

事故發生日期 / Accident Date: \_\_\_\_\_ 時間 / Time: \_\_\_\_\_ a.m./p.m.  
事故發生地點 / Location of Accident 城市 / City: \_\_\_\_\_  
街道名稱 / Name of Street: \_\_\_\_\_  
相交街道名稱 / Name of Nearest Cross Street: \_\_\_\_\_

**對方駕駛人資料 / Information of Other Driver**

駕駛人姓名 / Driver's Name: \_\_\_\_\_  
駕駛人住址 / Driver's Address: \_\_\_\_\_  
城市 / City : \_\_\_\_\_ 州 / State : \_\_\_\_\_  
電話號碼 / Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
駕駛証號碼 / Driver's License Number: \_\_\_\_\_ 州 / State: \_\_\_\_\_  
出生年月 / Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 性別 / Sex: 女/Female \_\_\_\_ 男/Male \_\_\_\_  
乘客數目 / Number of Passengers: \_\_\_\_\_ 女 / Female \_\_\_\_ 男 / Male \_\_\_\_

**對方車輛資料 / Information of Other Car**

年份 / Year: \_\_\_\_\_ 製造商 / Make: \_\_\_\_\_ 型號 / Model: \_\_\_\_\_  
車牌號碼 / License Plate Number: \_\_\_\_\_ 州 / State: \_\_\_\_\_ 顏色 / Color: \_\_\_\_\_  
車輛登記車主 / Name of Registered Owner of Vehicle: \_\_\_\_\_  
車主住址 / Register Owner's Address: \_\_\_\_\_  
城市 / City: \_\_\_\_\_ 州 / State: \_\_\_\_\_  
電話 / Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
該次事故中受傷部位 / Area of Damages Sustained in This Accident: \_\_\_\_\_

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**對方保險資料 / Other Party's Insurance Information**

保險公司 / Insurance Company: \_\_\_\_\_  
保單號碼 / Policy Number: \_\_\_\_\_  
電話號碼 / Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
投保人姓名 / Name of Policy Holder: \_\_\_\_\_  
其它 / Other Information: \_\_\_\_\_

**目擊證人 / Independent Witnesses**

姓名 / Name: \_\_\_\_\_ 電話 / Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
地址 / Address: \_\_\_\_\_

姓名 / Name: \_\_\_\_\_ 電話 / Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
地址 / Address: \_\_\_\_\_