



三聯保險

Trinity General Insurance

汽車保險投保書
Motor Insurance Proposal Form

投保人資料 Particulars of the Proposer

Form for proposer details including name, occupation, age, driving experience, ID number, mobile number, and correspondence address.

投保項目 / 投保汽車資料

Type of Cover Required/Particulars of Vehicle to be Insured

Form for vehicle details including type of cover (Private Car or Commercial Vehicle), vehicle number, make, model, year of manufacture, capacity, weight, engine number, chassis number, insurance period, and liability options.

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

Form for named driver details including name, age, occupation, HK Driving Licence No., and driving experience for up to two drivers.

「從未賠償」折扣 No Claim Discount

Form for No Claim Discount, including a table for discount percentages and a section for insurer name, policy number, and vehicle number.

Table with columns: TGI Use, Terms, Initial, Agent Code, C/N Serial No., Cover Note No., Remarks.

Form for Authorized Agents / Brokers, including a section for the name of the agent.

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。

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。

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；

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.

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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