

敬啓者:

請填妥隨附之汽車遇事報告書及連同下列資料一併寄回/交回本公司賠償部  
以便辦理索償:

1. 保戶(如屬個人)之香港身份證副本
2. 司機之香港身份證及駕駛執照副本
3. 投保車輛之汽車登記文件副本 (正面及背面)
4. 香港警務處署會面紀錄 (口供) 副本
5. 司機正式簽署之授權書正本
6. 檢查呼氣測試報告副本

回郵地址 :

民聯保險 – 索償部

九龍彌敦道 555 號

九龍行 20 樓 2004-5 室

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Dear Sirs,

Please complete the attached Motor Vehicle Accident Report Form and return together  
with the following documents to our Claims Department :

1. Copy of Insured's (if an individual) Hong Kong Identity Card.
2. Copy of driver's Hong Kong Identity Card and Driving License.
3. Copy of vehicle registration documents (Both sides)
4. Copy of police statement.
5. Original letter of authorization duly signed by the driver.
6. Copy of screening Breath Test Result Form.

Return address :

NKFE Insurance

Rm 2004-5, Kowloon Building

555 Nathan Road

Kowloon

Attention : Claims Department

## Letter of Consent

The Office-in-charge  
Accident Enquiry Section  
Traffic Division

Dear Sirs,

Traffic accident on : \_\_\_\_\_

At \_\_\_\_\_

Involving vehicle No(s). \_\_\_\_\_

As driver of vehicle No. \_\_\_\_\_ involved in the accident, I hereby give you my consent to provide to my insurer, Zurich Insurance Company Limited with a copy of my statement, the sketch of the scene of the accident and other information relevant to the accident.

Thank you.

Yours faithfully,

\_\_\_\_\_

Driver's Signature (Please use the signature as appeared on the Statement)