



CHINA MERCHANTS INSURANCE COMPANY LIMITED

招商局保險有限公司

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MOTOR VEHICLE INSURANCE PROPOSAL FORM

汽車保險投保書

請以英文正楷填寫，並在適當的空格內填上“✓”號 Please complete the form in block capitals and tick “✓” the appropriate boxes.

PARTICULARS OF PROPOSER 投保人資料	
Name of Proposer 投保人姓名	
HKID Card No. 香港身份證號碼	Date of Birth 出生日期
Occupation / Nature of Business 職業 / 業務性質	
Correspondence Address 通訊地址	
Contact No. 聯絡電話	E-mail Address 電郵地址

COVERAGE DETAILS 投保資料		
Insurance Cover Required 投保項目	<input type="checkbox"/> 第三者責任保險 Third Party Legal Liabilities <input type="checkbox"/> 綜合保險 Comprehensive	Geographical Extension 擴展保障區域(如適用)
Sum Insured (Estimated Vehicle Value including Accessories) 綜合保險投保額(汽車連配件之現時估價)		
Hire Purchase Owner (if any) 按揭公司名稱(如適用)		
Period of Insurance 保單生效日期	From 由	For One Year 保障期為一年

PARTICULARS OF VEHICLE 投保汽車之資料					
Registration Mark 車輛登記號碼	Vehicle Make & Model 車輛製造商及型號	Year of Manufacture 製造年份	Type of Body (Door) 車身類型 (門)	Cylinder Capacity (c.c.) 汽缸容量 (c.c.)	Seating Capacity (excl. Driver) 座位數量(司機除外)
Chassis Number 車身底盤號碼	Engine Number 引擎號碼	Gross Vehicle Weight 車輛總重	Usual Parking Place of the Vehicle 投保汽車通常停泊處		

PLEASE ANSWER THE FOLLOWING QUESTIONS 請回答以下問題	
Is the vehicle fitted with an anti-theft device? 該車是否有裝置防盜系統? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	If Yes , please declare Make & Model of the device and attach a copy of receipt. 如「是」, 請列明牌子及型號並附上收據副本。
Is there any stereo/electronic system or accessories installed other than Manufacturer's standard equipments? 該車是否有加設原廠標準以外之音響或器材? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	If Yes , please provide Make, Model and value of the system. 如「是」, 請列明其製造商、型號及價值。
Has the vehicle been modified from standard specification? 該車是否經過改裝? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	If Yes , please provide details. 如「是」, 請詳細說明。
In addition to social, domestic, pleasure uses and by the proposer for business purposes, will the vehicle be used for the carriage of passengers or goods for hire & reward, racing, for any purpose in connection with the motor trade or driving instruction purposes? 該車除作為投保人日常私人及業務用途外, 是否會作租賃載客或載貨、賽車、銷售車輛有關或教授駕駛用途? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	If Yes , please provide details. 如「是」, 請詳細說明。

PARTICULARS OF NAMED DRIVER(S) 指定駕駛者資料				
Full Name of Named Driver(s) 駕駛者姓名	Date of Birth 出生日期	Occupation 職業	Years of Driving Experience in Hong Kong 香港駕駛經驗年期	Relationship with Proposer 與投保人關係
				Proposer 投保人

PLEASE ANSWER THE FOLLOWING QUESTIONS 請回答以下問題							
Have you or any of the Named Drivers or drivers 閣下或其他指定司機或駕駛者	If any answer is Yes+ , please provide details. 如任何答案為「是」，請詳細說明。						
(a) been involved in any motor accident or loss in the last 3 years? 在過去 3 年內，是否曾遭遇任何交通意外或蒙受損失? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否							
(b) been convicted of any driving offence or had any prosecution pending in the last 3 years? 在過去 3 年內，是否曾被扣駕駛分數或觸犯交通條例而被判罰或正待檢控? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否							
(c) been disqualified from driving? 是否曾被罰停牌? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否							
(d) had defective vision or hearing, or suffer from diabetes or heart complication, or any other physical or mental infirmity? 是否患有視力或聽覺不健全、糖尿病、心臟病或其他身體或精神缺陷? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否							
(e) been declined, cancelled or refused to renew any motor insurance or had any special terms / conditions imposed by any insurance company? 是否曾被保險公司拒絕受保、取消或拒絕續保任何汽車保險，或投保時須接受任何特別條款? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否							
PARTICULARS OF "NO CLAIM DISCOUNT" FROM PREVIOUS INSURANCE 已往汽車保險「無賠償折扣」資料							
Are you entitled to any No Claim Discount (NCD)? 閣下是否享有「無賠償折扣」? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	If Yes+ , please give details as follows: 如「是」，請提供以下資料：						
	<table border="1"> <tr> <td>Name of Present Motor Insurer 現時保險公司名稱</td> <td>Policy Number 保單號碼</td> </tr> <tr> <td>Expiry Date 保單期滿日</td> <td>Registration Mark 車輛登記號碼</td> </tr> <tr> <td></td> <td>NCD 「無賠償折扣」 %</td> </tr> </table>	Name of Present Motor Insurer 現時保險公司名稱	Policy Number 保單號碼	Expiry Date 保單期滿日	Registration Mark 車輛登記號碼		NCD 「無賠償折扣」 %
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	NCD 「無賠償折扣」 %						
Have you ever made a claim under any motor vehicle insurance policy? 是否曾向保險公司提出任何有關汽車保險的索償? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	If Yes+ , please provide details and the amount of claim. 如「是」，請詳細說明並提供索償金額數目。						

DECLARATION & AUTHORISATION 聲明及授權
<p>I/We desire to insure with China Merchants Insurance Company Limited (the Company) in respect of the Motor Vehicle Insurance as detailed herein and hereby declare that:</p> <ul style="list-style-type: none"> the Vehicle is in good and roadworthy condition; the Vehicle must not be driven by any person who to my/our knowledge does not hold a full valid driving licence or has been disqualified from holding such driving licence; the particulars given in this Proposal are true and nothing materially affecting the insurance risk has been concealed by me/us; if any particulars or answers in this Proposal are not in my/our hand-writing, the person(s) filling in such particulars and answers shall be deemed to be my/our representative for such purpose; I/We understand that the insurance cover will not be effective unless this Proposal has been formally accepted by the Company, and I/We hereby agree that this Proposal and Declaration shall be incorporated in and taken as the basis of the purposed contract between me/us and the Company. <p>本人/本公司擬向招商局保險有限公司(招商保險)投保上述汽車保險並謹此聲明如下:</p> <ul style="list-style-type: none"> 投保汽車性能良好及宜於道路行駛; 投保汽車將不會給予非持有有效駕駛執照或已被吊銷駕駛執照之人士駕駛; 此投保書內所述各項資料全屬實情,本人/本公司並無隱瞞事實或虛構; 此投保書內所述各項資料或答題如非投保人親筆作答,填寫此表格者會視為本人/本公司之代理人論,其內容皆屬本人授意代答; 本人/本公司明白此投保項目必須經招商保險批核,方可生效; 及 本人/本公司同意此投保書及聲明將作為本人/本公司與招商保險訂立契約之根據。

PERSONAL INFORMATION COLLECTION STATEMENT 個人資料聲明
<p>The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of :</p> <ul style="list-style-type: none"> 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; exercising any right of subrogation; and <p>may be transferred to :</p> <ul style="list-style-type: none"> 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 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 member(s) of the "Federation" by the "Federation" for any of the above or related purposes. <p>Moreover, China Merchants Insurance Company Limited is hereby authorised to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry.</p> <p>You have the right to obtain access to and to request correction of any personal information concerning yourself held by China Merchants Insurance Company Limited. Requests for such access can be made to the Data Protection Officer of China Merchants Insurance Company Limited.</p> <p>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：</p> <ul style="list-style-type: none"> 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； 行使任何代位權；及 <p>可能移轉予：</p> <ul style="list-style-type: none"> 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，或以便「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」移轉予任何「聯會」的會員，以達到任何上述或有關目的。 <p>此外，在此授權招商局保險有限公司由「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。</p> <p>閣下有權查閱及要求更正由招商局保險有限公司持有有關閣下的個人資料，如有需要，可向招商局保險有限公司資料保護主任提出。</p>

Signature of Proposer
投保人簽署

Date
日期