



新 印 度 保 險 有 限 公 司  
**THE NEW INDIA ASSURANCE COMPANY LTD.**

INCORPORATED IN INDIA: REGISTERED OFFICE: THE NEW INDIA ASSURANCE BUILDING, MAHATMA GANDHI ROAD, FORT BOMBAY- 400001

香港中環雲咸街15-17號萬祥大廈6字樓

6TH FLOOR, MAN CHEUNG BUILDING, 15-17 WYNDHAM STREET, CENTRAL, HONG KONG

TEL電話: 2522 4195, 2522 4196 FAX傳真: 2845 2133, 2845 2079 E-MAIL電郵: info@newindiahk.com

Dear Policyholder,

In the event of an accident which may give rise to a claim under the policy, please submit a completed "NOTICE OF ACCIDENT" to our Claims Department WITHIN 15 DAYS upon its occurrence giving all the details of the involved third party/parties. To expedite the claim process, please let us have copies of the following documents at the same time:

- (1) Both the front and back pages of the Vehicle Registration Document
- (2) Your driver's & Insured Identity Card
- (3) Your driver's & Insured Driving Licence
- (4) Your driver's statement made to the police
- (5) 'Notice of Intended Prosecution' or 'Traffic Report-Damage Only' obtained from the police
- (6) Screen Breath Form (POL 973 form)

Every correspondence from the third party/parties and any form of prosecution or writ should be unanswered and forwarded to our Claims Department immediately for necessary actions.

Should you insure under comprehensive cover and intend to seek recovery of your own loss after claiming indemnity from us under the policy, please first contact our Claims Department for discussion instead of commencing any action against the liable party/parties. Or else, our right of recovery would be prejudiced and you would then be responsible for compensating all our loss.

Lastly, your submission of "NOTICE OF ACCIDENT" would be considered as a formal claim. It follows that the normal "No Claim Discount (NCD)" would be automatically forfeited upon renewal of your policy. However, if no third party bodily injury resulted from the accident and concrete evidence can be produced to prove the entire negligence of the third party driver/drivers, you may write to our claims Department to apply for reinstatement of the NCD even after being indemnified under your own motor vehicle policy. Your application will be considered by us according to circumstances.

If you have any queries, please contact our Claims Department.

Yours faithfully,

THE NEW INDIA ASSURANCE CO. LTD.



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敬啓者：

台端如因發生任何意外而須向本公司報告時，請於意外發生之十五天內填妥『汽車遇事報告書』交回本公司賠償部，並在該報告書內詳列有關意外中第三者之資料。為加速有關之工作程序起見，務請同時遞交下列各項文件之副本：

- 1) 遇事車輛之車輛登記文件(前後頁)
- 2) 遇事司機及車主身份証
- 3) 遇事司機及車主駕駛執照
- 4) 遇事司機於警署提供之口供
- 5) 警署發出之『擬予控告通知書』或『只造成汽車損毀之交通意外報告』
- 6) 檢查呼氣測試表格(Pol. 973表格)

日後 台端或台端之遇事司機收到任何有關該意外之文件時，請勿自行回覆，及應盡速送交本公司賠償部辦理。

台端若購有綜合保險，及於本公司賠償 台端汽車之損毀後，擬再向第三者追討賠償時，請先與本公司賠償部商討，避免逕自行動而招致影響本公司之權益。否則， 台端必須負責償還本公司有關之損失。

最後，台端所遞交之『汽車遇事報告書』將被視為一宗賠償申請。因此，台端於續保時將不會享有原本之『無賠償折扣』。但若該宗意外並沒有牽涉第三者傷亡，而 台端亦能出示足夠文件證明該意外乃完全由第三者司機之疏忽所引致，即使 台端曾獲本公司賠償，亦可來信本公司賠償部申請恢復 台端原有之『無賠償折扣』。批准與否，本公司自當斟酌個別情況作出決定。

台端如有任何有關索償之疑問時，請致電本公司賠償部查詢。

此致

各汽車保戶



# 新印度保險有限公司

## THE NEW INDIA ASSURANCE CO., LTD.

(INCORPORATED IN INDIA)

香港中環雲咸街15-17號萬祥大廈6字樓  
6th Floor, Man Cheung Building, 15-17 Wyndham Street, Central, Hong Kong  
Tel電話: 2522 4195 Fax傳真: 2845 2133

### MOTOR VEHICLE ACCIDENT REPORT FORM 汽車失事報告書

請填妥此報告書並交回正本予賠償部  
Please Complete and Return the Original to Claims Department.

發出此通知書不能作為保險公司已經承認賠償之責任  
The forwarding of this Form for completion is not an admission of liability on the part of the Company.

保單號碼 Policy No. \_\_\_\_\_ 保單期間 Period of Insurance \_\_\_\_\_ 至 To \_\_\_\_\_

#### 1. 保戶

Insured

姓名(全名)

Name in full \_\_\_\_\_

地址

Address \_\_\_\_\_

職業

Occupation \_\_\_\_\_

電話號碼

Telephone No. \_\_\_\_\_

#### 2. 受保車輛

Insured Vehicle

車輛號碼 Registered No.	廠名及型號 Make and Model	汽缸容量 Cylinder Capacity	製造年份 Year of Manufacture	購時價值 Price Paid By Insured	平時泊車地點 Where usually Garaged

肇事時車之用途

Purpose for vehicle used at the time of accident

自用  
Private

營業  
Business

運貨  
Carriage of Goods

租賃  
Hire

其他  
Others

使用時是否車主知悉或得其同意?

Was it being used with your knowledge and consent?

是  
Yes

否  
No

#### 3. 肇事時之駕駛者

Driver at the time of accident

姓名 Name	年歲 Age	職業 Occupation	執照號碼 Licence No.

地址  
Address \_\_\_\_\_

電話號碼  
Telephone No. \_\_\_\_\_

是否持有效之駕駛執照

In possession of a valid Driving Licence

是  
Yes

否  
No

首次獲發駕駛執照日期

Date of First Driving License issued \_\_\_\_\_

司機是保戶的

Driver is the Insured's:

親屬

關係

其他

Others \_\_\_\_\_

車主

朋友

僱員

a. 是次意外前十二小時內司機曾否服用任何藥物?

Has the driver taken any drugs during 12 hours prior to this accident?

是  
Yes

否  
No

如"是"請列詳細資料  
If "Yes" give full details

b. 是次意外前十二小時內司機曾否飲用過含有酒精成份之飲品?

Has the driver consumed any intoxicating liquor during 12 hours prior to this accident?

c. 是次意外後司機曾否被進行酒精測試及其結果?

Has the driver been tested for alcohol following this accident and what is the result?

d. 過去三年內是否曾因不小心或魯莽駕駛被停牌或扣分?

Had the driver's licence ever been endorsed or cancelled because of careless or reckless driving and have points ever been deducted due to the so offence(s) in the past 3 years?

e. 三年內有否交通意外?

Has the driver been involved in previous accidents over the past 3 years?

f. 如司機並非車主, 車主是否知道車輛被用?

If the driver was not the owner, was vehicle being used with the owner's knowledge and consent?

g. 司機是否擁有私家車?

If the driver own a car himself?

h. 有否投保(保險公司名稱)?

With whom is it insured?



4. 意外詳細情形  
Details of the Accident

日期 Date	時間 Time	地點 Place
街道寬度 Width of Road	天氣及路面情況 Weather & Road condition	
遇事時該車之速度 Estimated speed of Vehicle	請述明報案之警署 Name of Police Station Reported	報案號碼 Police Report No.

遇事後駕駛人有否付款給第三者? Immediately after the accident has the Driver paid to any third party?	是 Yes	否 No	金額 Amount (HK\$)
	<input type="checkbox"/>	<input type="checkbox"/>	_____
遇事後駕駛人有否收受第三者的金錢? Immediately after the accident has the Driver received payment from the third party?	<input type="checkbox"/>	<input type="checkbox"/>	_____

詳述肇事之情況及成因/或提供口供紙副本  
Given full details of the nature and cause of the accident / or provided a copy of police statement

請作草圖列明肇事情景  
Rough Diagram of Scene of accident

5. 肇事時車中乘客  
Passengers in vehicle at time of accident

肇事時車內乘客若干?  
How many persons were in the vehicle at time of accident? \_\_\_\_\_

請說明下列各項  
Give the following particulars about them:-

姓名 Name	地址 Address	與車主關係 Relationship with you

6. 肇事時在場証人  
Independent Witnesses of Accident

姓名 Name	地址 Address	是否乘在車內 Whether being conveyed in the vehicle or not

7. 肇事車之損壞情況  
Damage to Insured Vehicle

詳述被保車因意外受直接損壞之程度

Give in detail the extent of all damage to the insured vehicle directly due to the accident.

估計修理費用 (請附估價單)

Estimated cost of repairs (Attach repair's estimate if obtained)

HKS \_\_\_\_\_

修理廠名稱, 地址及電話號碼

Repairer's Name, Address & Telephone number \_\_\_\_\_

該車是否已在修理廠?

Is the vehicle at the repairer's premises?  Yes  No 如未, 請說明該車在何處

該車曾否被拖往政府驗車中心接受驗車

Has the vehicle been retained by the government vehicle centre for inspection?

是  否  
 Yes  No

如"是"請說明驗車中心

If "Yes", please state which centre \_\_\_\_\_

注意: 必須經本公司或授權之公証行批准方可進行修理 (只適用於綜合保險)

NOTE: NO REPAIRS TO BE COMMENCED WITHOUT THE WRITTEN CONSENT OF THE COMPANY OR THE ASSESSORS APPOINTED (FOR COMPREHENSIVE COVER ONLY)

8. 第三者物業損害

Damage to Property of Third Party

受損害之物業/汽車 Property / Vehicle damage	車輛號碼 Registered No.	物主姓名 Name of Owner	地址 Address	職業 Occupation	損壞性質及程度 Nature and extent of damage

9. 身體受傷者

Bodily Injuries

受傷者姓名 Name of persons Injured	地址 Address	年歲 Age	職業 Occupation	受傷性質 Nature of Injuries	是否乘在車內 Whether being conveyed in the vehicle or not

如受傷者已送醫院或受治療, 請註明醫院或醫生名稱及地址

If any injured person has been removed to Hospital or medically attended, give name and address

of the Hospital \_\_\_\_\_

or Doctor \_\_\_\_\_

10. 其他  
Other

曾否收到第三者要求賠償通知

Has any Notice of claim been given to you by a Third Party? \_\_\_\_\_

如意外係基於第三者之過失或疏忽說明其詳情

If accident was caused by the fault or negligence of any Third Party give particulars

倘接任何通知，請立即交本公司，不應自行作答

Any communication received should be forwarded to the company at once unanswered

11. 聲明

本人明白 貴公司向客戶收集的個人資料，是為提供保險業務所需，並可能使用於下列目的：

- 任何與提供保險產品或有關服務或該等產品或服務有關的更改、變更、取消或續期用途；
- 任何索償或索償分析；及

可能移轉予：

- 現存或不時成立的任何有關公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，或任何保險公司的協會或聯會。

以上所列乃屬真實並無重複保險並願協助辦理一切

Declaration

I understand that the personal information collected by the Company is to enable the Company to carry on insurance business and may be used for the purpose of:

- providing any insurance products or related services or making any relevant alterations, amendments, cancellations or renewals of the said products or services;
  - any claim or analysis of it; and
- may be transferred to:

- any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time.

I/We hereby declare the foregoing particulars to be true in every respect and that I/we have no other policy of insurance indemnifying me/us in respect of this accident and I/we undertake to give the Company all assistance in my/our power in dealing with the matter.

日期

Date: \_\_\_\_\_

車主簽名

Signature of Insured: \_\_\_\_\_

司機簽名

Signature of Driver: \_\_\_\_\_

**重 要 事 項**  
**IMPORTANT NOTICE**

- (1) 如遇意外，應即向就近警署報案，並於**15天內**向本公司填交失事報告書，逾期將不受理。  
Report the accident immediately to the nearest police station and submit a completed accident report form to The New India Assurance Co., Ltd. within 15 days after the accident. No claim will be recognized if NOT reported to the Insurance Co. **within 15 days** of occurrence of the accident.
- (2) 如購全保者，如遇意外發生時之車輛損失，可向本公司要求賠償，保戶應立刻與本公司賠償部聯絡。有關損壞車輛之報價單，需得到本公司批准後，方可進行修理。  
If the vehicle is covered by a comprehensive insurance policy and the Insured intends to make a claim, he/she must immediately inform to the Claims Dept., of The New India Assurance Co., Ltd. a detailed estimate of cost of repairs must be submitted to Company for approval before repairs are proceeded with.
- (3) 如收到警署有關失事資料報告，均應立即送交本公司，幸勿延誤。  
All notifications and information relating to the accident received from the police by the Insured must be forwarded to the Company without delay.
- (4) 未得到本公司書面許可前，不得向第三方面作任何賠償之決定。  
No offer of settlement to other parties should be made without the written consent of the Company.
- (5) 遇意外時，對賠償有關之任何疑難問題，請速與本公司賠償部聯絡協助辦理。  
In case of any enquiries relating to accident & claims, please contact the Company's Claims Department.
- (6) 所有收到有關意外之信件或通知，應立即送交本公司。  
All communications you receive in any way connected with the accident should be forwarded to the company immediately upon receipt.

以上各項，乃本公司向保戶提出之備忘錄，詳細條例之執行，仍以本公司所發之保單內容為準。  
The above points have been set out only for the reference of the Insured without prejudice to any terms and conditions as laid down in the insurance policy issued by the Company.



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The Officer-in-Charge  
Accident Investigation Section,  
Traffic

Dear Sirs,

MOTOR VEHICLE ACCIDENT NO. \_\_\_\_\_

At the time of the above accident, I was the driver of Vehicle No. \_\_\_\_\_ .

The Insurers of this vehicle are anxious to obtain a copy of the statement, which I made to you following the accident and relative sketches and particulars. As I have no objection to this, would you please supply: -

THE NEW INDIA ASSURANCE CO. LTD.  
15-17, Wyndham Street,  
6<sup>th</sup> Floor, Hong Kong.

with the requisite information regarding the above traffic accident.

Yours faithfully,

Signature: \_\_\_\_\_

Driver Name: \_\_\_\_\_

ID No.: \_\_\_\_\_

(Please make sure your signature is identical with  
the signature you signed on the police report)

敬啓者：此次交通意外發生時本人爲\_\_\_\_\_編號汽車之駕駛者，現該車承保之保險公司切望獲得本人曾在該事件發生後在貴署所提供述及有關失事地點之口供及與此案有關之略圖和資料以便該公司辦理賠償，本人對其要求全無反對，特函貴署希將該等副本寄交爲荷

新印度保險有限公司  
香港雲咸街15-17號萬祥大廈6/F

此請

司機簽署：\_\_\_\_\_

司機姓名：\_\_\_\_\_

身份証號碼：\_\_\_\_\_

(簽名須與報案時相符)