



聯豐亨保險有限公司

Luen Fung Hang Insurance Company Limited

澳門宋玉生廣場 398 號中航大廈四樓

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

賠償號碼

Claim No.

保單號碼

Policy No.

代理編號

Agency.

保戶姓名

Name of the Insured

住宅地址

Address

辦公處地址

Business Address

電話

Phone No.

電話

Phone No.

受保車輛細目

PARTICULARS OF INSURED VEHICLE

牌照號碼

Registered No.

廠名及機器號碼

Make and Engine No.

保單到期日

Policy Expires On

肇事時之駕駛人

THE PERSON DRIVING AT THE TIME OF THE ACCIDENT

姓名

Name

年歲

Age

駕駛執照號碼

Driving License No.

執照發出日期

Date of Issue

地址

Address

電話

Tel

駕駛經驗

Driving Experience

遇事經過

THE ACCIDENT

日期

Date

時間

Time

地點

Place

閣下在現場是否已即時報警

Do you report the accident to Police Station immediately

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 occurred

請將遇事時有關車輛及人員所處之位置繪圖說明之

Please give below a rough sketch of the road indicating the position of any Vehicles or persons at the time of the accident.

受保汽車之損壞情況
PARTICULARS OF DAMAGE TO INSURED VEHICLE

損壞情況

Details of Damage

估計需修理費若干

Estimated cost of repairs necessitated by the Accident

閣下意欲交與何家車廠修理

To which repair do you intend to entrust the repair job

請儘速修理估價單寄下 Please forward an estimate for the car of the necessary repair as soon as possible.

證人
WITNESSES

請列明失事時在車內人之姓名及地址。(駕駛人除外)

State Names and Addresses of all persons (other than Driver) in the insured Vehicle at the accident.

請述明其他見證人之姓名及地址

Names and Addresses of any other persons who witnessed the accident.

盜竊
BURGLARY & THIEF

請述被盜竊物在何處購買,買價及現值若干

Please give full particulars, attach a list of the stolen articles stating when and where they were purchased, price paid and present value.

聲明 DECLARATION

以上所列乃屬真實及無重覆保險並願協助公司辦理一切。

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 the accident and I We undertake to give the Company all assistance in my/our power in dealing with the matter

投保人簽名

SIGNATURE OF INSURED

日期

Date

肇事司機簽名

SIGNATURE OF DRIVER

重要事項
IMPORTANT

如閣下收到有關此次失事之一切函件,請在回覆前立即送交敝公司,以便處理。

IF YOU RECEIVED ANY COMMUNICATIONS IN ANY WAY CONNECTED WITH THE ACCIDENT PLEASE FORWARD THEM UNANSWERED TO THE COMPANY IMMEDIATELY.

第三者身體受傷者
BODILY INJURY

請列明受傷者之姓名、職業、地址及傷害情況

State Names / Addresses and Occupation of any persons injured in the accident together with details of injuries sustained

損壞第三者財物之情形
DAMAGE TO PROPERTY OF THIRD PARTIES

姓名

Name

地址

Address

車牌號碼

Registered Numbers of other Vehicle involved

損失詳情

Details of Damage

電話

Phone No

閣下意欲交與何家車廠報價

To which quotation do you intend to entrust the repair job

日期

Date

第三者簽名

SIGNATURE OF THIRD PARTY

重要事項
IMPORTANT

如未經敝公司同意,請勿擅自修理車輛。

REPAIR WORK MUST NOT BE CARRIED OUT WITHOUT OUR AUTHORIZATION.