



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 (TAVA) and declare that to the best of my knowledge and belief, the above information is true.
 (2) I understand that if I knowingly or wilfully 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 TAVA 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 14 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.

Note : The application must be made within 6 months from the accident. The completed Preliminary Application Form can be submitted in person or by post to the TAVA Section, Unit A-D, 8/F, China Overseas Building, 139 Hennessy Road, Wan Chai, Hong Kong, or by fax at 2893 8690 or email to tavaenq@swd.gov.hk. For enquiry, please contact us at 2834 7472.

 *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)

 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)

'✓' as appropriate

SWD 349A (Rev. 2019)

(To be completed in triplicate)

 Region

 Date

Personal Information Collection Statement

Please read this notice before you provide any personal data[#] to the Social Welfare Department

Purposes of Collection

1. The personal data supplied by you will be used by the Social Welfare Department (SWD) and/or those non-governmental organisations (“NGOs”) which receive subventions or subsidies from or which are commissioned by SWD to provide you/the victim and/or your/the victim’s family members with assistance or service from SWD and/or the aforementioned NGOs which is relevant to the needs of you/the victim and/or your/the victim’s family members, including but not limited to monitoring and reviewing of services, handling complaints related to the services provided to you/the victim and/or your/the victim’s family members, conducting research and surveys, preparing statistics and discharging statutory duties. The provision of personal data to SWD is voluntary. However, if you fail to provide the personal data requested of you, we may not be able to process your application or provide assistance/service to you/the victim and/or your/the victim’s family members.

Classes of Transferees

2. The personal data you provide will be made available to persons working in SWD on a need-to-know basis. Apart from this, they may be disclosed to the parties or in the circumstances listed below for the purposes mentioned in paragraph 1 above -

- (a) Other parties such as government bureaux/departments, the Hospital Authority, NGOs and public utility companies **if** they are involved in:
 - (i) processing and/or assessing any application from you/the victim and/or your/the victim’s family members for the provision of service/assistance to you/the victim and/or your/the victim’s family members by SWD and/or the NGOs mentioned in paragraph 1 above;
 - (ii) the provision of service/assistance to you/the victim and/or your/the victim’s family members by SWD and/or the NGOs mentioned in paragraph 1 above; or
 - (iii) monitoring and reviewing of the services provided by SWD and/or the NGOs mentioned in paragraph 1 above or preparing statistics;
- (b) Complaint handling authorities such as the Office of the Ombudsman, the Office of the Privacy Commissioner for Personal Data, the Social Workers Registration Board, the Legislative Council, etc. if they are handling complaints about the services or assistance provided to you/the victim and/or your/the victim’s family members by SWD;
- (c) Where such disclosure is authorised or required by law; or
- (d) Where you have given your prescribed consent to such disclosure.

Access to Personal Data

3. You have the right to request access to and correction of your personal data held by SWD in accordance with the Personal Data (Privacy) Ordinance, Cap 486. A fee is charged for supplying copies of personal data. Requests for access to and correction of personal data collected by SWD should be addressed to –

Post title: Supervisor, Traffic Accident Victims Assistance Section
Address: Unit A-D, 8/F, China Overseas Building, 139 Hennessy Road, Wan Chai, Hong Kong
Tel. No: 2832 4601

[#] Under the Personal Data (Privacy) Ordinance, Cap. 486, personal data means any data –

- (a) relating directly or indirectly to a living individual;
- (b) from which it is practicable for the identity of the individual to be directly or indirectly ascertained; and
- (c) in a form in which access to or processing of the data is practicable.