

汽車保險投保書

MOTOR VEHICLE INSURANCE PROPOSAL FORM

投保人姓名 Proposer full name		先生 <input type="checkbox"/> 女士 <input type="checkbox"/> 公司 <input type="checkbox"/> Mr. Ms Company		電話 Telephone Number	職業 Occupation
地址 Address					
保險生效日期 Period of Insurance		由 From		至 To	
投保類別 Type of Cover		綜合保險 <input type="checkbox"/> Comprehensive		第三者保險 <input type="checkbox"/> Third Party Only	
投保汽車資料 PARTICULARS OF VEHICLE TO BE INSURED					
汽車登記號碼 Registration number	汽車牌子 Make	型號 Model	座位數目(司機除外) Seating Capacity (excluding Driver)	汽車容量(c.c.) Cylinder Capacity	車輛總重量 Gross Vehicle Weight
引擎號碼 Engine Number	底盤號碼 Chassis Number	車身類型 Type of Body	製造年份 Year of Manufacture	車門數量 No. of Door	購買日期 Date when purchased
投保汽車通常停泊處 Usual parking places of the Motor Vehicle			汽車市值估計，包括附件及備件 Estimated Vehicle Value incl. accessories and spare parts whilst thereon HK\$		
除固定零件外如有加裝附件，請列明價值 Please list all additional accessories and provide breakdown of the cost					
加裝附件 Additional Accessories			價值 Value (HK\$)		
閣下的汽車有否裝置任何防盜設備？如“有”請註明牌子及型號 Has a theft alarm system been installed in the vehicle? If Yes please state make and model					
投保汽車有否曾作任何形式的改裝或修飾？如“有”請詳述之 Has the vehicle been modified in any way? If Yes please specify					
閣下是否此汽車的車主？如“否”請詳述之 Are you the owner of the vehicle? If No please give full details					
閣下的汽車是否用分期付款方法購入？(本公司會多提供一份保單以便閣下轉交按揭公司) 若“是”請註明按揭公司名稱及按揭檔案編號 Is the Vehicle under a hire purchase agreement? (an extra copy of the policy will be sent to you for forwarding to your hire purchase company). If Yes please state the name of the hire purchase company and your hire purchase reference number					
汽車用途 USE OF VEHICLE					
車輛類別 <input type="checkbox"/> 私家車 Private Vehicle <input type="checkbox"/> 客貨車 Goods Carrying Vehicle					
Class of Motor <input type="checkbox"/> 商用車 Commercial Vehicle 其他，請列明 Others, please specify : _____					
上述投保汽車是否需要於中國境內行駛？如“是”請註明車輛於國內行走之地區範圍 Is the above vehicle required to be driven within P.R.C.? If Yes please state the geographical area					
投保汽車有否接載乘客或貨物而作租用或牟利用途？如“有”請詳述之 Will passengers or goods be carried for hire or reward? If Yes please give full details					
駕駛者資料 PARTICULARS OF NAMED DRIVERS					
請列明所有將會駕駛此車人仕之個人資料 Please state below all persons who will drive the vehicle					
駕駛人姓名 Names of Drivers	出生日期(日/月/年) Date of Birth (D/M/Y)	駕駛執照編號 Driving License Number	駕駛年資 Driving Experience	職業 Occupation	
注意：私家車綜合保險之基本保費只包括兩名記名駕駛人。在繳付額外保費情況下保單可增加至四名記名駕駛人。 Note: The basic premium for a private car comprehensive policy accounts for 2 named drivers. The policy may be extended to include upto 2 additional named drivers on payment of an additional premium.					

以上列名的駕駛者有否在過去三(3)年內觸犯任何交通條例? 違例泊車除外。 如有此記錄者, 請詳述之 Have any of the above drivers been convicted of any driving offence in the last three (3) years? Other than parking. If Yes please give full details		
以上列名的駕駛者, 有否在過去三(3)年內發生汽車意外或向保險公司作出索償? 如有此記錄者, 請詳述之 Have any of the above drivers involved an accident or made a motor claim in the last three (3) years? If Yes please give full details		
以上列名的駕駛者, 曾否被保險公司拒絕續保、取消未到期之保險、或附加特別之強制條款於保單內? 如有, 請詳述之 Have any of the above drivers to your knowledge may drive the Motor Vehicle been declined such application, or been refused renewal, or been terminated such insurance, or been imposed special terms on your/his/her policy by any insurance company? If Yes please give full details		
無索償折扣記錄 NO CLAIM DISCOUNT		
請注明在前次承保的保險公司所享有的「無索償折扣」優惠 Please state entitlement of No Claim Discount from previous Insurer	汽車登記號碼 Registration number	%
請附上「無索償折扣」優惠證明文件, 即續保通知書或提供有關資料 Please attach a copy of your renewal notice or provide the name of your previous insurer and the policy number	承保之保險公司名稱 Name of Previous insurer	保單號碼 Policy number
聲明 DECLARATION		
<p>1. 本人/我們謹聲明上列各節均屬無訛, 更絕未隱瞞任何事實, 而投保車輛亦屬完整及宜於道路上行駛及本投保車輛並未作出任何改裝或改變以增加車輛之性能。 I/We declare that to the best of my/our knowledge and belief that the foregoing answers are true; the vehicle is in a sound and roadworthy condition; the vehicle has not been modified nor altered in any way to improve performance.</p> <p>2. 本人/我們謹同意此車輛將不交由任何曾被拒受保險之駕駛人駕駛。 I/We undertake that the vehicle to be insured shall not be driven by any person who to my/our knowledge has been refused insurance or continuance thereof.</p> <p>3. 本人/我們同意本投保書為本人/我們與貴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, 並同意上文各項若非本人/我們親筆填寫而由別人代筆均屬已經得本人/我們認可及授權。 I/We agree that this Proposal and Declaration shall be the basis of the contract between me/us and the Insurers 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 Insurers. If any answer has been written by anyone other than myself/ourselves, such person shall for that purpose be deemed to be my/our agent and not the agent of the Insurers.</p> <p>4. 本人/我們授權中國太平洋保險(香港)有限公司及其代理收取本人的個人資料作為申請此保險之用。 I/We authorize China Pacific Insurance Co.,(H.K.) Ltd. (CPIC) and its agent to collect and use my/our personal data for the purpose of application for this insurance.</p> <p>收集個人資料聲明 閣下提供的資料, 為本公司提供保險業務所需, 並可能使用於下列目的:</p> <ul style="list-style-type: none"> 任何與保險或財務有關的產品或服務或該等產品或服務的任何更改、變更、取消或續期 任何索償或索償分析及可能轉移予現存或不時成立的任何有關的公司或任何其他從事與保險或再保險業務有關的公司或與保險業務有關的中介人或索償或調查或其他服務提供者或任何保險公司的協會或聯會。 <p>閣下有權查閱及要求更正由中國太平洋保險(香港)有限公司持有有關閣下的個人資料, 如有此項要求, 可向本公司的個人資料(私隱)條例監察主任提出。聯絡電話: (852) 2541 4338 或 電郵至 enquiry@cpic.com.hk</p> <p>Personal Data Collection Statement The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of</p> <ul style="list-style-type: none"> Any insurance or financial related product or service or any alternations, variations, cancellation or renewal of them. Any claim or analysis of it And may be transferred to any related business partners, companies carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time. <p>You have the right to obtain access to and to request correction of any personal information concerning yourself held by CPIC. Requests for such access can be made to our Personal Data (Privacy) Ordinance Compliance Officer accordingly. Telephone : (852) 2541 4338 or E-mail : enquiry@cpic.c</p>		
<p>本人/我們茲聲明上述各項均屬確實並同意本投保書作為雙方訂立契約之根據 I/We hereby declare that all the particulars of this proposal are true, and I/We agree that this proposal shall be the basis of Contract between myself/ourselves and China Pacific Insurance Co.,(H.K.) Ltd</p> <p>投保人簽署及公司蓋章 Proposer's Signature with Co. Chop (if Applicable) _____ 日期 Date _____</p>		

注意: 請閣下隨投保書附上汽車登記文件及所有駕駛者執照副本。

N.B. Please provide us with copies of the Vehicle Registration Document, the Driving Licenses of all Drivers

Official Use only	Agent Code		G. P.	
	Client Code		N. P.	
	Account Handler		A. C.	
	Remark		D. C.	