



「卓越」優車樂
SmartDrive Private Car

請以英文正楷填寫，並在適當的空格內填上 Please fill in this form in English block letters and tick the boxes where appropriate

投保人資料 PROPOSER DETAILS

保單持有人姓名 (與香港身份証相同) 姓 Surname 名 Given Name 先生 Mr 女士 Ms
Name of Policyholder (as on HKID)

香港身份証或商業登記號碼 HKID Card or BR No 出生日期 (日/月/年) Date of Birth (dd/mm/yyyy)

婚姻狀況 未婚 Single 已婚 Married 職業 Occupation

† 公司名稱 (與商業登記証相同) (若以公司名義作為保單持有人，請填寫此欄 Please fill in if the Policyholder is a business entity/company)
Company Name (as on Business Reg)

通訊地址 Correspondence Address

住宅電話 Home Tel 公司電話 Office Tel 手提電話 Mobile No 電郵地址 Email

投保細則 FOR ANNUAL COVER ONLY

綜合保障 (簡稱全保) Comprehensive Cover 第三者責任保障 Third Party Cover Only 是否選用安盛特許維修服務 Do you wish to join AXA Premium Workshops? 是 Yes 否 No

* 本保單由 Policy to commence on 日 Day 月 Month 年 Year 起一年內有效 for one year

* 此保單提供的保障，必須在本公司確認繳納保費後，及繳費保費後，才能正式生效。若本公司曾發給暫保單者則除外。
The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid, except as provided by any official certificate issued by the Company.

投保汽車資料 CAR DETAILS

汽車登記號碼 Reg No	牌子 Make	型號 Model	汽缸容量 Cylinder Capacity	車身樣式 Type of Body
製造年份 Year of Manufacture	座位數量 (除司機外) Seating Capacity (excluding driver)	底盤編號 Chassis No	引擎編號 Engine No	

投保汽車裝置哪一類的防盜設備? Which type of theft alarm system has been installed in the car?
 沒有裝置任何防盜設備 No alarm installed
 原廠防盜設備 Factory alarm installed
 原廠防盜設備及附加防盜系統 (請詳述) Factory alarm plus extra anti-theft device (please specify)

投保汽車有否曾作任何形式的非法改裝? Has the Insured vehicles been illegally modified?
 有 Yes 否 No 若選擇“有”，請詳述 If “Yes”，please specify

投保汽車是否用分期付款方式購入? (本公司會提供多一份保單以便閣下轉交按揭公司) Is the car under a hire purchase agreement? (an extra copy of the policy will be sent to you for forwarding to your hire purchase company)
 是 Yes 否 No 若選擇“是”，請註明按揭公司名稱及按揭價值 If “Yes”，please state the name of the hire purchase owner company and the outstanding loan amount

汽車用途 CAR USE

投保汽車有否接載乘客或貨物而作租用或牟利用途? Will passengers or goods be carried for hire or reward? 有 Yes 否 No 若選擇“有”，請詳述 If “Yes”，please specify

請列明投保汽車的主要用途? What is the main use of the car?
 私人用途 Personal 業務用途 Business

「無賠償折扣」 NO CLAIM DISCOUNT

投保者有否享有“無賠償折扣”? Are you entitled to a “No Claim Discount” from previous insurers? 有 Yes 否 No

若選擇“有”，請註明 If “Yes”，please give:
無賠償折扣 NCD % 到期日 Expiry Date 前次承保的保險公司 Name of previous Insurer
車牌 Reg No 保單號碼 Policy Ref

駕駛者資料 NAME DRIVERS DETAILS

姓名 Full Name	出生日期 Date of Birth	職業 Occupation	香港身份證號碼 HKID Card No	婚姻狀況 Marital Status	與投保人關係 Relationship to Policyholder	實際駕駛年數 Licenced in HK
主要駕駛者 Main Driver 1 Mr/Ms						
2 Mr/Ms						
3 Mr/Ms						
4 Mr/Ms						

以上列名的駕駛者，有否在過去 24 個月內被吊銷執照或被記錄違例駕駛分數超過 12 分？若有此記錄者，請詳述
 Have any of the above drivers ever been disqualified or accumulated more than 12 driving offence points in the last 24 months? If "Yes", please give full details 是 Yes 否 No

以上列名的駕駛者，有否在過去 3 年內因汽車意外而向保險公司作出索償？若有此記錄者，請詳述
 Have any of above drivers made a motor claim in the last 3 years? If "Yes", please give full details 是 Yes 否 No

投保人聲明 DECLARATION

請細閱下列各項條文，然後在指定空位內簽署。本人聲明
 Please read the following statements carefully and sign in the space provided. I declare that

- 據本人所知悉範圍內，所有曾被拒絕投保或續保汽車保險的人士，或因駕車而引致有索償個案或被定罪的人士，或身體有缺陷或體弱有病的人士，將不會駕駛本車。
 The car will not be driven by any person who to my knowledge has been refused motor insurance, or continuance thereof, or has had any claims or convictions in connection with any motor vehicle, or who suffers from any physical defect or infirmity.
- 本人從未讓受任何保險公司拒絕受理投保、續保或取消本人的保單或要求提高保費及附加特別條件始允承保。
 No insurer has ever cancelled, declined, refused to renew or imposed special terms or conditions on any policy held by myself.
- 本人已填報一切重要的有關資料，絕無隱瞞或保留，並同意將本投保書和聲明作為與安盛保險有限公司和本人所訂合約的根據，並以保單上各條款為準則。
 I have not withheld any material information and accept that this proposal and declaration shall be the basis of, and be incorporated in, the contract between AXA General Insurance Hong Kong Limited and myself.

 投保人簽署 Proposer's Signature
 (請勿於空白投保書上簽署 Do not sign a blank form)

 日期 Date
 (日 / 月 / 年 dd/mm/yyyy)

付款方法 PAYMENT METHOD

本人選擇以下列方式繳交保費港幣
 I wish to pay my premium HK\$ _____ 元正 by

支票抬頭請填「安盛保險有限公司」Cheque payable to AXA General Insurance Hong Kong Limited

VISA 咭 萬事達咭 MasterCard

信用咭號碼 Credit Card No _____ - _____ - _____ 信用咭有效期至 Credit Card Expiry Date _____ 月 Month _____ 年 Year

信用咭持有人姓名 Cardholder's Name _____

本人授權安盛保險有限公司從本人上述的信用咭賬戶支取有關保險保單的保費。
 I hereby authorize AXA General Insurance Hong Kong Limited to charge my above credit card for the insurance premiums of this insurance policy.


 持咭人簽署 Cardholders Signature

 日期 (日 / 月 / 年) Date (dd/mm/yyyy)

投保人須知 Important Notes to Proposer

- 在意外索償時，本公司將依據本保單之條件及有關之「自負金額」計算賠償金額，惟該金額將不超過投保汽車在意外時之「合理市價」。
 In the event of a claim for loss of or damage to the car, the maximum amount of our payment, subject to the terms and conditions of the insurance policy, and including any claims excesses that may apply, is limited to the reasonable market value of the car at the time of its loss or damage.
- 閣下必須在其知悉範圍內提供所有有關會及保險公司於接納或確定此保單條文的資料，如對應披露的資料有任何疑問，請即向本公司或閣下的保險代理 / 經紀查詢。我們建議閣下將有關的資料作記錄 (包括信件副本)，以備日後作參考之用。為確保閣下的利益，閣下應如實呈報所有有關資料，否則此保單將可能無法提供閣下所需的保障，甚至可能導致此保單無效。
 Any other facts known to you which are likely to affect acceptance or assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance agent / broker. We recommend you keep a record (including copies of letters) for your future reference of any additional information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.
- 收集個人資料聲明
 閣下提供的資料，為本公司提供保險業務所需，並可能使用於下列目的：
 - 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；
 - 任何索償，或該等索償的調查或分析；及
 - 行使任何代位權及可能修補。
 - 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；
 - 現存或不時成立的任何保險公司的協會或聯會或類同組織 (「聯會」)，以達到任何上述或有關目的，或以使「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不在合理要求下賦予「聯會」的職能；及
 - 或透過「聯會」轉轉予任何「聯會」的會員，以達到任何上述或有關目的。
 此外，在此授權安盛保險有限公司由「聯會」從保險業內收集的資料中查閱及 / 或核對閣下任何資料。
 閣下有權查閱及要求更正由本公司持有有關閣下的個人資料，如有需要，可向本公司的個人資料(私隱)條例監察主任提出。
 Personal Information Collection Statement
 The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of:
 - any insurance or financial related product or service or any alterations, variations, cancellations or renewal of such product or service;
 - any claim or investigation or analysis of such claim; and
 - exercising any right of subrogation and may be transferred to
 - any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation, or other service provider providing services relevant to insurance business for any of the above or related purposes;
 - any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and
 - any members of the "Federation" by the "Federation" for any of the above or related purposes.
 Moreover, AXA General Insurance Hong Kong Limited is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right to obtain access to and to request correction of any personal information concerning yourself held by our Company. Requests for such access can be made to our Personal Data (Privacy) Ordinance Compliance Officer.
- 本公司致力發展及改良產品的質素，務求滿足閣下個人保險上的需要。作為本公司的寶貴客戶，我們會時時刻刻為閣下提供新產品及服務的最新消息。倘若閣下日後不希望收到此類資料，請來信通知本公司。
 Our Company is committed to developing products to meet your personal insurance requirements. As you are a valued customer of our Company, we will keep you informed of new products and services when they become available. If you do not want to receive this information either now or in the future, please write and tell us.

[註：本中文簡譯，概以英文原文為準]

代理印章 Agent's Stamp 	公司專用 FOR OFFICE USE ONLY	
	組別代號 Team Code:	代理代號 Agent Code:
	C:	日期 Date:
註 Remarks:		

成就自信人生