

第三者遇事報告書
THIRD PARTY ACCIDENT REPORT FORM

For Office Use Only

Claim No.

被保險人資料 INSURED INFORMATION		
1. 被保險人姓名 Name of Insured		2. 保險單編號 Policy No.
3. 保期期限 Period of Insurance	由 至 From D M Y To D M Y	4. 電話號碼 Telephone No.
5. 聯絡地址 Contact Address		

損失報告
LOSS REPORT

1. 意外發生日期及時間 Date & Time of Loss	
2. 意外地點 Location of Loss	
3. 意外詳情 Details of Loss (包括傷者資料,受傷程度或損壞程度) (Including the details of the injured person, Nature and extent of injury or damage)	
4. 誰首先發現此意外? Who first discovered loss?	
5. 在何時發現? When this loss was discovered?	
6. 證人資料 Witness Information	

曾否通知警察或消防署? 有 否
Have the Police Authorities / Fire Service Department been informed? Yes No

若有,請填上報案之警署名稱及警方檔案紀錄號碼
If Yes, please give the Police Station name and record number: _____

如意外屬於遺失財物、盜竊或惡意破壞,被保險人必須立即報警。
Police must be notified immediately for any theft, missing / stolen items or malicious damage incident.

以前曾否遭遇同樣性質的損失? 若有,請詳述。
Do you have any similar loss in the past? If Yes, Please provide details.
是 Yes / 否 No _____

聲明
DECLARATION

本人/本公司聲明上述各項全部屬實及本人/本公司並無其他保單補償或保障本人/本公司因此意外引起之損失。同時,本人/本公司明白及同意保險公司提供此表格給本人/本公司並不構成保險公司放棄保單上條例所授予之權利。本人/本公司並願意協助保險公司辦理一切有關之索償事宜。
I/We hereby declare that the foregoing particulars are true and correct in every respect to the best of my/our knowledge and belief, and that I/We have no other policy indemnifying me/us in respect of this loss or accident. It is also understood and agreed that the furnishing of this form by the insurance company to me/us shall not constitute a waiver of any of the conditions of the policy. I/We undertake to give the Company all assistance in my/our power in dealing with the matter.

被保險人簽署及蓋章
Insured Signature & : _____ 日期
Company Chop : _____ Date : _____