

To Whom It May Concern 致相關人士

Authorization 授權書

I/ We _____ (Name of Insured) hereby authorize Dah Sing Insurance Company (1976) Limited to act on my/ our behalf in applying for and obtaining from my/ our previous Insurer my/ our Motor Claims Record.

本人/ 吾等 _____ (投保人名稱) 授權大新保險(1976) 有限公司代表本人/ 吾等向本人/ 吾等過往保險公司索取有關以往保險及索償記錄。

a) Name of last Insurer 以往保險公司名稱 _____

b) Number of consecutive years with no claim 連續年數沒有索償紀錄 _____

c) Vehicle registration number 車牌號碼 _____

d) Policy number 保單號碼 _____

Signature of Insured 投保人簽署:

Date 日期:

.....
Official Use

Date:

To: Motor Insurance Department

Tel:

Fax:

From: Dah Sing Insurance Company (1976) Limited

Tel:

Fax: 2232 5987

Policy Period (past 5 years if available)	No. of Reported Claims	Remarks (if any)

Authorized Signature