際或建議承讓人或加州保險有限公司對保單持有人的權利的受讓人；
8. the Insurance Claims Complaints Bureau and similar industry bodies; 保險索償投訴局及同類的保險業機構；
9. any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the "Federation" to carry out its regulatory functions or such other functions that may be assigned to the "Federation" from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the "Federation" and any members of the "Federation" by the "Federation" for any of the above or related purposes. 現存或不時成立的任何保險公司協會或聯會或同類組織(「聯會」)，以達到任何上述或有關目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；及透過「聯會」移轉予任何「聯會」的會員，以達到上述或有關目的。

Moreover, the Company is hereby authorized to obtain access to any / or to verify any of my/our data with the information collected by the "Federation" from the insurance industry. I understand I have the right to obtain access to and to request correction of any personal information concerning myself held by the Company. Requests for such access can be made to the Administration Department of the Company (Tel: 2545 5877 / Fax: 2541 4454).

本人/吾等授權貴公司可向「聯會」從保險業收集的資料中查閱及/或核對本人任何資料。本人/吾等明白本人/吾等有權查閱及要求更正由貴公司持有有關本人的個人資料。如有需要，本人/吾等將向貴公司辦公室提出(電話:2545 5877, 傳真:2541 4454)。

In accordance with the terms of the Personal Data (Privacy) Ordinance, California Insurance Company Limited has the right to charge a reasonable fee for the processing of any data access request. 根據私隱條例，加州保險有限公司有權收取合理費用，藉以處理任何資料的查閱要求。

III. I / We hereby further authorize any parties, including but not limited to police and government authorities, insurance companies etc. who are in possession of my/our insurance proposal information, claim information or any related information to release part or all of the information about the subject or related incidents of injury, loss or damage to the Company or its agents. 本人/吾等授權持有本人/吾等投保資料，索償紀錄或任何有關資料之一方，包括但不限於警方及政府機構、保險公司等任何有關人士或組織，可以將部份或全部有關本人/吾等是次或相關事件等資料提供貴公司或其代理人。

A photocopy of this authorization shall be considered as effective and valid as the original. 此授權書之影印本亦屬有效。

Insured Signature/ Company chop 受保人簽署/ 公司蓋印:

Name of Insured (BLOCK LETTER) 受保人/ 公司名稱:

Date of Signature 簽署日期:

11. Letter of Consent - for collecting details from police (Complete by Driver)
同意書 - 向警方收集事故資料用 (由駕駛司機填寫)

Letter of Consent 同意書

To whom it may concern 敬啟者:

Police Reference no. 警方檔案編號: _____

Date of Incident 事故日期: _____

Vehicle Registration no. 車輛登記編號: _____

I, _____, bearing HKID/passport no. _____, hereby consent and authorize the Commissioner of Hong Kong Police and/or other relevant authority(ies) to release the statement(s) (including all relevant parties involved in the captioned accident whether or not to be replied in respect of the subsequent prosecution), personal data, sketches, MVE report, brief facts, notes of proceedings, and all other relevant information and/or document(s) in relation to the captioned traffic accident to California Insurance Company Ltd and/or its representative and/or its legal representative. The copy of this letter of Consent is as valid as the original copy.

本人, _____ 香港身份證/護照 號碼 _____ 現同意及授權香港警務處處長及/或有關 機構就上述交通意外提供所有證人(不論控方是否檢控中依賴或否)之口供、個人資料、草圖、車輛檢驗報告、案情撮要、法庭訴訟紀錄, 及所有其他有關資料或文件, 給予加洲保險有限公司及/或其代表及其律師代表。此同意書之副本與其正本同樣有效。

Signature of the driver concerned 肇事司機簽署

Date (DD/MM/YY) 日期 (日/月/年)

Name of the driver concerned 肇事司機姓名