

### MOTOR INSURANCE - PROPOSAL FORM 汽車保險 - 投保書

(Please complete in BLOCK Letters 請以英文正楷填寫)

1. Information of Proposer 投保人資料															
Full Name/Company Name (Name in which vehicle is registered) 姓名/公司名稱 (須與汽車牌照上相同)					HKID Card No./BR No. 香港身份證號碼/商業登記號碼										
Occupation 職業 <input type="checkbox"/> Transportation 運輸: <input type="checkbox"/> Seafood 海產 <input type="checkbox"/> Vegetables 蔬果 <input type="checkbox"/> Recycle 回收物料 <input type="checkbox"/> Poultry 禽畜 <input type="checkbox"/> Other 其他 Please state the details 請列明: _____ <input type="checkbox"/> Non-Transportation 非運輸 Please state the details 請列明: _____					Correspondence Address 通訊地址										
Contact No. 聯絡電話號碼				Email Address 電郵地址											
2. Information of Vehicle 車輛資料															
Registration Mark 車牌號碼		Make & Model 汽車名稱及類型			Chassis No. 底盤號碼		Type of Body 車型								
Year of Manufacture 製造年份		Cylinder Capacity / Carrying Tonnage 汽缸容量/載重噸數			Engine No. 引擎號碼		Seating Capacity (Excl. Driver) 座位數量 (不包括司機)								
(a)	Has the vehicle been modified or altered from the maker's standard specification? If "Yes", please state the details. 上述車輛是否經過改裝? 如“是”, 請說明所有改裝細節。							Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>						
(b)	Is there any additional AV system or other equipment installed in the above vehicle? If "Yes", please state the details and values. 上述車輛是否安裝附加的影音系統或其他附件? 如“是”, 請詳細說明及列出價值。							Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>						
(c)	Is the above vehicle fitted with an anti-theft device? If "Yes", please state the brand and model. 上述車輛是否設有防盜裝置? 如“是”, 請列明牌子及型號。							Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>						
(d)	Is the above vehicle under any hire purchase agreement? If "Yes", please state the name of the hire purchase owner. 上述車輛是否用分期付款方法購買? 如“是”, 請列明該財務公司名稱。							Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>						
3. Use of Insured Vehicle 車輛用途															
Will the above vehicle be used for: 上述車輛是否用作以下用途:															
(a)	Business purposes by yourself/your spouse? 業務用途, 並由自己/配偶駕駛?							Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>						
(b)	Business purposes by any other person? 業務用途, 並由他人駕駛?							Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>						
(c)	The carriage of passengers or goods for hire or reward? 租賃載客/貨用途?							Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>						
(d)	Driving instruction purposes? 教授駕駛用途?							Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>						
(e)	Any purpose in connection with the motor trade? 與銷售車輛有關用途?							Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>						
4. Information of Driver(s) 駕駛者資料															
Please provide details of the Proposer and any other persons who may drive the vehicle as below. 請於下表詳述投保人及其他駕駛者資料。															
				Main Driver 1 主要駕駛者 1		Main Driver 2 主要駕駛者 2		Main Driver 3 主要駕駛者 3		Main Driver 4 主要駕駛者 4					
Full Name 姓名															
Date of Birth 出生日期 (DD 日/MM 月/YYYY 年)				/ /		/ /		/ /		/ /					
Gender 性別				Male 男 / Female 女		Male 男 / Female 女		Male 男 / Female 女		Male 男 / Female 女					
Relationship with Proposer 與投保人關係															
Occupation 職業															
Driving Licence - Vehicle Licence Codes 駕駛執照 - 車輛類別代號															
No. of Year Driving in Hong Kong 駕駛年數															
No. of Year Driving elsewhere, please state. 駕駛年數(外地), 請註明。															
5. Driving Experience 駕駛經驗:															
(a)	Have a valid driving licence issued by the Government of HKSAR for less than 2 years or are under 25 years of age? 持有由香港特別行政區政府所簽發之有效駕駛執照不足兩年或年齡不足二十五歲?							Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
(b)	Have incurred any driving-offence point in connection with the use of a motor vehicle during the past 3 years or are there any police enquiries or prosecutions pending? 最近三年曾被扣駕駛分數或正接受警方調查或被控訴?							Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
(c)	Suffer from defective vision or hearing or from any physical or mental infirmity? 有不健全之視覺或其他身體殘障?							Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
(d)	Have had any motor insurance refused? 曾有保險公司拒絕受保汽車保險?							Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
(e)	Have had any accident, loss or claim in connection with the use of a motor vehicle during the past 3 years? 曾在最近三年駕車遇事或要求賠償?							Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
If "Yes", please state the details. 如“是”, 請詳細說明。															

6. Type of Cover 投保類別								
<input type="checkbox"/> Comprehensive Cover 綜合保障 Insured Value (Include Accessories) 投保金額(包括汽車附件) <u>HK\$ 港幣</u>	Effective Date 生效日期 / / DD 日 MM 月 YYYY 年							
<input type="checkbox"/> Plus Guangdong - Own Damage Cover 附加廣東省內之車身損毀保障								
<input type="checkbox"/> Third Party Liability Cover 第三者責任保障								
<b>COVER WILL NOT OPERATE UNTIL A COVER NOTE OR CERTIFICATE OF INSURANCE HAS BEEN ISSUED.</b> <b>保險須於臨時保單或保險證明書發出後始生效。</b>								
7. Insurance History & Claim Record 以往保險及索償記錄								
(a) Are you or have you ever been insured in respect of any motor vehicle? If "Yes", please state the name of last insurer: 閣下現在/曾否有車輛在其他保險公司受保? 如“是”,請列明最後投保保險公司名稱:	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>						
(b) How many consecutive years do you have no claim record with your previous insurer(s)? 閣下與過往各保險公司投保連續多少年沒有索償紀錄?								
	<table border="1" style="width: 100%;"> <tr> <th style="width: 33%;">No. of consecutive years 連續年數</th> <th style="width: 33%;">Last Vehicle Registration No. 最後車牌號碼</th> <th style="width: 33%;">Last Policy No. 最後保單號碼</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	No. of consecutive years 連續年數	Last Vehicle Registration No. 最後車牌號碼	Last Policy No. 最後保單號碼				
No. of consecutive years 連續年數	Last Vehicle Registration No. 最後車牌號碼	Last Policy No. 最後保單號碼						
8. Declaration 聲明								
1. I/We declare my/our presence in Hong Kong at the time of application. 本人/吾等聲明本人/吾等申請此保險時身處香港。 2. I/We hereby declare that the information given above is true and correct to the best of my/our knowledge and believe that all material facts affecting the assessment of this application have been disclosed. I/we understand that this application will not become effective until this Proposal Form has been accepted by Dah Sing Insurance Company (1976) Limited ("the Company") and agree that this Proposal Form should be the basis of the contract between me/us and the Company. 本人/吾等聲明在本投保書內所填報的資料均盡本人/吾等所知為屬實及正確,並確信已披露所有足以影響評估本申請的重要事項。本人/吾等明白本投保書被大新保險(1976)有限公司(以下簡稱「貴公司」或「本公司」)接納後,本申請方始生效並同意本投保書作為本人/吾等與貴公司之間的合約基礎。 3. I/we understand I/we shall refer to the policy document of this Plan for details of the insurance coverage, exclusion clauses and terms and conditions, and I/we have read the related policy document. 本人/吾等明白所有保障項目、不承保事項、條款及細則概以此計劃保單為準,並聲明已細閱有關保單文件。 4. With regard to the Collection of Personal Information:有關個人資料的收集,								
A. I/we agree that all personal data about me/us collected by the Company may be used to: 本人/吾等同意貴公司所收集的所有有關本人/吾等的個人資料可作下列用途:								
(a) process and evaluate this and future insurance applications; 處理及評核此保險申請及未來的保險申請; (b) set up and administer insurance product(s); 設立及管理保險產品; (c) administer and investigate insurance claims; and 管理及調查保險申索; 及 (d) comply with applicable laws, 為遵守適用的法例,								
and for other purposes which related to the above purposes. 及與上述用途相關的其它用途								
B. I/we agree that the Company may: 本人/吾等同意貴公司可:								
(a) use my/our contact details, demographic information and policy details; and 使用本人/吾等的聯絡資料、基本個人資料及保單資料, 及 (b) provide my/our contact details, demographic information and policy details to other Dah Sing group companies, 向其他大新集團旗下公司提供本人/吾等的聯絡資料、基本個人資料及保單資料,								
to contact me/us with marketing communications by mail, email, SMS and telephone about insurance and financial products and loyalty and rewards programmes. 以郵寄、電郵、短信及電話方式聯絡本人/吾等作為有關保險、金融產品、及客戶忠誠獎勵計劃的市場推廣用途。 If you do not want to receive marketing communications from the Company, please "✓" this box <input type="checkbox"/> 如閣下不願收取本公司的市場推廣資訊,請在方格內劃上“✓” <input type="checkbox"/>								
If you do not want to receive marketing communications from other Dah Sing group companies, please "✓" this box <input type="checkbox"/> 如閣下不願收取其他大新集團旗下公司的市場推廣資訊,請在方格內劃上“✓” <input type="checkbox"/>								
C. I/we agree that all personal data about me/us collected by the Company may be disclosed to and used by: 本人/吾等同意所有貴公司所收集有關本人/吾等的個人資料可披露予以下各方及供以下各方使用:								
(a) any related company of the Company; 任何與貴公司有連繫的公司; (b) any contractor or advisor who provides administrative or other services to the Company or its related companies; 任何向貴公司或其有連繫公司提供行政或其他服務的承辦商及顧問; 及 (c) the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; 香港保險業聯會(或任何相似的保險公司團體)及其會員; (d) reinsurers; 再保險商; (e) my/our insurance broker (if any); and 本人/吾等的保險經紀人(如有); 及 (f) any regulator or authority as required or permitted by law. 任何法定的監督或管理機構。								
D. I/we agree that all personal data about me/us collected by the Company may be held and disclosed within or outside Hong Kong. 本人/吾等同意所有貴公司所收集有關本人/吾等的個人資料可在香港或香港以外地區持有及披露。								
E. I/we understand that providing the personal data requested on this form is mandatory, and failure to provide all the requested data may mean the Company is unable to process my/our application. 本人/吾等明白提供本投保書上要求的個人資料是必需的,未能提供所需資料可導致貴公司不能處理本人/吾等的申請。								
F. I/we understand that I/we have the right to seek access to and to request correction of any personal data about me/us held by the Company by writing to the Data Privacy Officer of the Company at 20/F Island Place Tower, 510 King's Road, North Point, Hong Kong. 本人/吾等明白本人/吾等有權查閱及更正任何貴公司持有有關本人/吾等的個人資料,並以書面形式通知貴公司的資料私隱主任(地址為香港北角英皇道 510 號港運大廈 20 樓)。								
In the event of any discrepancy between the Chinese and English versions, the English version shall prevail 如中文及英文版之間有任何差異,一概以英文版為準。								
Signature of Proposer with Company Chop (If Applicable) 投保人簽署及公司蓋印(如適用者)		Date 日期						