

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 is 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.

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

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.

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

請詳述意外發生過程：

Give details of the accident:

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

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.

.....
.....
.....
.....
.....
.....
.....
.....

日期
Date

索賠人簽署
Signed (Claimant's signature)