Prudential General Insurance Hong Kong Limited
(A member of Prudential plc group)
3/F, DCH Commercial Centre, 25 Westlands Road
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Tel : (852) 2977 3888
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PRUDENTIAL
英 國 保 誠

保誠財險有限公司
（英國保誠集團成員）
香港鰂魚涌華蘭路 25 號
大昌行商業中心 3 樓

電話：(852) 2977 3888
傳真：(852) 2164 8445

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.
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。

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。

_____

_____

_____

_____

GI3/FR00125B/P01(01/14)

PART II - Please complete when necessary 第二部份 - 請按需要填寫

Accident Details 意外詳情

Date and time of accident
意外的發生日期及時間 _____

Location of accident
意外發生地點 _____

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
	A ☐ B ☐ C ☐	
	A ☐ B ☐ C ☐	
	A ☐ B ☐ C ☐	
	A ☐ B ☐ C ☐	
	A ☐ B ☐ 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。

_____

_____

PART III 第三部份

Declaration and Authorization
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 authorization 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
收集個人資料聲明

Prudential General Insurance Hong Kong Limited (referred to as "the Company", "our", "we", or "us" in this Part entitled 'Personal Information Collection Statement') may collect certain personal information, including without limitation your name, identity card number (and copy of identity card), passport number, contact information, family history, health and medical information and financial information (**"Personal Information"**) from you when you apply for insurance or financial products and services from us, or when you apply to make changes to your policy, or when you make a claim against a policy. We may also collect Personal Information about you from third parties such as other insurance companies or agents, government agencies, medical personnel, credit reporting agencies, courts or public records.

保誠財險有限公司（在題為「收集個人資料聲明」之本部份，簡稱「本公司」或「我們」）可能會於閣下向我們申請保險或金融產品及服務、申請更改保單或就保單提出索償時向閣下收集一些個人資料，包括但不限於閣下的姓名、身份證號碼（及身份證副本）、護照號碼、聯絡資料、家族歷史、健康和醫療資料，以及財務資料（以下簡稱**「個人資料」**）。我們還可能從第三方，如其他保險公司或代理、政府機構、醫務人員、信用報告機構、法院或公開記錄等，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 services and products; (f) to communicate with you; (g) to perform a policy review or needs analysis; (h) to conduct research and statistical analysis; and (i) to meet disclosure requirements imposed by law or regulatory authorities.

我們可能會使用閣下的個人資料作下列用途：(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、金融及相關的服務和產品；(f) 與閣下進行通訊；(g) 進行保單審查或需求分析；(h) 進行研究和統計分析；及 (i) 符合法律或監管當局實施的披露要求。

2. Classes of Transferees 被資料轉交者的類別

We may disclose your Personal Information to third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above, including without limitation the following third parties: (a) insurance agents; (b) re-insurance companies; (c) other entities whose ultimate parent company is Prudential plc (**"companies within the Prudential Group"**); (d) claims investigation companies; (e) third party administrators; (f) third party service providers (including without limitation insurers, bankers, lawyers, accountants, and other third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to us to enable us to operate our business); (g) industry associations and federations; (h) medical bill review companies; (i) professional advisors; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions; (n) regulators and government agencies; (o) law enforcement agencies; (p) the Courts.

為達到上述第一部分所列明之目的，我們可能會向第三方（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) 再保險公司；(c)其他母公司為英國保誠集團的實體（**「保誠集團內的公司」**）；(d) 索償調查公司；(e) 第三方管理人；(f) 第三方服務供應商（包括但不限於保險公司、銀行、律師、會計師，以及其他提供行政、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）；(g) 行業協會及聯會；(h) 醫療帳單審查公司；(i) 專業顧問；(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；(n) 監管機構及政府機構；(o) 執法機構；(p) 法院。

We may transfer 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.

在有關影響到我們全部或重大部分業務的控制權、治理、結構和/或管理的交易時，或在必須符合適用的法律或監管要求下，我們可能會轉交閣下的個人資料。

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. In the event that any such Personal Information is not provided, we may be unable to provide you with the services or carry out the activities outlined at Section 1 above.

除非我們另有規定，否則閣下必須提供我們所要求的個人資料。若未能提供任何此等個人資料，我們可能無法為閣下提供服務或進行上述第一部分所列出的活動。

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. You may make such a request by writing to our Data Protection Officer at 3/F DCH Commercial Centre, 25 Westlands Road, Quarry Bay, Hong Kong. In accordance with the Ordinance, we have the right to charge a reasonable fee for the processing of any Personal Information access or correction request.

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。閣下如欲查閱或更正個人資料，請向我們的資料保護主任作出書面要求，地址是香港鰂魚涌華蘭路25號大昌行商業中心3樓。根據條例的規定，我們有權就處理查閱及更正任何個人資料的要求，收取合理的費用。

The Applicant/ the Insured/ Insured/ Claimant hereby confirm understanding of and agreement to the contents in this Part entitled 'Personal Information Collection Statement'.

申請人/ 保單持有人/ 受保人/ 申索人特此確認明白並同意在題為「收集個人資料聲明」之本部份中的內容。

Signature of Insured 受保人簽署 Hong Kong ID Card/Passport Number 香港身份證 / 旅遊證件號碼	Date 日期
Signature of Driver (if different from the Insured) 駕駛者簽署 (與受保人不同時適用) Hong Kong ID Card/Passport Number 香港身份證 / 旅遊證件號碼	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 original relevant document(s) will be submitted together with this claim form. **請確保以下所示的有關文件正本，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。

End