

This form must be completed truthfully and accurately.

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.

The completed form should be returned to us together with all supporting documents as soon as possible at the following address:

**Claims Department**  
**Chartis Insurance Hong Kong Limited**  
46/F, One Island East  
18 Westlands Road  
Island East Hong Kong  
852 2838 9916 Facsimile

**Claims Department**  
**Chartis Insurance Hong Kong Limited (Macau Branch)**  
Unit 506, 5/F, AIA Tower  
No 251A-301 Avenida Comercial de Macau  
853 2835 5299 Facsimile

**General documents required:**

- An estimate of repair costs (it should be submitted and approved before making any repair).
- Copy of vehicle registration documents (both side).
- Copy of driving license of the concerned driver.
- Copy of HKID card of the concerned driver.
- Police report and rough sketch of the accident.

## Section I - General Information

Policy/certificate no.:	Name of insured:	Occupation:
ID card no./passport no.:	E-mail address:	
Telephone no. (Residential):	Telephone no. (Office):	Telephone no. (Mobile):
Mailing address:		
Name of agent/broker:	Telephone no.:	

## Section II - Details of Vehicle

Registration no.:	Cylinder capacity:	Year of manufacture:
Make and model:	Purpose of use at the time of accident:	
Engine no.:	Chassis no.:	

### Section III - Details of Driver

Name:	Date of birth (MM/DD/YYYY):	ID card no./passport no.:
Mailing Address:		Telephone no:
Driving license no.: <input type="checkbox"/> Local _____ <input type="checkbox"/> International _____	Date of first issue (MM/DD/YYYY):	Driving experience: _____ Year(s)
Driving on insured's order or with insured's permission? <input type="checkbox"/> Yes    No <input type="checkbox"/>		Relationship between insured and driver:
Does the driver, other than the insured, own a car? If yes, please provide the registration no, insurance company and policy no.		

### Section IV - Details of Accident

Date of accident (MM/DD/YYYY):	Time of accident:	Place of accident:
Description of how the accident happened:		
Diagram:		
In driver's opinion, who is at fault?		

Remarks: If other driver is at fault, you should lodge a complaint against him/ her.

### Section V - Police Report      You should report the accident to police immediately after the accident.

Name of the police station where the accident was reported to:	Date of report (MM/DD/YYYY):	Time of report:	Report no:
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## Section VI - Damage to Insured Vehicle

Details of the damage (with photos, if any):		
Intended repairer's name:	Telephone no.:	Estimated repair costs (Please indicate the currency):
Address:		
Is the vehicle at this repairer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, where is the vehicle at present? _____ If the vehicle is insured on comprehensive terms, an estimate of repair costs should be submitted and approved before making any repair.		

## Section VII - Details of Injured Please use a separate paper if space is insufficient.

Name:	Sex and age:	Address:	Injury:	Identity* (please refer to below categories and state the no.)
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

## Section VIII - Witness or Passenger

Name of witness/passenger:	Telephone no.:
Address:	

## Section IX - Details of Third Party Vehicle or Property Damaged

Type of damaged vehicle:		<input type="checkbox"/> Private/commercial vehicle or motorcycle	<input type="checkbox"/> Light bus or bus
		<input type="checkbox"/> Maxicab/public light bus or franchised bus	<input type="checkbox"/> Taxi
		<input type="checkbox"/> Government/armed forces or other type of vehicle	
Damaged vehicle's registration no.:		Other type of damaged property:	
Description of damage:			
Name of the third party:		Telephone no.:	
Address:			
Insurance type and provider's name:			

## Section X - Declaration and Authorization

The undersigned Claimant(s) HEREBY DECLARE that to the best of the Claimant(s)' knowledge and behalf, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind. The Claimant(s) agree that any of my/our personal information collected or held by Chartis Insurance Hong Kong Limited and/or Chartis Insurance Hong Kong Limited (Macau Branch) ("the Company"), (whether contained in this Claim Form or otherwise obtained) is provided and be held, used, and disclosed by the Company to individuals/organizations associated with the Company or any selected third party (within or outside of Hong Kong and Macau, including reinsurance, claims adjusting or investigation companies, police, airlines and industry associations/federations) for the purposes of processing the Claims herein and providing subsequent services, direct marketing, and data matching, and to communicate with the Claimant(s) for such purposes. The Claimant(s) understand(s) that (i) the Company may be unable to process the Claims herein if the Claimant(s) fail(s) to provide any information requested in this Claim Form and (ii) the Claimant(s) has/have the right to obtain access to and to request correction of any personal information held by the Company concerning the Claimant(s). Such request can be made to any of the Company's Data Privacy Officer at G.P.O. Box 456, Hong Kong. The Claimant(s) understand(s) that the submission and completion of this claim form is not an admission of liability on the part of the Company.

The Claimant(s) hereby irrevocably authorize:

- any organization, institution, or individual that has any information, record or knowledge of the Claimant(s)' health and medical history or any treatment or advice rendered thereto to disclose to the Company such information, record and knowledge;
- the Company or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate the Claimant(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;
- the police that has any of my/our information to provide the Company with the information including but not limited to the police reports, witness statements, investigation and/or prosecution results;
- airline(s) that has/have any of my/our information to provide the Company with the information including but not limited to flight details, booking details, irregularities reports and all information related to my/our bookings; and
- any organization institution or individual that has any information, record or knowledge of the Claimant(s) travel record to disclose to the Company such information, record and knowledge.

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

Name of driver:	Signature of driver:
ID card no./passport no.:	Date (MM/DD/YYYY):
Name of insured:	Signature of insured:
ID card no./passport no.:	Date (MM/DD/YYYY):