

### DRIVER DETAILS UPDATE FORM

(Please complete in BLOCK Letter)

1. Information of Policyholder												
Name of Policyholder					Registration Mark							
Policy No.					Effective Date     /     / DD     MM     YYYY							
2. Information of Driver(s)												
Please provide details of the Proposer and any other persons who may drive the vehicle as below. For more than 2 named drivers, an additional premium of 10% will be charged for each additional driver. (for Comprehensive cover only)												
					Main Driver 1		Main Driver 2		Main Driver 3		Main Driver 4	
Full Name												
Date of Birth (DD/MM/YYYY)					/ /		/ /		/ /		/ /	
Gender					Male / Female		Male / Female		Male / Female		Male / Female	
Relationship with Proposer												
Occupation												
Driving Licence - Vehicle Licence Codes												
No. of Year Driving in Hong Kong												
No. of Year Driving Elsewhere, please state the details.												
Driving Experience:												
(a)	Have a valid driving licence issued by the Government of HKSAR for less than 2 years or are under 25 years of age?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <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?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c)	Suffer from defective vision or hearing or from any physical or mental infirmity?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(d)	Have had any motor insurance refused?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <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?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", please give details.												
3. Declaration												
1.	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.											
2.	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.											
3.	With regard to the Collection of Personal Information:											
A.	I/we agree that all personal data about me/us collected by the Company may be used to:											
	(a) process and evaluate this and future insurance applications;											
	(b) set up and administer insurance product(s);											
	(c) administer and investigate insurance claims; and											
	(d) comply with applicable laws,											
	and for other purposes which related to the above purposes.											
B.	I/We agree that the Company may:											
	(a) use my/our contact details, demographic information and policy details; and											
	(b) provide my/our contact details, demographic information and policy details to other Dah Sing group companies, to contact me/us with marketing communications by mail, email, SMS and telephone about insurance and financial products and loyalty and rewards programmes.											
	If you do not want to receive marketing communications from the Company, please "✓" this box <input type="checkbox"/>											
	If you do not want to receive marketing communications from other Dah Sing group companies, please "✓" this box <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:											
	(a) any related company of the Company;											
	(b) any contractor or advisor who provides administrative or other services to the Company or its related companies;											
	(c) the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;											
	(d) reinsurers;											
	(e) my/our insurance broker (if any); and											
	(f) any regulator or authority as required or permitted by law.											
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.											
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.											
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.											
											In the event of any discrepancy between the Chinese and English versions, the English version shall prevail.	
Signature of Policyholder with Company Chop (If Applicable)					Date							

## 駕駛者資料更新表格

(請以英文正楷填寫)

1. 保單持有人資料									
保單持有人名稱				車牌號碼					
保單號碼				生效日期 _____ / _____ / _____ 日 月 年					
2. 駕駛者資料									
請於下表詳述投保人及其他駕駛者資料。若超過 2 名駕駛者，每位加收保費 10%。(只適用於綜合保險)									
	主要駕駛者 1		主要駕駛者 2		主要駕駛者 3		主要駕駛者 4		
駕駛人姓名									
出生日期 (日/月/年)	/ /		/ /		/ /		/ /		
性別	男 / 女		男 / 女		男 / 女		男 / 女		
與投保人關係									
職業									
駕駛執照 - 車輛類別代號									
駕駛年數									
駕駛年數(外地)，請註明。									
駕駛經驗									
(a) 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?	是 <input type="checkbox"/>	否 <input type="checkbox"/>	是 <input type="checkbox"/>	否 <input type="checkbox"/>	是 <input type="checkbox"/>	否 <input type="checkbox"/>	是 <input type="checkbox"/>	否 <input type="checkbox"/>	是 <input type="checkbox"/>
(b) 最近三年曾被扣駕駛分數或正接受警方調查或被控訴?	是 <input type="checkbox"/>	否 <input type="checkbox"/>	是 <input type="checkbox"/>	否 <input type="checkbox"/>	是 <input type="checkbox"/>	否 <input type="checkbox"/>	是 <input type="checkbox"/>	否 <input type="checkbox"/>	是 <input type="checkbox"/>
(c) 有不健全之視覺或其他身體殘障?	是 <input type="checkbox"/>	否 <input type="checkbox"/>	是 <input type="checkbox"/>	否 <input type="checkbox"/>	是 <input type="checkbox"/>	否 <input type="checkbox"/>	是 <input type="checkbox"/>	否 <input type="checkbox"/>	是 <input type="checkbox"/>
(d) 曾有保險公司拒絕受保汽車保險?	是 <input type="checkbox"/>	否 <input type="checkbox"/>	是 <input type="checkbox"/>	否 <input type="checkbox"/>	是 <input type="checkbox"/>	否 <input type="checkbox"/>	是 <input type="checkbox"/>	否 <input type="checkbox"/>	是 <input type="checkbox"/>
(e) 曾在最近三年駕車遇事或要求賠償?	是 <input type="checkbox"/>	否 <input type="checkbox"/>	是 <input type="checkbox"/>	否 <input type="checkbox"/>	是 <input type="checkbox"/>	否 <input type="checkbox"/>	是 <input type="checkbox"/>	否 <input type="checkbox"/>	是 <input type="checkbox"/>
如“是”，請詳細說明。									
3. 聲明									
<p>1. 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。</p> <p>2. 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。</p> <p>3. 有關個人資料的收集，</p> <p>一. 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：</p> <p>(甲) 處理及評核此保險申請及未來的保險申請；</p> <p>(乙) 設立及管理保險產品；</p> <p>(丙) 管理及調查保險申索；及</p> <p>(丁) 為遵守適用的法例，及與上述用途相關的其它用途。</p> <p>二. 本人/吾等同意貴公司可：</p> <p>(甲) 使用本人/吾等的聯絡資料、基本個人資料及保單資料，及</p> <p>(乙) 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，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。</p> <p>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"/></p> <p>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"/></p> <p>三. 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：</p> <p>(甲) 任何與貴公司有連繫的公司；</p> <p>(乙) 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</p> <p>(丙) 香港保險業聯會(或任何相似的保險公司團體)及其會員；</p> <p>(丁) 再保險商；</p> <p>(戊) 本人/吾等的保險經紀人〔如有〕；及</p> <p>(己) 任何法定的監督或管理機構。</p> <p>四. 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。</p> <p>五. 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。</p> <p>六. 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)。</p> <p>如中文及英文版之間有任何差異，一概以英文版為準。</p>									
保單持有人簽署及公司蓋印 (如適用者)					日期				