



聯豐亨保險有限公司

Luen Fung Hang Insurance Company Limited

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僱員賠償保險索償申請書

汽車遇事報告書

Report of Motor Car Accident

請將下列全部問題詳細回答
Please answer all questions fully

傷者姓名	電話
Name of injured _____	Phone No. _____
住址	年歲
Address _____	Age _____
駕駛執照號碼	執照發出日期
Driving License No. _____	Date of issued _____

傷者車輛細目
Particulars of Injured Vehicle

牌照號碼	製造年份
Registered No. _____	Year of Manufacture _____
車身類別	
Type of body _____	
該車所作用途：自用、營業、租賃	
Was the vehicle being used for private, business, trade of hire purpose _____	

遇事經過
The Accident

日期	時間	地點
Date _____	Time _____	Place _____
曾向警署報案		
Police station to which report of accident has been made _____		
閣下認為此次肇事應由何人負責		
Whom do you consider responsible for accident _____		
請將失事經過詳細說明		
Explanation as to how the accident occurre _____		

身體受傷者
Bodily Injured

請列明傷者的傷害情況
State any persons injured in the accident together with details of injuries sustained _____

聲明 Declaration

以上所列乃屬真實 I/We hereby declare the foregoing particulars to be true in every respect.

傷者署名	日期
Signature of Injured _____	Date _____