

Driver Information Update

This form is forming part of the renewal notice, please update the information and return together with the renewal notice for the coming renewal.

Name of Insured _____

Policy Number _____

	Insured	Regular Driver 2	Regular Driver 3 *	Regular Driver 4 *
Driver's Name (in full):	As stated in the policy			
Occupation:				
Date of Birth:				
Sex:	Male / Female	Male / Female	Male / Female	Male / Female
Type of Driving Licence:				
Date Passed Driving Test:				
No. of years driving in Hong Kong:	Year	Year	Year	Year
No. of years driving in elsewhere Please state:	Year	Year	Year	Year
Driving-offence points being deducted in the past 2 years:	points	points	points	points

* For every driver in excess of two, an additional premium of 10% is charged (for Comprehensive Cover only).

Declaration:

- I/We declare that the drivers declared above have not been refused or discontinued of motor insurance by the Company or by any other insurance companies.
- I/We agree that the above information and Declaration shall be the basis of the contract between me/us and the Insurers and shall be deemed to be incorporated in the renewal notice as for the renewal thereof which may be agreed, subject to the terms and conditions of the policy issued by the Insurers. If any answer has been written by any other person such person shall for that purpose be deemed to be my/our agent and not the agents of the Insurers.
- I/We hereby declare and agree that any personal information in the above or otherwise obtained is provided by me/us and may be held, used and disclosed to enable the Company to carry on insurance & financial services business; and may be transferred to any individuals, related companies, any other organizations, any independent third party and other service providers for the purpose of (i) processing this application and providing subsequent services for this or other products and services, and or (ii) direct marketing, and/or (iii) data matching, and/or (iv) communication with me/us for such purposes.
- I/We understand that I/we have the right to obtain access and request correction of any personal information concerning myself / ourselves held by the Company. Request for such access can be made to the Data Protection Officer of the Company.

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Signature & Company Chop (if applicable)

Date:

申報/更新駕駛者資料

此表格乃屬於續保通知書的一部份，請填妥有關資料並連同續保通知書一併交回以作為續保之根據。

受保人姓名 _____ 保單號碼 _____

	受保人	主要駕駛者二	主要駕駛者三 *	主要駕駛者四 *
駕駛者姓名(全名)	已列明於保單內			
職業				
出生日期				
性別	男/女	男/女	男/女	男/女
駕駛牌照類別				
考試合格日期				
駕駛年數(香港)	年	年	年	年
駕駛年數(外地) 請註明	年	年	年	年
最近二年內因違例駕駛而被扣去的分數	分數	分數	分數	分數

* 超過兩名駕駛者，每位加收保費百份之拾(只適用於綜合險)。

聲明:

- 本人/余等謹聲明以上申報之駕駛者不曾被貴公司或其他保險公司拒絕提供汽車保險。
- 本人/余等謹承認以上資料為本人/余等與貴公司作為此保險契約續約之根據，並願意接受保單上所刊載一切條款。若以上資料有經由他人代寫均屬已經本人認可及授權。
- 本人/余等同意一切由貴公司在以上資料或以其他方式獲取而所收集或持有本人/余等的個人資料均由本人/余等提供，並可由貴公司持有、使用及披露作其保險及金融服務業務上所需，並可能轉予任何個人、與貴公司關連公司、其他的組織、其他獨立第三者及其他服務提供者(i)能夠處理本人/余等此項申請及提供與此項申請或其他產品有關之服務，(ii)用作直銷，(iii)用作資料配合，並(iv)就任何事宜與本人/余等聯絡，直至本人/余等作出書面指示為止。
- 本人/余等明白本人/余等有權查閱及要求更正由貴公司持有有關本人/余等的個人資料，如有此項要求，可向貴公司的資料保護主任提出。

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簽署及公司蓋章 (如適用)

日期：