



File Ref.: SWD/TAV-A-_____

Traffic Accident Victims Assistance Preliminary Application Form

Part A (To be completed by the victim/applicant)

Name of victim (Surname first) : _____
 Sex: _____ *M/F _____ Age: _____ *HKIC/BC/Passport No.: _____
 Address: _____ Contact Tel. No. : _____
 Date of Accident: _____ Time: _____ Report Number : _____
 Location of Accident: _____

Declaration:

- (1) I wish to apply for Traffic Accident Victims Assistance and declare that to the best of my knowledge and belief, the above information is true.
- (2) I understand that if I knowingly or willfully make any false statement or withhold any information, or otherwise mislead the Social Welfare Department for the purpose of obtaining payment, it will render me liable to prosecution.

WARNING :

To obtain Traffic Accident Victims Assistance by deception is a criminal offence. In addition to the consequence of being ineligible for assistance, the person is liable on conviction to imprisonment for a maximum of 10 years under the Theft Ordinance (Cap. 210).

It is an offence under the Prevention of Bribery Ordinance (Cap. 201) for any person to offer, solicit or accept in connection with this application any advantages (e.g. money, gifts, etc.) defined by the Ordinance. Any person convicted of such an offence is liable to a fine of \$500,000 and to imprisonment for 7 years.

 *Signature/Thumbprint of *Victim/Applicant

 If applicant is not the victim, please state relationship with victim and contact address and telephone number (if different from above)

Note : The application must be made within 6 months from the accident

 Date

* Delete whichever is inappropriate

Application received by _____ of *HKPF/SWD _____ on _____
 (Name of Officer) (Department)

Part B (To be completed by the Police)

RN: _____ Date: _____ Time: _____

Location of Accident: _____

Victim was treated at/admitted to _____

Injured/Deceased was a driver passenger pedestrian others, please specify _____

Was it a 'road traffic accident' under the Road Traffic Ordinance? Yes No

(For doubtful case, please give detailed circumstances of the traffic accident in the 'Remarks' column)

Vehicle(s) involved:

	Type and No.	Policy No.	Insurer
V1			
V2			
V3			
V4			

Remarks, if any: _____

 (for Senior Superintendent, Traffic)

 Region

 Date

'✓' as appropriate

SWD 349 (Rev. 2005)

(To be completed in triplicate)