



聯豐亨保險有限公司

Luen Fung Hang Insurance Company Limited

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僱員賠償保險索償申請書

汽車遇事報告書

Report of Motor Car Accident

請將下列全部問題詳細回答
Please answer all questions fully

傷者姓名	電話
Name of injured	Phone No.
住址	年歲
Address	Age
駕駛執照號碼	執照發出日期
Driving License No.	Date of issued

傷者車輛細目
Particulars of Injured Vehicle

牌照號碼	製造年份
Registered No.	Year of Manufacture
車身類別	
Type of body	
該車所作用途：自用、營業、租賃	
Was the vehicle being used for private, business, trade of hire purpose	

遇事經過
The Accident

日期	時間	地點
Date	Time	Place
曾向警署報案		
Police station to which report of accident has been made		
閣下認為此次肇事應由何人負責		
Whom do you consider responsible for accident		
請將失事經過詳細說明		
Explanation as to how the accident occurre		

身體受傷者
Bodily Injured

請列明傷者的傷害情況
State any persons injured in the accident together with details of injuries sustained

聲明 Declaration

以上所列乃屬真實 I/We hereby declare the foregoing particulars to be true in every respect.

傷者署名	日期
Signature of Injured	Date