

# TRINITY GENERAL INSURANCE COMPANY LIMITED

三 聯 保 險 有 限 公 司

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AGENT CODE
FAX NO.
CONTACT
DATE

## MOTOR INSURANCE QUOTATION REQUEST FORM 汽車保險報價表

### PARTICULARS OF THE PROPOSER 投保人資料

Proposer 投保人	Age 年齡	Driving Exp. (H.K.) 駕駛經驗 (香港)
Occupation (the related business must be specified especially for car selling and car service) 職業 (必須指明相關行業尤其涉及汽車服務或買賣者)		

### PARTICULARS OF VEHICLE TO BE INSURED 投保汽車資料

Make廠名 / Model款式 / C.C. 汽缸容量 / Year of Mfe. 製造年份 / Chassis No. 車身底盤號碼 / Type of Body 車身類型			
<input type="checkbox"/> Comprehensive 綜合保險	Estimated Value 投保額	HK\$ 港元.....	<input type="checkbox"/> Third Party 第三者責任險
NCD Entitled 從未賠償折扣	% from this vehicle / new owner / change of vehicle - the previous vehicle was % 由此汽車享有 / 新車主 / 轉車 - 以前之汽車為		

### PARTICULARS OF DRIVER(S) TO BE NAMED IN THE MOTOR INSURANCE POLICY 汽車保險單內之記名司機資料

Name 姓名	Occupation 職業	Relationship 關係	Age 年齡	Driving Exp. (HK) 駕駛經驗(香港)

Has any claim made/ traffic accident involved/ driving license disqualified/ driving offense convicted for the last 3 years by the Proposer / above Named Driver(s)?

投保人或上列之記名司機過往三年有否要求任何賠償/牽涉交通意外/停牌/ 被扣分?

NO 否     YES 有    [If answer "YES", please give details. 如答“有”, 請提供詳細資料.]

**This Quotation is valid for Seven (7) days from the date hereof only**  
**此報價單於發出日起計7天內有效**

## Q U O T A T I O N

COVERAGE PROVIDE	<input type="checkbox"/> COMPREHENSIVE	<input type="checkbox"/> THIRD PARTY ONLY
PREMIUM RATING		
EXCESS	SECTION (I)	SECTION (II)
	GENERAL _____	TPPD YOUNG _____
	THEFT _____	TPPD INEXPERIENCE _____
	PARKING _____	TPPD UNNAMED _____
	YOUNG _____	T P P D _____
	INEXPERIENCE _____	
UNNAMED _____		
MINIMUM PREMIUM <input type="checkbox"/>	NAMED DRIVER ONLY <input type="checkbox"/>	SURVEY FEE \$300.00 <input type="checkbox"/>
REMARK	Quotation No.	