



安泰保險

ING General Insurance Company Limited

MOTOR INSURANCE PROPOSAL FORM

汽車保險投保書

Please complete in BLOCK LETTERS 請用英文正楷填寫

Name of Proposer Mr / Ms / Miss 姓名: 先生/女士/小姐 投保人姓名	Date of Birth 出生日期	HKID Card No. 香港身份證號碼
Business or Profession 行業或職業公司名稱	Tel No. 電話	Period of Insurance: From To 保險生效日期: 由 至
Address 地址	Cover Required: Comprehensive 全保 <input type="checkbox"/> 保險類別: Third Party 第三者責任險 <input type="checkbox"/>	

Particulars of be Insured 投保汽車詳情

Registration No. 車牌號碼	Markers Name & Chassis No. 汽車牌子及車身底盤號碼	Engine Capacity c.c. 汽缸容積	Year of Manufacture 製造年份	Type of Body 車身	Seating Capacity (including Driver) 座位數量(連駕駛人在內)	Date of Purchase By Proposer 購買日期	Proposer's Estimate of Present Value (including accessories) 市價 (連零件在內)

Compulsory excess applies to all claims for accidental damage to your car whilst it is being driven by anyone other than a driver who has been accepted by the Company and is specifically named in the policy. Please complete the following for each of the drivers you wish to be named. 如駕駛人並未列名於下, 投保人須負責額外之汽車意外損壞賠額。請列出駕駛人名單。

Full Name 姓名	Occupation 職業	Date of Birth 出生日期	How long have the driver named below held a full driving license in Hong Kong? 駕駛人擁有香港正式駕駛執照年數?
(Myself 投保人)			

NOTE: The premium for comprehensive terms relates to TWO named drivers only. The Policy may be extended to provide for up to TWO additional named drivers (a maximum of 4 named drivers in all) subject to payment of an additional premium at a rate of 10% at the total premium for each additional driver. 注意: 全險保費只包括兩名規定駕駛人。規定駕駛人可增多兩名即規定駕駛人共四名, 每增多一名所須加付保費為百分之十。

1. Is the car owned by, or registered in the name of, someone other than the proposer? 該汽車是否由他人擁有?	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	If 'Yes' give full details 如是請列細節
2. Is a Hire Purchase Company Interested? 現時是否仍有何“分期付款”合約?	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	
3. Have you or any person who to the best of your knowledge will drive the car a) been involved in any motor accident or loss within the last 3 years? 在過去三年內曾否牽涉交通意外?	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	
b) been convicted of any motoring offence within the last 5 years, or is there any prosecution against him/her pending? 在過去五年內中, 曾否觸犯交通條例或正待檢控?	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	
c) been disqualified from driving? 曾否被罰停牌?	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	
d) suffered or is suffering from any defective vision or hearing, fits or any other physical defects or infirmity? 是否患有不良視力或聽覺, 羊癇症, 其他疾病或其他缺陷?	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	
e) been refused motor insurance, renewal or had any special terms or conditions imposed by any Insurer? 曾否被拒絕汽車投保續保, 或投保時須接受任何條件?	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	
If "Yes" for any of the above questions, please give details 如是請列細節			
4. Have you held or do you now a car insurance policy? 現時是否有任何汽車保險?	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	
5. Are you entitled to a 'No Claim Discount'? You need to send proof of 'No Claim Discount' (e.g. your last renewal notice). 是否持有“無賠償之優待折扣”?如有, 請附有關證明文件 (如續保通知書)	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	
Name of the Company 保險公司名稱			
Policy No. 保單號碼		Expiry Date 滿約日期	
6. Will The Car 該汽車將: a) be used only for social domestic and pleasure purposes and for your business or profession? 只用於私人或投保人業務上用途?	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	
b) be used for hire or reward racing pace-making reliability trial speed testing or for any purpose in connection with the Motor Trade? 用於出租, 賽事或汽車行業?	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	

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7/F, ING Tower, 308 Des Voeux Road Central, Hong Kong
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Important Notes 重要事項

You are required to disclose all material facts which you know the Company as an Insurer would regard them as likely to influence the acceptance and assessment of this proposal. If you are in doubt whether certain facts are material you should disclose them. We recommend you to keep a record (including a copy of the completed proposal) for your future reference of all 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.

申請人必須提供所有可能影響本公司接受承保及評估之重要事實。如未能確定這項事實是否具有真實性的關係，應將該等事實填報，我們建議你將有關的資料（包括此投保單副本）作記錄，以備日後作參考之用。為保護你的利益，你應如實呈報所有有關資料，否則此保單將可能無法提供你所需的保險，甚至可能導致此保單無效。

Personal Information Collection Statement 收集個人資料聲明

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, cancellation 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 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 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 members of the Federation by the Federation for any of the above or related purposes.

Moreover, ING General Insurance Company Limited ("The Company") 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 the Company. Requests for such access can be made to the Corporate Data Protection Officer at 1/F, ING Tower, 308 Des Voeux Road Central, Hong Kong.

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

可能轉予：

- 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目的；
- 現存或不時成立之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時在合理要求下賦予聯會的職能；及
- 或透過聯會轉予任何聯會的會員，以達到任何上述或有目的。

此外，在此授權安泰保險有限公司（「安泰保險」）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。

閣下有權查閱及更正由安泰保險持有有關閣下的個人資料，如有此項要求，可向安泰保險之資料保護主任提出，地址為香港中環德輔道中308號安泰金融中心1樓。

Declaration 聲明

I hereby declare that the particulars and statements given above are, to the best of my knowledge and belief, true and complete. I agree that this proposal shall be the basis of the contract between me and the Company.

本人聲明上列資料乃本人所知一切確實填報，本人同意此投保單及聲明將構成本人與安泰保險之間的合約根據。

Signature of Proposer 投保人簽名



Date 日期

Agent / Broker 代理人 / 經紀

Account 賬戶號碼

Payment Method 付款方式

Cheque 支票 Cheque should be crossed and made payable to "ING General Insurance Company Limited" 劃線支票抬頭請寫「安泰保險有限公司」。

VISA

MasterCard/Credit Card No. 信用卡號碼

Cardholder's Name 持卡人姓名



Expiry Date 信用卡有效期至

M 月 Yr 年

I hereby authorize ING General Insurance Company Limited to charge my above credit card account for the premium of this insurance.

本人茲授權安泰保險有限公司從本人上述之信用卡帳戶支取此保險所應繳之保費。

* The Company has no liability until this proposal has been normally accepted. * 本投保單在未經正式接納前，本公司不會負上任何保單責任。
#如中文譯本與英文有歧異，概以英文本為準。

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