



三聯保險

Trinity General Insurance

私家車保險投保書

Private Car Insurance Proposal Form

[記名司機保險單專用 For Named Driver Policy]

投保人資料 Particulars of the Proposer

投保人姓名 Proposer		
職業 Occupation	年齡 Age	駕駛經驗 Driving Experience
身份證/商業登記號碼 I.D.No./B.R.No.	手提電話 Mobile No.	
通訊地址 Correspondence Address		電話 Tel No.

投保項目 / 投保汽車資料

Type of Cover Required/Particulars of Vehicle to be Insured

車牌號碼 Vehicle No.	
廠名 Make	款式 Model
製造年份 Year of Manufacture	車身類型 Body Type
汽缸容量 Cylinder Capacity	乘客座位限額 Passengers Capacity
機件號碼 Engine No.	
車身底盤號碼 Chassis No.	
保險期限 Period of Insurance	由 from 至 to
<input type="checkbox"/> 第三者責任險 Third Party Liability Only	
<input type="checkbox"/> 綜合全險 Comprehensive	
車輛估值 * Estimate Value *	港元 HK\$.....
分期付款/租賃公司 H.P.Co./Lessor	
* 若受保汽車因損毀及損失而索償、本公司所提供之賠償額將限制於受保汽車損毀及損失時之合理市值 或 閣下所提供之車輛估值、以金額較低者為準。 * The amount payable in the event of loss or damage to the insured motor car is limited to its market value at the time of its loss/damage or the Estimate Value you select, whichever is the lower amount.	

記名司機資料 Particulars of the Named Driver(s)

1	姓名 Name		年齡 Age
	職業 Occupation	香港駕駛執照號碼 HK Driving Licence No.	駕駛經驗 Driving Experience 年 YY 月 MM
	姓名 Name		年齡 Age
2	職業 Occupation	香港駕駛執照號碼 HK Driving Licence No.	駕駛經驗 Driving Experience 年 YY 月 MM
	投保人或記名司機過往三年有否要求任何賠償/牽涉交通意外/被扣分? Has any claim made/ traffic accident involved/ driving offense convicted for the last 3 years by the Proposer / Named Driver(s)? <input type="checkbox"/> 否 NO <input type="checkbox"/> 有 YES [如“有”、請提供詳細資料。If “YES”, please gives details.]		
	此保險單並不承保由非記名司機駕駛此投保車輛時所發生之任何意外。 This insurance does not cover the driving of the insured vehicle by a person other than the “Named Driver” appearing in the schedule of policy.		

「從未賠償」折扣 No Claim Discount

<input type="checkbox"/>	無「從未賠償」之折扣 Without 'No Claim Discount'	
<input type="checkbox"/>	享有之「從未賠償」折扣為 Entitled to a 'No Claim Discount'	%
保險公司名稱 Name of Insurer 保單號碼 Policy No.		
車牌號碼 Vehicle No.		
過往十二個月，此投保汽車在投保人名下有否牽涉交通意外或賠償事宜? Has the Vehicle of your ownership involved in any traffic accident or any claim during the past twelve months? <input type="checkbox"/> 否 NO <input type="checkbox"/> 有 YES [如“有”，請提供詳細資料。If “YES”, please give details.]		

TGI Use	Terms	Initial
Agent Code	C/N Serial No.	Cover Note No.
		Remarks

特約代理商 / 經紀行 Authorized Agents / Brokers
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投保人聲明 Proposer's Declaration

本人/本公司謹聲明投保書內一切填報之資料皆真實無訛，更絕未作任何事實之隱瞞，一切有關估計承險事項均已提供，而投保之車輛亦屬完整宜於道路行駛。
 To the best of my/our knowledge and belief, I/we declare that (i) all particulars and statements in this Proposal are true and correct (ii) all material particulars affecting the assessment of the risk have been disclosed and (iii) the vehicle proposed for insurance is in a sound and roadworthy condition.

本人/本公司謹承認本投保書為本人/本公司與三聯保險有限公司訂立此保險契約及以後續約之根據，並願接受保單上所刊載一切條款，並同意上述資料及所答各項若有經由他人繕寫均屬已經本人/本公司認可及授權。
 I/We agree that all particulars and statement in this Proposal and the Declaration shall be the basis of the contract between me/us and Trinity General Insurance Company Limited and shall be deemed to be incorporated in such contract, and any renewal thereof which may be agreed, subject to the terms and conditions of the policy issued by the Company. If any particular or answer has been written by anyone other than myself/ourselves, such person shall for the purpose be deemed to be my/our agent and not the agent of the Company.

本人/本公司謹同意三聯保險有限公司將本人/本公司提供之資料作其相關保險業務之用；亦同意三聯保險有限公司運用所提供之資料作以下用途：(i) 任何有關保險服務，包括更改投保資料，取消保險單或續保等；(ii) 任何索償及其分析事宜；本人/本公司並同意三聯保險有限公司可能轉介投保資料至其關連公司、其他保險公司、再保險公司、或其他相關保險服務提供者如中介人、理賠服務、調查機構；或至保險業聯會或協會。
 I/We agree that the information provided to and held by the Company is collected to enable the Company to carry on insurance business and may be used for the purpose of (i) any insurance related product or service or any alteration, variation, cancellation, or renewal of them and (ii) any claim or analysis of it, and may be transferred to any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation or other service providers providing services relevant to insurance business or any association or federation of insurance companies.

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 投保人簽署 Signature of Proposer 日期 Date
 (請勿在空白投保書內簽署 Don't sign on a blank form)

請投保人保存向本公司提供之一切投保資料副本以作紀錄。
 The Proposer is requested to keep a record of all Information supplied for the purpose of this Proposal.

Trinity General Insurance Company Limited

三聯保險有限公司

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