大新保險
DAH SING INSURANCE

Dah Sing Insurance Company Limited
2703, 27/F Island Place Tower
510 King's Road, North Point
Hong Kong
Tel: 852 2808 5699
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Motor Traffic Accident Claim Form
汽車交通意外索償表格

It is important that a complete answer is given to every question. If insufficient space is provided for your answers, please continue on a separate sheet. 請詳細填報索償表格上每一項目，若有需要，請加附頁以完成各項。

Please tick the appropriate box. 請在適當方格內填上「✓」。

Insured Details 受保人資料

Policy No. / Cover Note No.
保單號碼 / 臨時保單號碼

Full Name / Company Name (Name in HKID Card / Business Registration)
姓名 / 公司名稱（須要填寫英文並與香港身份證 / 商業登記的相同）

Tse Ka Wing

Occupation 職業: Catering 飲食業	HKID Card No. / Business Registration No. 香港身份證號碼 / 商業登記號碼: P671123(9)
Email Address 電郵地址: RoyT666@gmail.com	Telephone No. 電話號碼: 60909848

Correspondence Address 通訊地址

Flat / Room 室: 5	Floor 樓: 2	Block / Tower 座
Name of Building / Estate 大廈 / 屋苑名稱		
Number and Name of Street (or Village) 門牌號碼及街道（或鄉村）名稱: 161 Un Chau Street		
District 地區: SHAM SHUI PO 深水埗		

Area 地域: ☐ Hong Kong 香港 ☑ Kowloon 九龍 ☐ New Territories 新界

Insured Vehicle Details 受保車輛資料

Registration No. 車牌號碼: TS3756

Which purpose the insured vehicle was being used at the time of accident?
受保車輛於意外時作何種用途？

☑ Private 自用 ☐ Commercial 商用 ☐ Hire 租賃 ☐ Others, Please Specify: 其他，請註明：

What was the extent of damage to the insured vehicle?
受保車輛之損壞程度？

☐ No Damage 無損壞 ☑ Slight 輕微 ☐ Moderate 一般 ☐ Serious 嚴重

Insured Vehicle Details (cont.) 受保車輛資料（續）

Which part(s) of the insured vehicle was damaged?
受保車輛之損壞部份？

☐ Front 車頭 ☑ Body 車身 ☐ Rear 車尾 ☑ Left 左邊 ☐ Right 右邊 ☐ Whole 全車

☐ Others, Please Specify: 其他，請註明：

Will you claim the repair cost of the insured vehicle? (for comprehensive cover only)
閣下是否索償受保車輛的維修費？ [只適用於綜合保險(全保)] ☐ YES 是 ☑ No 否

If select "Yes", please complete 如「是」，請填報	Name of Garage 維修商名稱	Address 地址
	Contact Person 聯絡人	Telephone No. 電話號碼

Is the insured vehicle at the garage now?
受保車輛現在是否在維修商處？ ☐ YES 是 ☐ No 否

Driver Details 司機資料

Relationship with the Insured
與受保人之關係

☑ Same Person 屬同一人 ☐ Relative 親屬 ☐ Friend 朋友 ☐ Employee 僱員 ☐ Hirer 出租

☐ Not Applicable 不適用 ☐ Others, Please Specify: 其他，請註明：

If select other than "Same Person" or "Not Applicable", please complete 除選擇「屬同一人」或「不適用」外，請填報	Full Name 姓名（英文）			Occupation 職業
	HKID Card No. / Passport No. 香港身份證號碼 / 護照號碼			Date of Birth 出生日期 (DD/MM/YYYY)
	Telephone No. 電話號碼			Email Address 電郵地址
	Correspondence Address 通訊地址	Flat / Room 室	Floor 樓	Block / Tower 座
		Name of Building / Estate 大廈 / 屋苑名稱		
		Number and Name of Street (or Village) 門牌號碼及街道（或鄉村）名稱		
		District 地區		
		Area 地域 ☐ Hong Kong 香港 ☐ Kowloon 九龍 ☐ New Territories 新界		

Was the vehicle being driven with Insured's permission?
在駕駛該車前，司機是否得到受保人同意？ ☐ YES 是 ☐ No 否

Driver Details (cont.) 司機資料（續）

How long has the driver been holding a full license?
司機擁有正式執照之時間？

☐ Learner License 學習執照 ☐ Probationary License 暫准執照 ☑ Below 少過 2 Years 年 ☐ 2 - 10 Years 年

☐ Over 超過 10 Years 年

Driving and Insurance History 駕駛及保險記錄

Any driving offence point, police enquiries or prosecution pending in connection with the use of a motor vehicle in the past 3 years?
最近三年是否曾經因使用車輛而被扣分或正接受警方調查或被檢控？

Insured Person
受保人 ☐ YES 是 ☑ No 否

If "Yes", please provide traffic offence details and date
如「是」，請提供交通違例事項及日期

Driver
司機 ☐ YES 是 ☐ No 否

If "Yes", please provide traffic offence details and date
如「是」，請提供交通違例事項及日期

Any accident, loss or claim in connection to the use of vehicle during the past 3 years?
是否曾經在最近三年因使用車輛而發生意外，引致損失或要求賠償？

Insured Person
受保人 ☐ YES 是 ☑ No 否

If "Yes", please provide accident details, registration no. and name of insurance company
如「是」，請提供意外情況、車牌號碼及保險公司名稱

Driver
司機 ☐ YES 是 ☐ No 否

If "Yes", please provide accident details, registration no. and name of insurance company
如「是」，請提供意外情況、車牌號碼及保險公司名稱

Have you ever been declined, refused to renew or renewed but subjected to special terms or conditions for motor insurance policy?
曾否於申請汽車保險時被拒投保，拒絕續保，或續保時被附加特別條款？

Insured Person
受保人 ☐ YES 是 ☑ No 否

Driving and Insurance History (cont.) 駕駛及保險記錄（續）

If "Yes", please provide name of insurance company and details
如「是」，請提供保險公司名稱及詳情

Driver
司機

☐ YES 是 ☐ No 否

If "Yes", please provide name of insurance company and details
如「是」，請提供保險公司名稱及詳情

Accident Details 意外詳情

Date 日期 (DD/MM/YYYY)	03/10/2025 DD/MM/YYYY	Time 時間 (HH:MM A/PM)	04	:	10	

Place
地點

Speed at the moment of the accident
意外時之車速

km/hour
公里 / 小時

Please describe how the accident occurred
請詳述意外發生經過

於上述日期 、時間 、地點我用本地話向你講: 「謝鎵 荣 ， 我係新 界 南交通意外調查組第六隊警員8554，現向你調查於2025年8月13日，晚上大約 10 時 19 分，喺大涌道迴旋處往荃灣路 (九龍方向) 近燈柱F CO511發生一 宗涉及兩車交通意外案件。當時你駕駛私家車T$3756沿 大 涌道 的左1 線駛至近燈柱FCO511的讓路又時，沒有留意有另一部私家車 RC9398正於大涌道迴旋處往荃灣路(九龍方向)支路左1線行駛中，你直 接於讓路又駛出，你架車TS3756右車身撞到私家車 RC9398 的左邊車身造成 損 毀。 我 以 不小 心 駕 駛 罪 名向 你調 查 ， 我 而 家 警 誠你 ， 唔 係 是 必要 你 講嘅，除非你自己想講喇，但係你所講嘅嘢，可能用筆寫低及用嚟做證供嘅 。

Please provide drawing / sketch to describe before and after accident happened including
請提供描畫發生意外前後經過草圖包括
(a) the names of roads 街道名稱
(b) the position and direction of all related vehicles (by means of arrows) and persons concerned 意外中牽涉之所有有關車輛及人之位置及方向（請用箭咀指明）
Please give details in a separate paper, if necessary.
若有需要，請另附紙張詳細說明。

Click here to attach 請點擊附加 (JPG, JNG, TIF)	Click here to attach 請點擊附加 (JPG, JNG, TIF)
Positions just before the accident 意外發生前之位置	Positions at the moment of the accident 意外發生時之位置

Accident Details (cont.) 意外詳情（續）

Please state the following (if any)
請填寫以下各項 (如有)

Passengers
乘客

Registration No. 車牌號碼	Full Name 姓名	Telephone No. 電話號碼
1.	1.	1.
2.	2.	2.
3.	3.	3.

Independent Witnesses
在場的目擊證人

Full Name 姓名	Telephone No. 電話號碼
1.	1.
2.	2.
3.	3.

Report to Police Details 報案資料

Name of Police Station 警署名稱	Police Report No. 警察報告編號

Did the police arrive at the accident scene to handle the case?
當時是否有警方到場處理此事？ ☑ YES 是 ☐ No 否

Was the driver of the insured vehicle tested for alcohol?
受保車輛之司機是否有接受酒精測試？ ☐ YES 是 ☑ No 否

If "Yes", please provide the test result
如「是」，請提供測試結果 _____ Micrograms of Alcohol per 100ml of Breath 微克酒精 (每 100 毫升呼氣)

Was the driver of the insured vehicle tested for drugs?
受保車輛之司機是否有接受毒品測試？ ☐ YES 是 ☑ No 否

If "Yes", please provide the test result
如「是」，請提供測試結果 ☐ No Drug 沒有毒品 ☐ With Drug 含有毒品

Has the insured vehicle been sent to the Government Vehicle Examination Centre for inspection after the accident?
受保車輛是否於意外後被送往政府車輛檢驗中心檢驗？ ☐ YES 是 ☑ No 否

If "Yes", please provide the inspection location
如「是」，請提供檢驗地方

☐ Quarry Bay 鰂魚涌 ☐ Kowloon Bay 九龍灣 ☐ Tai Lam Chung 大欖涌 ☐ Siu Ho Wan 小蠔灣

☐ Others, Please Specify: 其他，請註明：

In Driver's opinion, who was at fault in the accident?
遇事司機認為此意外是那一方的過失？

☐ Insured Driver 受保司機 ☐ Other Vehicles' Driver 其他司機 ☑ Both Parties 雙方司機 ☐ Pedestrian 行人

☐ Unknown 未確定 ☐ Others, Please Specify: 其他，請註明：

If the other party was at fault, please raise a complaint to the police within 10 days after the accident.
如 閣下認為對方於本意外有過失，請於事發後 10 天內向警方提出投訴。

Third Party Vehicles Damage Details 第三者車輛損壞資料

Was there any third party vehicles damaged in this accident?
此宗意外是否有第三者之車輛損壞？ ☑ YES 是 ☐ No 否

If "Yes", please provide details
如「是」，請提供詳情

Registration No. 車牌號碼	1. 2. 3.	Full Name of Third Party 第三者之姓名	1. 2. 3.
Telephone No. 電話號碼	1. 2. 3.	Nature of Damage Details 損壞情況	1. 2. 3.

Third Party Property Damage Details (Except Vehicle) 第三者財物損壞資料（車輛除外）

Was there any third party property(ies) damaged in this accident?
此宗意外是否有第三者之財物損壞？ ☐ YES 是 ☐ No 否

If "Yes", please provide details
如「是」，請提供詳情

Damaged Property 損壞之財物	1. 2. 3.	Full Name of Owner 物主之姓名	1. 2. 3.
Telephone No. 電話號碼	1. 2. 3.	Nature of Damage Details 損壞情況	1. 2. 3.

Bodily Injury Details 人身傷亡資料

Was there any person injured in the accident?
此宗意外是否有人受傷？ ☐ YES 是 ☐ No 否

If "Yes", please provide details
如「是」，請提供資料

Full Name 姓名	Telephone No. 電話號碼	Identity 身份	Injury Details 受傷程度	Were the injury parties taken to hospital? 傷者是否有被送往醫院？
		☐ Insured Vehicle Driver 受保車輛司機 ☐ Insured Vehicle Passenger 受保車輛乘客 ☐ Third Party Vehicle Driver 第三者車輛司機 ☐ Third Party Vehicle Passenger 第三者車輛乘客 ☐ Pedestrian 行人 ☐ Others, Please Specify: 其他，請註明：_____	☐ Slight 輕微 ☐ Moderate 一般 ☐ Serious 嚴重 ☐ Fatal 死亡	☐ YES 是 ☐ No 否
		☐ Insured Vehicle Driver 受保車輛司機 ☐ Insured Vehicle Passenger 受保車輛乘客 ☐ Third Party Vehicle Driver 第三者車輛司機 ☐ Third Party Vehicle Passenger 第三者車輛乘客 ☐ Pedestrian 行人 ☐ Others, Please Specify: 其他，請註明：_____	☐ Slight 輕微 ☐ Moderate 一般 ☐ Serious 嚴重 ☐ Fatal 死亡	☐ YES 是 ☐ No 否

Bodily Injury Details (cont.) 人身傷亡資料（續）

Full Name 姓名	Telephone No. 電話號碼	Identity 身份	Injury Details 受傷程度	Were the injury parties taken to hospital? 傷者是否有被送往醫院？
		☐ Insured Vehicle Driver 受保車輛司機 ☐ Insured Vehicle Passenger 受保車輛乘客 ☐ Third Party Vehicle Driver 第三者車輛司機 ☐ Third Party Vehicle Passenger 第三者車輛乘客 ☐ Pedestrian 行人 ☐ Others, Please Specify: 其他，請註明： _____	☐ Slight 輕微 ☐ Moderate 一般 ☐ Serious 嚴重 ☐ Fatal 死亡	☐ YES 是 ☐ No 否

Required Documents Checklist 所需文件清單

Dah Sing Insurance reserves the right to seek further documentation and information which we consider necessary for processing your claim.
大新保險保留權利要求索償人進一步提交所需的文件及資料，以便處理索償個案。
Please tick the box for your submitted documents. 請在你所提交之文件的方格內填上「✓」。

The Letter of Consent should be signed by the driver with the same signature as the police statement. Please post the original signed Letter of Consent to us. 授權書須由司機簽署並與警方口供的簽名一致。 請將簽妥之授權書正本郵寄予本公司。
If car camera footage is available, please send to us via email: dsiclaim@dahsing.com. 如有行車記錄儀影片，請電郵至 dsiclaim@dahsing.com 予本公司。

☐	Letter of Consent duly signed by the driver 司機簽妥之授權書
☐	The Completed Claim Form 已填妥之索償表格
☐	Copy of Vehicle Registration Document of insured vehicle (both sides) 受保車輛之車輛登記文件副本（正面及背面）
☐	Copy of Motor Vehicle License of insured vehicle, if any 受保車輛之車輛牌照（俗稱'行車證'）副本（如適用）
☐	Copy of driver's Hong Kong Identity Card 司機之香港身份證副本
☐	Copy of driver's Driving License 司機之駕駛執照副本
☐	Colour photos of the accident scene and involved vehicles, if any 意外現場及牽涉車輛之彩色照片（如適用）
☐	Car camera record, if any 行車記錄儀紀錄（如適用）
☐	Copy of police statement, if any 警方口供副本（如適用）
☐	Copy of driver's Breath Screening Test Report, if any 司機之酒精測試報告副本（如適用）
☐	Copy of driver's Rapid Oral Fluid Test Report, if any 司機之快速口腔液測試報告副本（如適用）
☐	Copy of repair quotation for the insured vehicle, if any (for comprehensive cover only) 受保車輛之維修報價單副本（如適用）[只適用於綜合保險(全保)]
☐	Others, Please Specify: 其他，請註明：

Any communications including letters, claims, writs, summons and legal documents you receive about this accident should not be answered, but send immediately to us. 如收到任何有關此意外之信件、索償、令狀、傳票或法律文件等，請勿作出回覆，並立即交予本公司，以便處理。

Personal Information Collection Statement ("PICS") 個人資料收集聲明

1. **Purpose**: Your personal data are collected by Dah Sing Insurance Company Limited ("Company") for the purpose of: **目的**：大新保險有限公司（以下簡稱「本公司」）為以下目的收集閣下之個人資料：
   (i) processing, administering, implementing and effecting the requests indicated in this document or any documents that you may submit to the Company from time to time; 處理、管理、落實及實行閣下提交予本公司的本文件或不時提交的任何其他文件中所表明的申請；
   (ii) providing all services related to this document (and the relevant insurance policy), including (but without limitation) promoting and improving such services or related services provided by the Company or its subsidiaries and affiliates; 提供與本文件（和有關保單）相關的一切服務，包括（但不限於）推廣及改善本公司或其子公司及關聯公司提供的有關本次申請的服務或相關服務；
   (iii) communicating with you in relation to administrative purposes; 就行政目的與閣下聯絡；
   (iv) investigating, processing and paying claims made under your insurance policy; 調查、處理及繳付閣下保單的索償申請；
   (v) co-operating with any investigation and meeting any disclosure requirements imposed by any legal, regulatory, governmental, tax, law enforcement or other authorities, or regulatory or industry bodies within or outside the Hong Kong Special Administrative Region ("HKSAR"), or the Personal Information Protection Law of the People's Republic of China ("PIPL") where applicable; 依照在香港特別行政區境內或境外任何法律、監管、政府、稅務、執法或其他機關，或監管機構或行業組織，或《中華人民共和國個人信息保護法》（「個人信息保護法」）的要求，配合調查及作出披露；
   (vi) transferring your personal data to any federation or similar organisation of insurance companies ("Federation") and any members of the Federation to carry out its regulatory functions and/or in the interest of insurance industry or any members; 將閣下的個人資料發送給任何保險公司聯會或類似組織（以下簡稱「聯會」）以及聯會的任何成員，以供其履行其監管職能及/或為保險行業或聯會的任何成員的合理利益所需的其他職能；
   (vii) statistical or actuarial research; and 統計或精算研究；及
   (viii) other ancillary purposes which are directly related to the purposes set out above. 其他直接與以上目的相關的目的。

2. **Transfer**: Personal data provided by you to the Company will be kept confidential but, subject to your separate consent (insofar as the PIPL is applicable to the Company's process and / or use of your data), it may be transferred to parties mentioned below for the aforementioned purposes： **轉移**：閣下提供的個人資料將保密處理，但若個人信息保護法適用於本公司處理和/或使用閣下的資料，僅在獲得閣下的單獨同意的情況下，會因以上所述之目的將此等資料轉移給以下各方：
   (i) any related company(ies), including subsidiaries or affiliates of the Company; 本公司的任何成員公司，包括附屬公司及聯屬公司；
   (ii) any other unrelated company engaging in the business of insurance, financial services intermediaries or reinsurance; 任何其他從事保險、金融服務中介團體或再保險相關業務的非本公司成員公司；
   (iii) financial service intermediaries that are authorised by the Company for the distribution of products and services provided by the Company; 獲本公司授權以分銷本公司所提供之產品及服務的金融服務中介團體；
   (iv) claims, investigation or other services provider providing services relevant to your insurance policies; 提供與閣下的保單有關的索償、調查或其他服務的提供者；
   (v) relevant industry association and Federation that exist or are formed from time to time; 現有或不時成立的相關行業協會及聯會；
   (vi) any person (including agent, contractor or third-party service provider) who provides administrative, telecommunication, computer, payment, data processing or other services in connection with the operation of the Company's business and provision of products and services to you; 就本公司之營運及向閣下提供之產品及服務而為本公司提供相關的行政、電訊、電腦、付款、數據處理或其他服務的任何人士（包括代理商、承包商或第三方服務提供者）；
   (vii) any legal, regulatory, governmental, tax, law enforcement or other authorities, or regulatory or industry bodies within or outside HKSAR; 於香港境內或境外任何法律、監管、政府、稅務、執法或其他機關，或監管機構或行業組織；
   (viii) any third-party in connection with a transfer or a potential transfer of all or part of the business of the Company and some of the transferees may be located within or outside HKSAR; 與本公司業務的轉讓或擬議轉讓有關的任何第三方，當中部分受讓方或位於香港境內或境外；
   (ix) any third party service providers using the Company's Application Programme Interfaces in accordance with your instructions to the Company or third party service providers engaged by you, for the purposes notified to you by the Company or third party service providers and/or as consented by you in accordance with the Personal Data (Privacy) Ordinance ("Ordinance"); and 使用本公司應用程式介面的第三方服務供應商（根據閣下向本公司或閣下使用之第三方服務供應商所發出的指示），以作本公司或第三方服務供應商所通知閣下的用途及/或閣下根據《個人資料（私隱）條例》（「條例」）所同意的用途；及
   (x) your insurance agents, intermediaries or referrer. 閣下的保險代理或中介人或介紹人。

Such information may be transferred to a place outside Hong Kong. Insofar as the PIPL is applicable to the Company's process and/or use of your personal data, the Company will obtain your separate consent in relation to such international transfers. 該等資料可轉傳至香港以外的地方。若個人信息保護法適用於本公司處理及/或使用閣下的個人資料，本公司將徵求閣下針對該等跨境傳輸活動的單獨同意。

A. Insofar as the PIPL is applicable to the Company's process and / or use of your personal data, the Company will, prior to sharing your personal data with third parties, notify you of the name and contact details of the recipients, the purposes and means of processing and provision of your personal data, and the types of personal data to be provided and shared, and obtain your separate consent to the sharing of your personal data. The foregoing data recipients will use the personal data to the extent necessary for the specific purposes set out in this document and store the personal data for the minimum length of time required to fulfil the purposes, or insofar as the PIPL is applicable to the Company's process and / or use of your personal data, in accordance with the PIPL. 若個人信息保護法適用於本公司處理及 / 或使用閣下的個人資料，本公司將在和第三方共享閣下的個人資料前，告知閣下接收方的姓名和聯繫方式、處理和提供閣下個人資料的目的和方式，以及將要提供和分享個人資料的種類，並徵求的對共享其個人資料的單獨同意。前述的個人資料接收方將僅為實現本文件下規定的具體目的所需的範圍內使用個人資料，並在實現目的所需的最短時間內保存個人資料，或（若個人信息保護法適用於 本公司處理及 / 或使用閣下的個人資料）按照個人信息保護法的要求。

B. Some of the data collected by the Company may constitute sensitive personal data under the PIPL. The Company will only process sensitive personal data if strict protection measures are put in place and there is sufficient necessity to justify the processing. Insofar as the PIPL is applicable to the Company's process and / or use of your personal data, such sensitive personal data will be processed with your separate consent. 本公司收集的部分資料可能構成個人信息保護法下的「敏感個人信息」，而只有在採取了嚴格的保護措施且在處理行為具備充分必要性的前提下，本公司才會處理敏感個人信息。若個人信息保護法適用於本公司處理及 / 或使用閣下的個人資料，該等敏感個人信息將在獲得閣下的單獨同意後才進行處理。

3 **Access**: You have the right to ascertain what type of personal data the Company holds, whether the Company holds your personal data and, if so, the right to request access to and correction of any such personal data. Insofar as the PIPL is applicable to the Company's process and / or use of your personal data, you have the right to request the Company to delete your personal data, and / or to object to certain uses of your personal data, and / or to request an explanation of the rules governing the processing of your personal data, and / or to ask the Company to transfer personal data that you have provided to the Company to a third party of your choice under circumstances as provided under the PIPL, and / or to withdraw any consent for the collection, processing or transfer of your personal data (you should note that withdrawal of your consent may result in the Company being unable to provide you with insurance services), and / or to have decisions arising from the Company's automated decision making ("ADM") processes explained and to refuse to such decisions being made solely by ADM. Such request can be made to the Data Protection Officer of the Company at 2703, 27/F, Island Place Tower, 510 King's Road, North Point, Hong Kong. In accordance with the terms of the Ordinance and (insofar as the PIPL is applicable to the Company's process and / or use of your personal data) as permitted under the PIPL, the Company has the right to charge a reasonable fee for processing a request to access your personal data. **查閱**：閣下有權查明本公司持有個人資料的類別、本公司是否持有閣下的個人資料，如持有，閣下有權要求查閱本公司持有涉及 閣下的個人資料以及對該等資料作出更正。若個人信息保護法適用於本公司處理及 / 或使用閣下的個人資料，閣下有權要求本公司刪除閣下的個人資料， 反對以某種特定方式使用閣下的個人資料，及 / 或要求對處理閣下個人資料的規則進行解釋說明，及 / 或滿足個人信息保護法的要求的情況下，要求本公司將閣下向本公司提供的個人資料轉移給閣下選擇的第三方， 撤回對收集、處理或轉移閣下個人資料的同意（閣下應注意，閣下撤回閣下的同意可能導致本公司無法向閣下提供保險服務），及 / 或要求對自動化決策過程中產生的決策進行解釋，以及拒絕接受僅由自動化決策技術作出的決定。閣下可向本公司的資料保障主任提出此等要求，其地址為香港北角英皇道510號港運大廈27樓2703室。根據條例及（若個人信息保護法適用於本公司處理及 / 或使用閣下的個人資料）個人信息保護法允許的情況下，本公司有權為處理閣下的個人資料查閱要求而收取合理費用。

Amendment to the PICS 個人資料收集聲明的修訂

The Company reserves the right to, at any time with or without notice, amend the PICS by publishing such amendments on the website of the Company. However, the Company may (but is not obliged to), in addition to the aforesaid, notify you in writing of such amendment. Should there be any amendment to the PICS, such amendment will become effective with immediate effect. 本公司保留權利可隨時且在無須通知的情況下通過在本公司的網站上發佈修訂本個人資料收集聲明。然而，雖然如上所述，本公司可能（但沒有義務）以書面形式知會閣下相關修訂。任何有關個人資料收集聲明的修訂將在刊登後即時生效。

Declaration & Authorisation 聲明及授權

1. I/we hereby declare that the information given above is true and correct to the best of my/our knowledge and believe that all material facts affecting the assessment of this claim have been disclosed.
   本人 / 我們聲明在本表格內所填報的資料均盡本人 / 我們所知為屬實及正確，並確信已披露所有足以影響評估本索償的重要事項。
2. I/we have been duly authorised by the person mentioned in this form to make the following declarations for and on his/her behalf.
   本人 / 我們已獲列於本表格上的人士授權代他 / 她作出以下聲明。
3. I/we have read the PICS and agreed that all personal information about me/us collected by the Company may be held and disclosed within or outside Hong Kong.
   本人 / 我們已細閱個人資料收集聲明並同意所有　貴公司所收集有關本人/我們的個人資料可在香港或香港以外地區持有及披露。
4. I/we understand that providing the personal data requested on this form is mandatory, and failure to provide all the requested data may mean the Company is unable to process my/our claim.
   本人 / 我們明白提供本表格上要求的個人資料是必需的，未能提供所需資料可導致　貴公司不能處理本人 / 我們的申請。
5. I/we understand that I/we have the right to seek access to and to request correction of any personal information about me/us held by the Company by writing to the Data Privacy Officer of the Company at 2703, 27/F Island Place Tower, 510 King's Road, North Point, Hong Kong.
   本人 / 我們明白本人 / 我們有權查閱及更正任何　貴公司持有有關本人 / 我們的個人資料，並以書面形式通知　貴公司的資料私隱主任（地址為香港北角英皇道510號港運大廈27樓2703室）。
6. I/we hereby agree to authorise any regulator or authority as required or permitted by law, police, Fire Services Department, insurance companies, any hospitals, physicians, medical practitioners, or other organizations, institutions or persons, that have any records or knowledge of me/us to disclose such information to The Company or its representative any and all information with respect to the accident and/or my/our loss. I/we also authorise The Company or its representative to utilise such information and the like for the purpose of assessing my/our claim. A photocopy of this authorisation shall have the same legal effect as the original; and ;
   本人 / 我們現同意授權任何法定的監督或管理機構、警方、消防處、保險公司、任何醫院、醫療專業人士、內外科醫生、或其他組織、機構或人士、凡知道或持有任何本人/我們之紀錄者， 向　貴公司或其代表提供任何一切本人 / 我們於上述意外及 / 或本人 / 我們於上述損失有關的資料記錄。本人 / 我們亦授權　貴公司或其代表可就本人 / 我們索償的事宜而處理上述資料。本授權書的副本跟正本具有同等法律效力；及
7. I/we understand the issuance or completion of this Claim Form does not constitute admission of liability or guarantee payment of the claim on behalf of The Company.
   本人 / 我們明白此索償表之發出及填寫並不代表　貴公司確認責任或保證賠償。

In the event of any discrepancy between the Chinese and English versions, the English version shall prevail.
如中文版與英文版之間有任何差異，一概以英文版為準。

Driver Name 司機姓名（英文）	
HKID Card No. / Business Registration No. 香港身份證號碼 / 商業登記號碼	
Date 日期 (DD/MM/YYYY)	
Insured Name 受保人姓名（英文）	
HKID Card No. / Business Registration No. 香港身份證號碼 / 商業登記號碼	
Date 日期 (DD/MM/YYYY)	
*No signature is needed on this claim form *此索償表格無需簽署	

Our Ref.:
本司檔案編號：

LETTER OF CONSENT
授權書

Dear Sir / Madam,
敬啟者

Traffic Accident on:
交通事故日期：_____

I, _____ hereby give my consent and authorise you to release any relevant information and documentation pertaining to the captioned matter to Dah Sing Insurance Company Limited and/or their representative(s) for claims assessment and investigation.

本人，_____ 現同意及授權有關部門 / 貴公司 / 閣下就上述事故提供任何相關資料及文件予大新保險有限公司及/或其代表作理賠審理及調查。

Yours faithfully,
此致

Signature
簽名 _____

Driver's Name
司機姓名 _____
(IN BLOCK LETTER)
（正楷填寫）

HKID Card No. / Passport No.
身份證號碼 / 護照號碼 _____

Vehicle Registration No.
車輛登記號碼 _____

Date (DD/MM/YYYY)
日期（日 / 月 / 年） _____