

賠償編號
Claim Number:
日期
Date:

香港汽車保險局
MOTOR INSURERS' BUREAU OF HONG KONG

索賠表格
CLAIMS QUESTIONNAIRE

索賠人姓名地址及身份證號碼：

Name, Address, Identity Card No. of Claimant:

發生意外日期：

Date of Accident

發生意外時間：

Time of Accident

發生意外地點：

Place of Accident:

當發生意外時，閣下乃為行人或乘客之一？

Were you a pedestrian or passenger at the time of the accident

車輛註冊編號：

Registered Vehicle Number:

駕駛人姓名及地址：

Name and Address of Driver:

車主姓名及地址：

Name and Address of Owner:

承保保險公司之名稱：

Name of Insurance Company:

倘若承保保險公司之名稱不詳，閣下經採取何種步驟追查？

If name of insurance company in not known, what steps have been taken to ascertain the name of the Insurer?

在何警署報案：

Police Station to which the Accident was reported:

索賠人受傷之程度：

Extent of Injury to the Claimant:

注意：醫生驗傷報告必須付同此表格呈報。

Note: A copy of the medical report concerning the injuries described should be submitted with this form.

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閣下是否委托律師代為處理索取賠償？若然，請列明律師名稱及地址。

Have you employed any solicitor to handle a claim on your behalf? If so, give solicitor's name and address.

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請詳述意外發生過程：

Give details of the accident:

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閣下有否收取其他賠償，

例如：交通意外傷亡援助或其他？若然，請列明賠償之總金額？

Have any other benefits been received,

e.g.: From Traffic Accident Victims Assistance Section or others? If so, give the total amount received by you.

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索賠人簽署
Signed (Claimant's signature)