



## Motor/ Motor Cycle Insurance Claim Form 汽車/ 電單車保險索償表格

Please complete this claim form in full carefully. Forwarding of this claim form for completion is not an admission of liability upon the part of Prudential General Insurance Hong Kong Limited ( "the Company" ). For queries, please contact your Financial Consultant or us by email at [gi.claims@prudential.com.hk](mailto:gi.claims@prudential.com.hk).

請小心填妥本索償表格。發出本索償表格予以填寫，並不能視作保誠財險有限公司（「本公司」）已承認有賠償的責任。如有查詢，請聯絡你的理財顧問或電郵至 [gi.claims@prudential.com.hk](mailto:gi.claims@prudential.com.hk)。

Please complete in BLOCK LETTERS  
請以正楷填寫

### PART I 第一部份

Name of Insured  
受保人姓名 \_\_\_\_\_

Policy number  
保單號碼 \_\_\_\_\_

Address  
地址 \_\_\_\_\_

Contact number  
聯絡電話 \_\_\_\_\_

Occupation  
職業 \_\_\_\_\_

#### Insured Vehicle Details 受保車輛資料

Vehicle registration number  
車牌號碼 \_\_\_\_\_

Purpose of use at time of accident  
車輛在發生意外時的用途 \_\_\_\_\_

Was the vehicle used on the car owner's instructions or with his/ her consent?  
車輛是否獲得車主的同意下使用？ ☐ Yes 是 ☐ No 否

#### Driver Details 駕駛者資料

Name of driver  
駕駛者姓名 \_\_\_\_\_

Contact Number  
聯絡電話 \_\_\_\_\_

Address  
地址 \_\_\_\_\_

Age  
年齡 \_\_\_\_\_

Driving experience  
駕駛經驗 \_\_\_\_\_

Years  
年 \_\_\_\_\_

Months  
月 \_\_\_\_\_

Relationship with owner  
與車主的關係 \_\_\_\_\_

Has the driver undergone any test for alcohol & drugs conducted by the Police after this accident?  
意外發生後，駕駛者是否有接受警方就酒精/ 藥物的測試？ ☐ Yes 是 ☐ No 否

If yes, please give test result.  
若是，請提供測試結果

Has the driver been convicted of any driving offence or involved in any traffic accident in the past 3 years?  
在過去3年內，駕駛者是否有觸犯任何交通條例或涉及任何交通意外？ ☐ Yes 是 ☐ No 否

If yes, please give dates and details.  
若是，請提供日期及詳情。

**PART II (Please complete when necessary) 第二部份 (請按需要填寫)****Accident Details**  
**意外詳情**Date of accident (dd/ mm/ yyyy)  
事件的發生日期(日/ 月/ 年)Time of accident  
事件的發生時間Place where accident occurred  
事件的發生地點Please give detail description of accident  
請詳述意外的發生經過Speed of vehicle  
車速Weather and road condition  
天氣及道路狀況**Explanatory Sketch**  
**意外現場草圖**Have you reported the accident to the Police?  
你是否有就事故報告警方?☐ Yes 是☐ No 否If yes, please state the police report number.  
若是, 請說明警方的案件號碼。Was any action being taken by the police against the driver?  
警方是否有向駕駛者採取任何起訴?☐ Yes 是☐ No 否If yes, please state details of action taken.  
若是, 請說明起訴詳情。Has any claim been made upon you?  
第三者是否有向你提出索償?☐ Yes 是☐ No 否If yes, for what amount?  
若是, 請列明索償金額Have you admitted liability to the third parties concerned?  
你是否有向第三者承認責任?☐ Yes 是☐ No 否Has the owner/ driver made or received any compensation to or from other party?  
車主/ 駕駛者是否有向對第三者作出或收到第三者的任何賠償?☐ Yes 是☐ No 否Has the driver made any agreement with the third party?  
駕駛者是否與第三者達成任何協議?☐ Yes 是☐ No 否**Damage to Insured Vehicle**  
**受保車輛損毀情況**Description of extent of damage to Insured Vehicle  
受保車輛損毀詳情

Has the vehicle been detained by the government vehicle centre for inspection after the accident?  
車輛是否在意外發生後被扣留在政府車輛檢驗中心驗車？

☐ Yes 是

☐ No 否

Repairer's name, address and contact number  
修理商的名稱、地址和電話號碼

Estimated repair cost  
估計維修費用

**Damage to Third Party Vehicle or Property**  
**第三者車輛或財物損毀**

Third party vehicle registration number/ Type of property damage  
第三者車牌號碼/ 財物損毀的種類

Name and address of third party vehicle/ property owner  
第三者車輛車主/ 財物物主的姓名及地址

Name of third party insurer  
第三者保險公司名稱

Extent of damage to third party vehicle  
第三者車輛損毀詳情

**Injured Person(s)**  
**受傷者**

Name of Injured Person 受傷者姓名	Belonging to 屬 A. Passenger in insured's vehicle 受保汽車內乘客/ B. Passenger in third party vehicle 第三者汽車內乘客/ C. Pedestrians 行人	Nature of Injury 受傷情況
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

**Witness(es)**  
**證人資料**

Is there any witness to the accident?  
意外是否有證人？

☐ Yes 是

☐ No 否

If yes, please provide name, address and contact phone number of the witness(es).  
若是，請提供證人姓名、地址及聯絡電話。

## Declaration and Authorisation 聲明及授權

The statements and particulars given in this application are, to the best of my/ our knowledge and belief, true and complete and that this application shall form the basis of the contract with Prudential General Insurance Hong Kong Limited.

就本人/ 吾等知悉範圍內，此申請表填報的一切資料，均屬確實完整，本人/ 吾等並同意以此申請表作本人/ 吾等與保誠財險有限公司之間所訂合約的根據。

I/ We hereby authorize Prudential General Insurance Hong Kong Limited to access, obtain and utilize all of my/ our information from any person, company, authority, enterprise and/ or legal entity for the Company's reference, and/ or processing of this claim and/ or other claims submitted previously and in the future. A photocopy of this authorisation shall be considered as effective and valid as the original.

本人/ 本公司茲授權保誠財險有限公司向任何人/ 公司/ 機構索取有關本人/ 公司的任何資料以作貴公司參考及/ 或辦理此索償及/ 或以前及將來的索償。此授權書的影印本與正本具有同等效力。

## Personal Information Collection Statement (“PICS”) 收集個人資料聲明

Prudential General Insurance Hong Kong Limited (referred to as “**Company**”, “**our**”, “**we**”, or “**us**”) take the privacy and protection of your personal information seriously. We collect personal information from you that is necessary for us to either provide you with the product or service you have requested or to comply with statutory or contractual requirements. We may collect personal information including, but not limited to, full name, address, contact details, contact details history, date of birth, gender, nationality, family members, beneficiaries, identity card copy and details, travel document information, health/ medical records, credit information, product history, claims history, financial and medical information (“**Personal Information**”) to provide you with the insurance or financial products or services. We may also collect Personal Information about you from third parties such as other insurance companies, agents, credit reference/ reporting agencies, vendors, financial institutions, fraud prevention agencies, government agencies, medical personnel, courts or public record.

保誠財險有限公司（簡稱「**本公司**」或「**我們**」）認真對待閣下個人資料的私隱及保護。為使我們可以向閣下提供閣下要求的產品或服務，或為遵守法定及合約要求，我們會向閣下收集必要的個人資料。為向閣下提供保險或金融產品或服務，我們可能會向閣下收集個人資料，包括但不限於全名、地址、聯絡資料、過往聯絡資料、出生日期、性別、國籍、家庭成員、受益人、身份證副本及資料、旅遊證件資料、健康/ 醫療紀錄、信貸資料、過往產品紀錄、過往索償紀錄、財務及醫療資料（「**個人資料**」）。我們亦可能會從第三方，如其他保險公司、代理、信貸資料服務/ 報告機構、供應商、金融機構、防欺詐機構、政府機構、醫務人員、法院或公開紀錄，收集關於閣下的個人資料。

### 1. Purpose of Collection 收集資料之目的

We may use your Personal Information for the following purposes: (a) to process your application; (b) to administer and process insurance policies, insurance claims and medical, security and underwriting checks; (c) to process payment instructions; (d) to verify your eligibility for insurance, financial or wealth management products and services; (e) to design and provide you with insurance, financial and related products and services; (f) to communicate with you; (g) to comply with any regulatory or other legal requirements or other internal business requirements (whether imposed on us or any third parties in section 2 below); (h) to investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application); (i) to carry out checks using agencies including credit reference agencies, tracing companies or publicly available information; (j) to provide customer services; (k) to perform automated decision-making or profiling; (l) to perform a policy review or needs analysis; (m) to conduct research and statistical analysis (including use of new technologies); and (n) any other purpose directly relating to any of the above purposes. With your consent, we may also use your personal data to send you marketing communications, as described below.

Some of the purposes above are necessary to allow us to perform our contractual obligations to you and to enable us to comply with applicable laws and regulation. We may also use and share your Personal Information for the purposes described above to improve our products and services. Your Personal Information will be stored either for as long as you (or your joint policyholder) are our customer, or longer if required by law or as is otherwise necessary.

我們可能會使用閣下的個人資料作下列目的：(a)處理閣下的申請；(b)管理和處理保單、保險索償、醫療、抵押和承保檢查；(c)處理付款指示；(d)核實閣下申請保險、金融或財富管理產品及服務的資格；(e)設計及為閣下提供保險、金融及相關的產品和服務；(f)與閣下進行通訊；(g)遵守任何監管或其他法律規定或其他內部業務規定（不論是向我們或下述第2部分所列的任何第三方實施）；(h)就索償進行調查及和解，以及偵查及防止欺詐（不論是否有關就本申請簽發的保單）；(i)使用代理機構（包括信貸資料服務機構）、追蹤公司或公開可得資料以執行核實；(j)提供客戶服務；(k)執行自動決策或資料剖析；(l)進行保單審查或需求分析；(m)進行研究和統計分析（包括使用新科技）；及(n)與上述任何目的直接相關的任何其他目的。經閣下同意，我們亦可能會按照以下說明使用閣下的個人資料以向閣下發出促銷通訊。

為履行對閣下的合約責任及至使我們能夠遵守適用法律及法規，上述部分目的屬必要的。我們亦可能會為上述所列的目的使用及分享閣下的個人資料以改善我們的產品及服務。只要閣下（或閣下的聯名保單持有人）仍為我們的客戶，我們將一直保存閣下的個人資料，或如法律有所規定或因其他原因而為必要，我們則將其保存更長時間。

### 2. Classes of Transferees 被資料轉交者的類別

We may disclose your Personal Information to the group of companies including the Company and those of other entities whose ultimate parent company is Prudential plc (“**companies within the Prudential Group**”) and to our financial/ health business partners. We may also disclose your Personal Information to third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above, including but without limitation, to the following third parties: (a) insurance agents; (b) insurance brokers; (c) re-insurance companies; (d) claims investigation companies; (e) organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph) and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; (f) third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to us to enable us to operate our business (including without limitation insurers, lawyers, bankers, accountants, professional advisors, financial institutions and trustees); (g) industry associations and federations; (h) medical bill review companies; (i) your joint policy or investment holder; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions and partnerships; and (n) regulators and government agencies, law enforcement agencies and the courts. We may also disclose your Personal Information in connection with a transaction with another company which affects the control, governance, structure and/ or management of all or a substantial part of our business, or if required to satisfy applicable legal or regulatory requirements. With your consent, we may also disclose your personal data to third parties to allow them to send you marketing communications, as described below.

我們可能會向該公司集團，包括本公司以及其他母公司為英國保誠集團的實體（「**保誠集團內的公司**」），及我們的金融/ 健康業務夥伴，透露閣下的個人資料。為達到上述第一部分所列明之目的，我們亦可能還會向第三方（在香港境內或境外）透露閣下的個人資料，包括但不限於以下第三方：(a)保險代理；(b)保險經紀；(c)再保險公司；(d)索償調查公司；(e)為保險業整合索償及承保資料的組織、防欺詐組織、其他保險公司（不論直接或透過防欺詐組織或本段指名的其他人士），及保險業用作分析及核實現有資料與及後提供的資料而使用的數據庫或登記冊（及其營運商）；(f)提供行政、電訊、電腦、付款、印刷、贖回或其他服務以令我們的業務可以運作的第三方服務供應商（包括但不限於保險公司、律師、銀行家、會計師、專業顧問、金融機構及受託人）；(g)行業協會及聯會；(h)醫療賬單審查公司；(i)閣下的聯名保單或投資持有人；(j)研究人員；(k)信貸資料服務機構；(l)收賬代理；(m)夥伴金融機構及合作夥伴；及(n)監管機構及政府機構、執法機構及法院。在有關影響到我們全部或重大部分業務的控制權、治理、結構及/ 或管理的與另一公司的交易時，或在必須符合適用的法律或監管要求下，我們亦可能會透露閣下的個人資料。經閣下同意，我們亦會向第三方透露閣下的個人資料以讓該等第三方向閣下發出促銷通訊（如下文所述）。

### 3. Consequence of failing to provide Personal Information 未能提供個人資料的影響

Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. If you do not provide such Personal Information, we may not be able to provide you the product or service that you've requested.

除非我們另有規定，否則閣下必須提供我們要求的個人資料。若閣下未提供有關個人資料，我們可能無法為閣下提供所要求的產品或服務。

#### 4. Access and Correction Rights 查閱和更正的權利

Under the Personal Data (Privacy) Ordinance (the "**Ordinance**"), you have the right to request access to and correction of any Personal Information that you provide to us. If want to exercise your rights, or if you require any other information, you can advise our Data Protection Officer at [service@prudential.com.hk](mailto:service@prudential.com.hk) or using the details on "Contact Us" section of the Company website or our Privacy Notice.

If you move/ moved to a European Union ("EU") jurisdiction, we may be required to provide you with further information, and you may have additional rights, under the EU General Data Protection Regulation. This information and these rights are set out in the Privacy Notice on our Company website.

We update our Privacy Notice from time to time. We encourage you to familiarise yourself with the Privacy Notice on our Company website. By completing and progressing with this form, you confirm that you have read and understood this PICS. The Privacy Notice is available on our Company website at <https://www.prudential.com.hk/scws/pages/en/privacy-policy/index.html>.

根據《個人資料(私隱)條例》(「**條例**」)，閣下有權要求查閱及更正任何閣下提供給我們的個人資料。閣下如欲行使閣下的權利，或如閣下需要任何其他資料，請發送電郵至 [service@prudential.com.hk](mailto:service@prudential.com.hk) 或使用本公司網站或我們的私隱通知中「聯絡我們」部分所列的資料與我們的資料保護主任聯絡。

如閣下搬遷/ 已搬遷至歐洲聯盟(「**歐盟**」)司法管轄區，我們可能需要向閣下提供進一步資料，且閣下可能在歐盟《通用數據保障條例》下享有額外權利。此類資料及此等權利均載於本公司網站上的私隱通知中。

我們會不時更新我們的私隱通知，並建議閣下瀏覽本公司網站以了解該私隱通知。閣下填妥並繼續提交本表格，即表示閣下確認已閱讀並理解本收集個人資料聲明。該私隱通知可在本公司網站 <https://www.prudential.com.hk/scws/pages/tc/privacy-policy/index.html> 上查閱。

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Signature of Insured  
受保人簽署

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HKID or Passport No.  
香港身份證或護照號碼

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Date  
日期

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Signature of Driver (if different from the Insured)  
駕駛者簽署 (與受保人不同時適用)

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HKID or Passport No.  
香港身份證或護照號碼

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Date  
日期

## Important Notes 重要事項

1. Please substantiate your claim application with relevant document(s); you are referred to the list of document(s) that we would require for processing your claim application.  
請提交有關文件以證明閣下的索償申請；請參考下列表單，當中列出我們在處理閣下索償申請時可能需要的文件。
2. All reports, information and evidences that you provide to substantiate your claim application shall be furnished at your own expenses.  
閣下請自費提供用作證明本索償申請的報告、資料及證明。
3. Please submit this claim form to us as soon as possible after an accident had occurred.  
請於意外發生後盡快遞交本索償表格。
4. For a claim that may arise under Section II, please submit every letter, claim, writ, summons or process to us immediately.  
如屬項目II可能出現的索償，請立即將任何信件、申索狀、傳票或法律程序文件，遞交我們。
5. To expedite the claim process, kindly submit this claim form together with all original supporting document(s).  
敬請同時遞交所有用以證明本索償的文件正本，以便我們盡快處理有關索償。
6. For claim of liability, please do not admit liability on or enter into any settlement agreement with the third party without written consent of the Company. Please refer the third party to us directly.  
如屬責任類別的索償，請勿在本公司未發出書面同意前，向第三者承認責任，或與第三者簽訂任何和解協議；請將第三者的申索交本公司處理。
7. Please do not commence the vehicle repair work without the Company's consent.  
請不要在本公司未有同意下，就損毀車輛進行維修。
8. To protect your interest, please lodge a complaint to the Police within 10 days counting from the date of accident if the incident was caused by the negligence of a third party.  
為了保障閣下的利益，如意外是由第三者的疏忽造成，請於意外發生日起計10天內向警方提出投訴。
9. You should take all ordinary reasonable precautions to prevent further loss(es) after the accident. Failure to observe this shall prejudice your right to claim.  
請務必採取所有尋常合理的預防措施，以避免進一步的損失，如未有依循，將影響閣下在索償中的權益。
10. You are recommended to refer to the policy wordings should you be uncertain on the coverage of this insurance.  
如閣下就本保險中所提供的保障有不清晰地方，請參閱有關保單條文。

Please ensure the following <b>original relevant document(s)</b> will be submitted together with this claim form. 請確保以下所示的 <b>有關文件正本</b> ，連同本索償表格一併交回。	
Copy of Vehicle Registration Document (both sides) 車輛登記證副本(正面及背面)	✓
Copy of driver's driving license 駕駛者的駕駛執照副本	✓
Copy of driver's HKID card 駕駛者的香港身份證副本	✓
Repair quotation from the garage 車房的維修報價單	✓
Photo(s) showing the extent of damage to windscreen (if applicable) 顯示車頭擋風玻璃破裂的照片(如適用)	✓
Copy of driver's Screening Breath Test Report and Police letter (if applicable) 駕駛者酒後駕駛程序表格副本及警方發出的信件(如適用)	✓

Please also note that further information and/ or document(s) may be needed. We shall write to you when necessary.  
如有需要，我們將另行發書函索取附加資料及/ 或文件，敬請留意。