Automobile Report/Claim Form
汽車保險事故報告/索償申請表

This form must be completed truthfully and accurately. If the space is not enough or no applicable field available, please supplement information by attachment.
請正確填寫此申請表。如果表格空間不足或沒有適用之欄位，請以附件補充資料。

The list of documents required is not exhaustive and we reserve our right to request from you any additional information/documentation, as necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.
各部份之「所需文件」只是概括要求，本公司保留權利在有需要時要求閣下提供更多文件以處理有關的索償申請。如所遞交的索償申請表未填妥或有關資料或文件不足，閣下的索償申請有可能會受延誤或被拒絕。

The completed form should be returned to us together with all supporting documents as soon as possible at the following address or submit your claim via our Online 24-hour claim report platform - Auto e-Claims:
請填妥索償申請表並連同所有有關文件盡快寄回以下地址或使用汽車流動索償服務-Auto e-Claims:

AIG Insurance Hong Kong Limited
Claims Department
7/F, One Island East,18 Westlands Road,Island East,Hong Kong
Facsimile: 852 2838 9916
Email address: claims.hk@aig.com
www.aig.com.hk

美亞保險香港有限公司
賠償部
香港港島東華蘭路18號港島東中心7樓
傳真：852 2838 9916
電郵地址：claims.hk@aig.com
www.aig.com.hk

Auto e-Claims

Scan the QR code to access Auto e-Claims
請掃描QR code以連接Auto e Claims

*For private auto and motor cycle insurance only
*只適用於私人汽車及電單車之保險

General documents required 所需文件：
- An estimate of repair costs (it should be submitted and approved before making any repair). 於進行汽車維修前，請提供有關的維修估價單
- Copy of vehicle registration documents (both sides). 汽車登記文件副本（正面及背面）
- Copy of driving license of the concerned driver. 駕駛人駕駛執照副本
- Copy of HKID card or passport of the concerned driver. 駕駛人香港身分證或護照副本
- Police statement, report and sketch of the accident. 警署口供，調查報告及草圖副本

Section I - General Information 第一部份 一般資料

Policy/certificate no. 保單號碼	Name of insured (Chinese & English) 受保人名稱 / 姓名 (中文及英文)	Occupation 職業
HK ID card no./passport no. 香港身份證/護照號碼	E-mail address 電郵地址	
Insured's other contact phone no. (if any) 受保人其他聯絡電話（如有）		Telephone no. (Mobile) 電話號碼 (手提電話) Claim acknowledgement will be sent to this mobile phone number via SMS upon receipt of this original claim form. 本公司將會在收到此索償申請表正本後發送確認短訊至此手提電話號碼。
Mailing address 聯絡地址 (請盡量以英文填寫)		
Name of agent/broker 經紀姓名	Agent / broker's email address 經紀電郵地址	Agent / broker's telephone no. (Mobile) 經紀電話號碼 (手提電話) Claim acknowledgement will be sent to this mobile phone number via SMS upon receipt of this original claim form. 本公司將會在收到此索償申請表正本後發送確認短訊至此手提電話號碼。

Section II - Details of Vehicle 第二部份 車輛資料

Registration no. 車牌號碼	Cylinder capacity 汽缸容量	Year of manufacture 出廠年份
Make and model 廠名及型號	Purpose of use at the time of accident 在意外發生時，此車之用途為	
Engine no. 引擎號碼	Chassis no. 底盤號碼	

NAVIGATOR Insurance Brokers Ltd.
Tel (852) 2530 2530
Fax (852) 2530 2535
crew@navigator-insurance.com
www.navigator-insurance.com
Unit 8E Golden Sun Centre
59-67 Bonham Strand West
Sheung Wan, Hong Kong

Section III - Details of Driver 第三部份 駕駛人資料

Name (Chinese & English) 姓名 (中文及英文)	Date of birth 出生日期 DD 日 MM 月 YYYY 年	ID card no./passport no. 身份證/護照號碼
Mailing Address 聯絡地址		Telephone no. 電話號碼
Driving license no. 駕駛執照號碼 ☐ Local 本地 _____ ☐ International 國際 _____	Date of first issue 首次發牌日期 DD 日 MM 月 YYYY 年	Driving experience 駕駛經驗 _____ Year(s) 年

Driving on insured's order or with insured's permission? 駕駛人是否得到受保人同意駕駛該車輛？ ☐ Yes 是 ☐ No 否	Relationship with insured 駕駛人與受保人關係

Does the driver, other than the insured, own a car? If yes, please provide the registration no. Is it insured? If yes, please provide the insurance company and policy no.
駕駛人是否擁有車輛 (受保人除外)? 如有，請提供車牌號碼，有否投保？如有，請提供保險公司名稱及保單號碼

Section IV - Details of Accident 第四部份 意外發生詳情

Date of accident 意外發生日期 DD 日 MM 月 YYYY 年	Time of accident 時間 ☐ ☐ A.M. / P.M. 上午 / 下午	Place of accident 地點

Full description of how the accident happened
詳述意外發生的經過

Diagram
圖解

In the driver's opinion, who was at fault?
以駕駛人意見，誰應對這意外負責？

Remarks: If other party was at fault, you should lodge a complaint to the Police within 10 days of the accident.
備註: 如認為意外之責任在對方，您應該於意外發生後十天之內向警方交通意外調查組作出投訴。

Section V - Police Report You should report the accident to police immediately after the accident.
第五部份 警方報告 於意外發生後，您應立即向警方報告

Name of the police station where the accident was reported to 報案警署名稱	Date of report 報案日期 DD 日 MM 月 YYYY 年	Time of report 報案時間 ☐ ☐ A.M. / P.M. 上午 / 下午	Report no. 案件編號

Section VI - Damage to Insured Vehicle 第六部份 受保車輛損壞情況

Details of the damage with photos, if any
請詳述損毀情況並提供照片(如有)

Intended repairer's name 擬將車輛交予修理之修理廠名稱	Telephone no. 電話號碼	Estimated repair costs (Please indicate the currency) 估計修理費 (請註明貨幣)
Address 地址		

Is the vehicle at this repairer's premises?
該車是否已在此修理廠？

☐ Yes 是

☐ No 否

If no, where is the vehicle at present?
如否，該車現於何處？

If the vehicle is insured on comprehensive terms, an estimate of repair costs should be submitted and approved before making any repair.
如屬綜合保險 (全保)，估價單必須先交到本公司審查及批准後才可以開始進行修理。

Section VII - Details of Injured 第七部份 傷者資料

Please use a separate paper if the space is insufficient
如空白位置不足可另加紙張

Name 姓名	Sex and age 性別及年齡	Telephone no. and address 電話及地址	Extent of injury 受傷情況	Identity* (please refer to below categories and state the no.) 身份類別* (請參照下列分類然後填寫所屬組別號碼)
1.				
2.				
3.				
4.				
5.				

* 1-Driver of my/our vehicle; 2-Driver of other vehicle; 3-Passenger of my/our vehicle; 4-Passenger of other vehicle; 5-Pedestrian
* 1 - 我方司機； 2 - 對方司機； 3 - 我方乘客； 4 - 對方乘客； 5 - 路人

Section VIII - Witness or Passenger 第八部份 證人或乘客

Name of witness/passenger 證人/乘客姓名	Telephone no. 電話號碼
Address 聯絡地址	

Section IX - Details of Third Party Vehicle or Property Damaged 第九部份 第三者車輛或財物損壞情況

Type of damaged vehicle:
損壞車輛類別：

- ☐ Private/commercial vehicle or motorcycle 私家/商用車或電單車
- ☐ Light bus or bus 小巴或巴士
- ☐ Maxicab/public light bus or franchised bus 公共小巴或專利巴士
- ☐ Taxi 的士
- ☐ Government/armed forces or other type of vehicle 政府/軍用或其他車輛

Damaged vehicle's registration no. 損壞車輛車牌號碼	Other type of damaged property 其他財物類別

Details of damage
損壞詳情

Name of the third party 第三者姓名	Telephone no. 電話號碼

Address
聯絡地址

Insurance type and provider's name
保險類別及保險公司名稱

Remarks : Any lawsuit, demand, claim or proceeding of any types relating to the incident of which becomes aware of, and received from the third party claimant, should be immediately forwarded to us without acknowledgement.
No liability should be admitted and no settlement or promise of payment should be reached or made to the third party without our prior approval.

備註 : 如收到任何第三者對有關事件的索償要求、法庭傳票、通告及書面命令，或涉及任何法律訴訟，切勿自行處理，應立即通知及提交本公司處理
未得本公司事先同意前，不要向第三者承認任何責任或達成和解或付款承諾

Section X - Schedule of loss of Personal Effects 第十部份 個人財物損失清單

Description of article 受損財物詳細資料	The owner's name and address 物主姓名及地址	Date, vendor and address of purchase 購買日期、商號及地址	Purchase price (Provide original receipts) 購買金額 (請附上單據正本)	Claim amount (Please indicate the currency) 索償金額 (請註明貨幣)
			Total Claim Amount 總索償額	

Do you have any other insurance policies covering the loss incurred?
是次索償項目是否受保於其他保險合約？

☐ Yes 是 ☐ No 否

If yes, please provide the following information:
如是，請提供以下資料：

Name of the insurance company
保險公司名稱 _____

Policy Type
保險類別 _____

Policy No
保單號碼 _____

Sum Insured (Please indicate the currency)
保額 (請註明貨幣) _____

Has the said insurance company rejected your claim?
該保險公司有否拒絕閣下的索償申請？ ☐ Yes 有 ☐ No 沒有

If yes, please state the reason(s)
如有，請註明原因 _____

If no, please state the amount payable/paid by the said insurance company (please provide the payment details)
如沒有，請註明該保險公司賠償的金額 (請提供賠償明細) _____

Section XI - Claims Payment Method (Required)(Please tick) 第十一部份 賠償支付方式 (必須填寫)(請選擇)

The request for payment mode is not an admission of our liability. If the claim is eligible, the indemnity shall be payable to the relevant Insured only based on the following details provided.
本公司特此聲明此項要求並不代表本公司承認賠償責任。如果索償成功，所有賠償均只可支付予此索償之相關受保人如下提供的信息。

Notice: 1. Purpose for collection: (i) Solely to enable AIG HK to effect settlement payment for eligible claim(s). (ii) AIG HK shall only make payment according to the details provided in this section.
2. We will facilitate payment by HKD cheque delivering to the Policy Holder/eligible Claimant's mailing address if selected payment method cannot be proceeded.
3. AIGHK reserves the rights to determine the claim payment method at its absolute discretion.

注意事項: 1. 收集目的：(i) 僅使美亞保險能夠對符合條件的索償進行賠償付款。 (ii) 美亞保險將只會根據以下提供的資料進行付款。
2. 如無法使用以下所選擇的支付方式，美亞保險會以港幣支票作為賠償方式並郵寄往受保人/ 符合條件的索償者的通訊地址。
3. 美亞保險保留自行決定其索償款項的付款方法的權利。

Please choose one.
請選擇其一

☐ Faster Payment System (FPS) 快速支付系統 (「轉數快」) **Only applicable for claims payment amount under HKD5,000.
**只適用於不超過港幣5,000 元的索償支付金額之個案。

或 or

☐ Direct credit to Hong Kong Bank Account (HKD account only) 支付到銀行帳戶（只限港幣戶口）

或 or

☐ Hong Kong Dollar Cheque 港幣支票

If you choose Faster Payment System (FPS) for your claim(s), please complete the followings:
如選擇使用 快速支付系統 (「轉數快」) 為你的賠償支付方式，請填以下資料：

Notice:
1. Please ensure the proxy (phone number/e-mail address/FPS ID) you've provided is already registered with Faster Payment System, otherwise the payment cannot be proceeded.
2. Claims Payment only addresses to Policy Holder /eligible Claimant. Please ensure the registered proxy with bank account holder name is the same as the name of Policy Holder / eligible Claimant(s), otherwise the payment cannot be proceeded.
3. Please provide **One (1)** of the proxy (phone number /e-mail address/FPS ID) in below field.
4. Please provide **e-mail address** for sending Claim statement, otherwise the payment cannot be proceeded.

注意事項:
1.請確保以下提供的識別代號（電話號碼/電郵/快速支付系統識別碼）已在快速支付系統中註冊，否則無法進行付款。
2.賠償付款僅支付給保單持有人/ 符合條件的索償者。請確保註冊快速支付系統的銀行帳戶持有人姓名與保單持有人/ 符合條件的索償者姓名相同，否則無法進行付款。
3.請於下面只提供 **一個** 快速支付系統識別代號（電話號碼 /或 電子郵件地址 /或 快速支付系統識別碼）。
4. 請提供 **電子郵件地址** 以發送賠償明細表，否則無法進行付款。

(FPS) Telephone no. (轉數快) 電話號碼 +852	**或 or**	(FPS) E-mail address (轉數快) 電郵地址	**或 or**	FPS ID 快速支付系統識別碼

E-mail address 電郵地址 — Claim statement will be sent to this e-mail address upon payment 賠償明細表將發送到此電郵地址

或 or

If you choose Direct credit to Hong Kong Bank Account for your claim(s), please complete the followings:
如選擇使用 支付到銀行帳戶 為你的賠償支付方式，請填以下資料：

Notice:
1. Please provide a **copy of bank passbook or ATM card**, otherwise the payment cannot be proceeded.
2. Claims Payment shall only address to Policy Holder/ eligible Claimant. Please ensure the bank account holder name is the same as the name of Policy Holder/ eligible Claimant(s), otherwise the payment cannot be proceeded.
3. Please provide **e-mail address** for sending Claim statement, otherwise the payment cannot be proceeded.

注意事項:
1. 請提供 **銀行存摺 或 提款卡副本**，否則無法進行付款。
2. 賠償付款僅支付給保單持有人 / 符合條件的索償者。請確保銀行帳戶持有人姓名與保單持有人/ 符合條件的索償者姓名相同，否則無法進行付款。
3. 請提供 **電子郵件地址** 以發送賠償明細表，否則無法進行付款。

Account Holder's Name 戶口持有人姓名	Bank Name 銀行名稱

Bank Code 銀行號碼 ___ ___ ___ Branch Code 分行號碼 ___ ___ ___ Account Number 戶口號碼 ___ ___ ___ ___ ___ ___ ___ ___ ___

E-mail address 電郵地址 — Claim statement will be sent to this e-mail address upon payment 賠償明細表將發送到此電郵地址

Section XII - Declaration and Authorization 第十二部份 聲明及授權

A. The undersigned Insured(s) / Claimant(s) HEREBY DECLARE that to the best of the Insured(s') / Claimant(s') knowledge and belief, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind.

B. In relation to the personal data collected in this claim form, the Insured(s)/Claimant(s) agree and acknowledge that:

(a) (unless specifically indicated otherwise in this form) the personal data requested in this form (or otherwise provided during the course of the claim process) is necessary for AIG Insurance Hong Kong Limited ("AIG HK") to process the insurance claim and any such data not provided may mean the claim cannot be processed.

(b) the personal data collected in this form may be used by AIG HK for purposes which include 1) assessing, investigation, adjusting and making a decision on this claim; 2) otherwise for the purpose of administering the insured(s') insurance policy (including pursuing recovery from reinsurers) and 3) for other purposes stated elsewhere in this form.

(c) AIG HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (b) above:

i) third parties providing services related to the administration of the Insured's policy (including reinsurers);
ii) financial institutions for the purpose of processing this application and obtaining policy payments;
iii) loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
iv) another member of the AIG group (for all of the purposes stated in (b)) in any country; or
v) other parties referred to in AIG HK's Data Privacy Policy for the purposes stated therein.

(d) The Insured(s)/Claimant(s) may gain access to, or request correction of their personal data (in both cases, subject to a reasonable fee) at any time, by writing to the Privacy Compliance Officer of AIG Insurance Hong Kong Limited at GPO Box 456 or cs.hk@aig.com. The same addresses may be used to contact us with any comments on our service. The full version of AIG HK's Data Privacy Policy can be found at www.aig.com.hk.

C. The Insured(s) / Claimant(s) hereby irrevocably authorize:

(a) any organization, institution, or individual that has any information, record or knowledge of the Insured(s') health and medical history or any treatment or advice rendered thereto to disclose to AIG HK such information, record and knowledge;

(b) AIG HK or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate the Insured(s') health status in relation to the Claims therein and any matter arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites;

(c) the police that has any of the Insured(s') information to provide AIG HK with the information including but not limited to the police reports, witness statements, investigation and/or prosecution results;

(d) airline(s) that has/have any of the Insured (s') information to provide AIG HK with the information including but not limited to flight details, booking details, irregularities reports and all information related to the Insured (s') bookings; and

(e) any organization institution or individual that has any information, record or knowledge of the Insured(s') travel record to disclose to AIG HK such information, record and knowledge.

This authorization shall bind the Insured(s') / Claimant(s') successors and assigns and remain valid notwithstanding the Insured(s') / Claimant(s') death or incapacity in so far as legally permissible. A photocopy of this authorization shall be as valid as the original.

A. 於本索償申請表簽署之受保人/索償申請人謹此聲明盡其所知所信，上述所申報的一切資料均屬正確無誤，並無任何保留。

B. 就有關從此索償申請表所收集的個人資料，受保人/索償申請人同意及確認：

(a) 除非於本表格上另有訂明 ，本表格所要求提供的個人資料 (或於處理索償時所要求提供的個人資料) 是供美亞保險香港有限公司("美亞保險") 處理保險索償申請的所需資料，若未能提供任何所需資料索償申請則可能不被處理；

(b) 美亞保險可按列於其私隱政策的用途使用此表格所收集之個人資料，其用途包括:1) 評核、調查、調整及就此索償申請作出決定; 2) 管理受保人的保單(包括向再保險公司索取賠償) 及3) 任何於本表格其它位置列明的目的；

(a) 美亞保險亦可向以下類別的人士 (不論在香港或海外) 轉交該些個人資料，作上述 (b) 項所列明之用途:

(i) 提供有關本人/吾等保單管理服務的第三者 (包括再保險公司)；
(ii) 財務機構，作處理此申請及收取保費；
(iii) 公證人、調查員、第三者管理人、緊急支援服務提供者、法律服務提供者、零售商、醫療提供者、及交通工具機構，以處理索償事宜；
(iv) 其它在任何國家之AIG集團之成員公司，作上述 (b) 項所有列明之用途；或
(v) 其它於美亞保險私隱政策所列明的人士，作於私隱政策列明之用途。

(d) 受保人/索償申請人可隨時致函到美亞保險香港有限公司之私隱事務主任 (地址:香港郵政總局信箱456號或電郵至cs.hk@aig.com) 查閱、或要求修改其個人資料 (美亞保險可就查閱及修改要求收取合理費用) 。如對美亞保險提供的服務有任何意見，可按上述地址聯絡美亞保險。美亞保險私隱政策的全文載於www.aig.com.hk。

C. 受保人/索償申請人茲授權:

(a) 任何知悉或擁有受保人之健康狀況及病歷或任何治療或諮詢記錄或資料及曾為或將為受保人診治之機構、組織或人士，向美亞保險透露有關資料及記錄;

(b) 美亞保險或任何其認可之驗身醫生或化驗所，替受保人進行所需之醫療評估及測試，並對受保人之健康狀況進行審核及評估，作為處理本索償申請及其後與之有關的賠償事宜。此等化驗包括，但並不限於膽固醇及有關之血脂肪、糖尿病、肝或腎功能失常、愛滋病或感染人體免疫力缺乏病毒、免疫系統失常或體內藥物、毒品、尼古丁及其代產物之含量等化驗;

(c) 警方向美亞保險提供有關受保人之任何資料包括但不限於警察報告、証人口供、調查及/或檢控結果;

(d) 航空公司向美亞保險提供有關受保人之任何資料包括但不限於航班資料、訂位資料、違規報告及所有有關受保人之訂位資料; 及

(e)任何知悉或擁有受保人之出入境資料紀錄之機構、組織或人士向美亞保險透露有關資料及紀錄

此授權書不得徹回。在法律許可下，即使受保人/索償申請人死亡或喪失能力，此授權書仍然存有法律效力，而受保人/索償申請人之繼承人及轉讓人亦會受此授權書約束。此授權書之副本與正本均屬有效。

Name of driver 駕駛人姓名	Signature of driver 駕駛人簽署			
ID card no./passport no. 身份證/護照號碼	Date 日期	DD 日	MM 月	YYYY 年
Name of insured 受保人名稱 / 姓名	Signature of insured with company chop, if applicable 受保人簽署及蓋章 (如適用)			
ID card no./passport no. 身份證/護照號碼	Date 日期	DD 日	MM 月	YYYY 年

12/2019

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