

IT IS IMPORTANT that this form is completed fully and returned as quickly as possible to the company.

完整填写这个表格并且尽快地返回公司是重要的。

CLAIM NO 索赔号: _____

This claim form is issued to 这个表格提供给:

(代理商或投保者的姓名)

By 由: _____

(Branch concerned
参与的分店)

Signature of Branch Mgr

分店经理签字: _____

Date 日期: _____

MOTOR ACCIDENT REPORT FORM

摩托意外报告表

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM

公司不承担由提供这个表格所引起的责任

IF YOU RECEIVE ANY COMMUNICATIONS ABOUT THIS ACCIDENT, PLEASE DO NOT ANSWER THEM BUT SEND THEM AT ONCE TO THE COMPANY, PLEASE DO NOT ADMIT THAT YOUR DRIVER WAS AT FAULT OR THAT YOU ARE LIABLE FOR THE ACCIDENT

如果您收到了有关这个意外的任何送达通知, 请不要马上回答他们, 而要把它们交给本公司, 也不要马上承认是您的司机的过错或对此意外事件是有责任的。

Name 姓名 _____

Address 地址 _____

Business or occupation 生意或职业 _____

Policy number 保单号 _____

Expiry date 终止日期 _____

Broker/Agent 经纪人/代理商 _____

Telephone No. 电话号码 _____

A. VEHICLE in use by insured or his driver at time accident/车辆由保户或他的司机在使用期间, 发生意外的时间:

i) Make and Model 品牌和型号 _____ Cylinder Capacity 汽缸容量 _____

Year of Manufacture 制造年 _____ Registration number 注册登记号 _____

Chassis No 底盘号码 _____ Engine No. 发动机号码 _____

Has the engine been modified or converted to increase the manufacture's performance/ 发动机已经被改进或 转换以增加功率了吗? _____

ii) Who is the main user of the vehicle 谁是这个车的主要使用者? _____

iii) For what purpose was the vehicle being used at the time of the accident 在发生意外时, 这个车用于什么目的? _____

- iv) If being used by someone other than the Insured had the user obtained the Insured's consent 如果是其他人使用，是否得到受保者的同意? _____
- v) Were goods being carried 有货物正在运输吗? _____
- vi) Commercial vehicle only: A,B or C license 商用车仅是A, B 或C 驾照 _____
 Unladen weight 卸货重量 _____ Carrying capacity 运载容量 _____
 Weight of the load 装载重量 _____

B. *Driver at the time of accident* 司机在意外发生时间 :

- i) Name 姓名 _____
- ii) **Age** 年龄 _____ **NRIC No.** 护照或身份证号码 _____
Business/Occupation 生意/职业? _____
- iii) Address 地址 _____
- iv) Driving license details 驾照详情:
 Class (es) covered 包括的种类 _____
 Expiry date of license 驾照截止的日期 _____
 Provisional or Permanent 暂时的或永久的 _____
 How long has he regularly driven motor vehicle 他正式开摩托车有多长时间? _____
- v) Is he your regular employee 他是您的正式雇员吗? _____
- vi) If not, who is he 如果不是,他是谁? _____
- vii) Does he suffer from any physical disability 他是否遭受任何的身体残疾? _____
- viii) Has he ever been refused any motor insurance 他是否曾经拒绝过任何的摩托保险? _____
- ix) Give details and dates of ALL convictions or impending prosecutions for motoring offence. 详细叙述由驾车的过错而定罪或将要执行的日期。 _____
 If none, insert "NONE" 如果没有, 填写 "没有" _____
 If other than the Insured or a paid driver, does he own a motor vehicle himself 如果驾驶者不是保户或受雇的司机, 他是否拥自己的摩托车? _____
- x) If so, please quote Registration No., Policy No. and name of Insurance Company 如果是, 请引述注册登记号, 保单号和保险公司的名字。 _____
- xi) Have you entered into an agreement for the sale of the vehicle 对这辆车, 您是否已经参与出售合同了? _____
- xii) If so, to whom and when 如果是, 在什么时间和谁? _____

C. *ACCIDENT* 意外

- i) Date of Accident 意外的日期 _____
- ii) Time of Accident 意外的时间 _____ a.m. /p.m 上午/下午.
- iii) Place of Accident (Street/Road and Town) 意外的地方(街/路和镇) _____
- iv) At what speed was your vehicle traveling immediately prior to impact 在撞击之前,您的车是以什么速度行进?
 _____ Km /per hour 公里 /小时
- v) Do you think that your driver was to blame 您认为您的司机应该负责吗? _____
 Or some other person was to blame 或一些其他的人应该负责? _____
 If so, please give the same address and occupation of person to blame 如果这样, 给出这个应负责人的姓名, 地址和职业 _____

SKETCHES 描绘略图

Please draw sketches below showing (i) the direction of the vehicle with arrows (ii) the point of the Impact, with a cross (iii) any marks on the road (iv) any measurement (v) any traffic signs.

请简单描绘下列所示内容 (i) 车前行的方向以及车的箭头记号 (ii) 碰撞点, 及受损处 (iii) 公路上任何标志 (iv) 任何的尺寸 (v) 任何的交通符号。

BEFORE THE ACCIDENT/意外事故发生前

AFTER THE ACCIDENT/意外事故发生后

D. DAMAGE to own vehicle 对自己车辆的损坏

- i) Give details of damage to your vehicle directly due to accident 详述由意外事故对您的车辆的直接损坏

- ii) Estimated cost of repairs 估计的修理费 US\$ _____
- iii) Where can the vehicle be inspected 车辆可在哪里被检修? _____
- iv) Have you instructed them to send a detailed estimate to the Company 您已经通知他们发给公司一个详细的估价了吗? _____

E. DAMAGE to third party vehicle 对第三者车辆的损坏.

- i) Please give details of name and address of the owner 请叙述车主的姓名和地址

- ii) Make, Model and Registration Number of Vehicle 车辆的牌、型号和注册号码

- iii) Damage 损坏 _____

F. INJURIES to person involved in the accident 在意外事故中所涉及人的损伤

(a) In your OWN VEHICLE 在您自己的车辆中

Name and Address 姓名和地址	Age 年龄	Injuries 损伤
_____	_____	_____
_____	_____	_____
_____	_____	_____

(d) To the OTHER PARTY 对第三者

Name and Address 姓名和地址	Age 年龄	Injuries 损伤
_____	_____	_____
_____	_____	_____
_____	_____	_____

please mark with a cross the name of anyone detained in hospital.

请标明留在医院的任何一个受伤者的姓名

G. GENERAL 一般情况

- i) Did the police witness the accident 警察是否目击这个意外? _____
Take any evidence or particulars 是否持有任何一个证据或详细说明? _____
- ii) Police station to which report of accident was made 意外事故报告呈交给哪一个警察局?

- iii) Report Number 报告的号码 _____

iv) Please give the names and addresses of any witness 请给出目击者的姓名和地址:
Passengers in your vehicle 在您的车上的乘客 _____

Others (drivers & passengers of other vehicle, motorcyclist, pedestrians, etc.) 其他人员
(其他车上的司机、乘客、骑摩托者、行人、等等) _____

(v) Was any warning given by the police that you, driver or anyone might be prosecuted 警察有否
对您、司机或可能被起诉的任何人给予任何警告? _____
If so, please indicate nature of charge of prosecution 如果有, 请指出起诉指控的性质?

I/We declare that forgoing answers are true and complete and that I/We hold no other policy indemnifying me/us in respect of this claim.

I/We request you to deal on my/our behalf with the third party claims arising herein in accordance with the terms and conditions of the above-mentioned policy and I/We authorize you and your solicitors on my/our behalf to make such admissions and settlements and give such consents as you may consider necessary for the disposal of such claim and any litigation arising there from.

我/我们声明回答的是真实而完整的, 而且有关的这个索赔, 我/我们没有其它保单来赔偿我/我们。

我/我们请求您给予我/我们发生在和有关以上条件和情况相一致的第三者索赔的利益, 并且, 在我/我们的利益上, 对于该索赔的处理和任何发生在那里的不同的起诉, 我/我们授权给您和您的下属人员, 当作您必需的考虑, 并给予承认和结算。

Driver's signature 司机签名 _____

Date日期 _____ Insured's signature 保户签名 _____