本公司專用 OFFICE USE ONLY
賠償號碼
Claim No.....

致：聯豐亨保險有限公司
澳門新口岸宋玉生廣場 398 號中航大廈四樓
To: Luen Fung Hang Insurance Company Limited
No.398 Alameda Dr. Carlos D'Assumpcao,
Edificio CNAC, 4-Andar, Macau.
Tel: (853) 28700 033 Fax: (853) 28700 088
Website: http://www.luenfunghang.com
E-mail: info@luenfunghang.com

汽車遇事第三者索償申請書
MOTOR CAR ACCIDENT THIRD PARTY CLAIM FORM

本人/公司就以下所陳述的意外，擬對本人/公司所遭受之損失向 貴公司申請索償，並同意提供詳細的相關資料如下：

I/We intended to Claim from your Company in respect of my/our loss sustained in the Accident stated below and agreed to provide all the relevant information in details as following:

索償人資料
CLAIMANT'S INFORMATION

索償人姓名
Name of Claimant ..... 住宅/手提電話
Home / Mobile Tel. No .....
地址
Address .....
肇事司機姓名
Name of Driver ..... 住宅/手提電話
Home / Mobile Tel. No .....
地址
Address .....
出生日期
Date of Birth ..... 職業
Occupation .....
車牌號碼
Registered Number of Vehicle involved .....
保險公司名稱
Name of Insurer ..... 保單號碼
Policy No. .....
損失詳情
Details of Damage .....

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維修車房
Repairer
名稱
Name .....
地址
Address .....
聯絡人士
Contact person ..... 聯絡電話
Business / Mobile Tel. No. .....

是否已備有報價書
Whether the repair quotation prepared ☐ 是 Yes ☐ 否 No

續背頁
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意 外 詳 情
DETAILS OF THE ACCIDENT

日期 Date _____ 時間 Time _____ 地點 Scene _____

事發時車速 Driving Speed _____ 路面情況 Road Condition _____ 天氣情況 Weather Condition _____

是否已在現場即時報警 Whether the accident have been reported to Police at the scene immediately ☐ 是 Yes ☐ 否 No

意外發生過程
How the accident occurred _____

遇事時所有涉及的車輛或人士所處之位置繪圖
Rough sketch of the road indicating the position of all the vehicles or persons involved at the time of the Accident.

證 人
WITNESSES

意外所有目擊證人之姓名、地址及電話
Name, address and telephone number of the witness(es) of the Accident. _____

傷 亡 索 償
CLAIM FOR BODILY INJURY OR DEATH

傷者姓名 Name of the injury _____ 住宅/手提電話 Home / Mobile Tel. No _____

地址 Address _____

出生日期 Date of Birth _____ 職業 Occupation _____

傷勢情況
Details of Injuries sustained _____

☐ 門診 Outpatient ☐ 住院_____天 Hospitalized for _____days

有否追究刑事責任 Request of investigate for criminal responsibility ☐ 有 Yes ☐ 否 No

聲明 DECLARATION

本人謹此聲明以上所述均真實無訛，並願意協助聯豐亨保險有限公司辦理一切與上述意外有關的調查事項。
I hereby declare the foregoing particulars to be true in every respect and undertake to give Luen Fung Hang Company Limited all assistance in my power in dealing with this matter.

本人授權任何註冊西醫、醫院、診所、保險公司、其他有關組織或人士，凡知道或持有任何有關本人的資料者，均可將該等資料提供予聯豐亨保險有限公司，此授權之副本亦屬有效。本人明白聯豐亨保險有限公司在處理索償時，會將有關此個案的個人資料轉交其他相關人士，包括保險公司及其他有關機構。
I hereby authorize on behalf of any registered medical practitioner, hospital, clinic, insurance company or other institution or person, that has any records or knowledge of myself to disclose such information to Luen Fung Hang Insurance Company Limited. A photocopy of this Authorization shall be as valid as the original. I understand that in handing this claim, Luen Fung Hang Insurance Company Limited may transfer all matters relating to the personal data of myself to relevant persons including the insurance companies and other related organizations.

索償人簽名 Signature of Claimant _____ 日期 Date _____