

中銀集團保險有限公司

BANK OF CHINA GROUP INSURANCE COMPANY LTD.

總公司：香港中環德輔道中 71 號永安集團大廈九樓 電話：2867 0888 傳真：2522 1705

汽車投保書

MOTOR VEHICLE INSURANCE PROPOSAL FORM

承保部：香港中環德輔道中 71 號永安集團大廈八樓 電話：2867 0888 傳真：2780 4068

For Office Use Only

投保者姓名 年齡
 Full Name of Proposer Age
 地址
 Address
 職業 電話號碼
 Occupation Tel. No.
 傳真 手提電話 電子郵件
 Fax No. Mobile E-mail
 保險生效日期由 至
 Policy to commence from to

Policy No		
Agent Code		
Cover Note No		
R.B.		%
L.D.		%
com.		%
o.d.e.x.(c)	1A	
o.d.e.x.(p)	1J	
theft ex.	1B	
parking ex.	1C	2,000
unnamed ex.	1D	2,000
yonug ex.	1E	5,000
inexp. ex.	1F	5,000
o.d. e.x. (c-china)	1G	
o.d. e.x. (p-china)	1M	
theft ex. (china)	1H	
tppd ex.	2A	
clauses		

1. 該車用途為何
 For what purpose will the vehicle be used?
 2. 如汽車是「分期付款」法買入請填寫有關公司之名稱
 If the vehicle is being acquired under a Hire Purchase Agreement please state the name of the interested company

3. 投保汽車資料 PARTICULARS OF VEHICLE TO BE INSURED

車牌號碼 Registered number	車名/機器號碼及底盤號碼 Make/Engine No. and chassis No.	車身款式 Type of Body	汽缸容積 Cubic capacity	何年製造 Year of Manufacture	載重噸位(如屬貨車者) Goods carrying capacity	座位乘客限額(司機除外) Seating Capacity (Excluding driver)	價值若干 Proposer's estimate of Present value including accessories

4. 請註明欲保何種險 綜合險 綜合險附加廣東省內汽車自身損毀 第三者責任險
 Please state the type of cover required Comprehensive Comprehensive extends to cover Own Damage in Guangdong Province Third Party only
 閣下是否需要本公司發出暫保單? 是 Yes 否 No

5. 投保人或其他駕駛此車之人士
 NAME DRIVERS: i.e. The Insured or any other person named to drive the vehicle.

姓名 NAME	關係 Relationship	駕駛牌照號碼 Driving Licence Number	年齡 Age	駕駛年數 Driving Experience
A.				
B.				
C.				
D.				

6. 以前曾否遭受任何保險公司拒絕閣下投保、續保或取消閣下之保單?
 Have any previous Insurers ever declined to accept your proposal, refused to renew or cancelled your policy? 是 Yes 否 No
 如是，請述詳情 If so, please give particulars
 7. 過去五年內，閣下或任何將會駕駛該投保車輛者可曾被判任何觸犯交通條例而被扣分?
 Have you or any person who will drive the vehicle been convicted of any traffic offence that involving deduction of driving offence points during the last five years? 是 Yes 否 No
 如是，請述詳情 If so, please give particulars
 8. 閣下是否獨自擁有該投保車輛?
 Are you the sole owner of the vehicle? 是 Yes 否 No
 如否，請述詳情 If no, please give particulars
 9. 司機眼耳或其他器官有殘缺否?
 Do you or any person who to your knowledge will drive suffer from defective vision or hearing or from any physical infirmity? 是 Yes 否 No
 如是，請述詳情 If so, please give particulars
 10. 閣下以往三年內曾否遇事要求賠償?
 Have you ever made any claim for the last 3 years under Motor Insurance Policy? 是 Yes 否 No
 如是，請述詳情 If so, please give particulars
 11. 如閣下享有“從未賠償”之折扣，請附續保通知書?
 Are you entitled to a "No Claim Discount" from your last Insurer? If so, please attach Renewal Notice

聲明 DECLARATION

投保人茲聲明上述各節，均屬確實無訛。又所答各項，如非本人親筆而假手別人者，皆係本人授權代答。余並聲明上述之汽車係良好狀況，及保證凡屬被保險公司拒絕受保，或拒絕續保人將不任其駕駛本人上述之車輛。余並同意接受中銀集團保險有限公司根據本人上述各項及聲明發給該公司之汽車保險單，並無異言，合併聲明。
 I/WE HEREBY DECLARE that all the above Statements and Particulars are true and I/we further declare that if any of such particulars and answers are not in my/our writing the person or persons filling in such particulars and answers shall be deemed to be my/our agent for that purpose. I/We further declare that the Car (or Cars) above referred to is (or are) in good condition and undertake that the car (or cars) to be insured shall not be driven by any person who to my/our knowledge has been refused and Motor Vehicle Insurance or continuance thereof. I/We hereby agree that this Proposal and Declaration shall be the basis of and be considered as incorporated in the Policy to be issued hereunder which in the ordinary form used by the BANK OF CHINA GROUP INSURANCE COMPANY LTD. for this class of insurance I/we agree to accept.

本人明白，貴公司向客戶收集的個人資料，是為提供保險業務所需，並可能使用於下列目的：
 - 任何與提供保險產品或有關服務或該等產品或服務有關的更改、變更、取消或續期用途；
 - 任何索償或索償分析；及
 可能轉移予：
 - 現存或不時成立的任何有關公司，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，或任何保險公司的協會或聯會。
 I understand that the personal information collected by the Company is to enable the Company to carry on insurance business and may be used for the purpose of:
 - providing any insurance products or related services or making any relevant alterations, amendments, cancellations or renewals of the said products or services;
 - any claim or analysis of it; and
 may be transferred to:
 - any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time.

日期 DATE

覆核人	經辦人
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投保人簽名 SIGNATURE OF PROPOSER

除發給正式按保單外本公司在未接納此投保書及在未收到保費之前概不負責任何責任
 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 Covering Note issued by the Company.