

MOTOR VEHICLE INSURANCE PROPOSAL FORM 汽車投保書

Operative Insurance Cover Required 投保項目：
 Comprehensive 綜合保險 Third Party Legal Liabilities 第三者責任保險

Is insurance cover (damage to the Motor Vehicle only) required for driving in Guangdong Province?
 是否附加保障至“中國廣東省”境內（只限投保車輛之損毀或損失）？ Yes 是 No 否

Period of Insurance 投保期間： From 由 _____ To 至 _____

Particulars of Proposer 投保人資料：

Insured/Proposer/Company Name 投保人： Mr/Mrs/Miss 先生 / 太太 / 小姐 _____

Job / Business Nature 詳細業務性質： _____ Occupation 職業： _____ E-mail Address 電郵地址： _____

Residential Address 住址： _____

Home Tel 住宅電話： _____ Daytime Tel 日間聯絡電話： _____ Mobile Phone No 手提電話： _____

Name of Employer and its Address 受職公司名稱和地址： _____

Hire Purchase Owner (if any) 如屬分期付款，請註明貸款公司名稱： _____

Particulars of Motor Vehicle to be Insured 投保汽車之資料：

Registration Mark 車輛登記號碼	Vehicle Make 車輛製造商	Vehicle Model 車輛型號	Type of Body 車身類型	Year of Manufacture 製造年份	Seating Capacity (excl. Driver) 座位乘客限額 (司機除外)
Cylinder Capacity (c.c.) 汽缸容量(c.c.)	Gross Vehicle Weight 車輛總重	Engine Number 引擎號碼	Chassis Number 車身底盤號碼		
Has the Motor Vehicle been modified in any way from manufacturers' standard specifications? 上述投保之汽車曾否經過任何改裝或裝置非原裝標準機件？			<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		If Yes, please give details:
Estimated Value of the Motor Vehicle including Accessories (Sum Insured) 汽車連配件之現時估價 (綜合保險之投保額)			Anti-Theft Alarm System (Model / Value) 防盜警報系統 (型號/價格)		

Particulars of Drivers who will regularly drive the motor vehicle 經常駕駛投保汽車人士的資料：

Full Name of Driver 駕駛人姓名	Nominated as Named Driver? 是否提名為保單指定駕駛人	Age 年齡	Relationship with Proposer 與投保人關係	Occupation 職業	HKID Card Number 身份證號碼	Number of years has Driver been regularly driving 持續駕駛年資
Proposer 投保人	<input type="checkbox"/> 是 Yes <input type="checkbox"/> No 否					
	<input type="checkbox"/> 是 Yes <input type="checkbox"/> No 否					
	<input type="checkbox"/> 是 Yes <input type="checkbox"/> No 否					

USE OF THE MOTOR VEHICLE - Please "✓" more than one if applicable 投保汽車之用途 - 請在適當方格內加上“✓”號

For social domestic and pleasure purposes 私家用途 In connection with the Motor Trade 經營車行用途

For business professional use or for use by employees 商業用途 For hire or reward 租賃或收費載客

駕駛經驗 Driving experience

If your answer is "Yes", please provide full details in the space provided.
若「是」者，請指出及詳細列明事件細節及日期。

State whether you and/or any person who to your knowledge will drive the vehicle 請在下列說明閣下及其他駕駛人詳情		是 Yes	否 No
1.	Have had any accidents, losses or claims in the past 3 years or are there any police enquiries or prosecutions pending? 於過往三年間曾否發生意外、失竊或索償事項或現時是否被警方傳召或起訴?	<input type="radio"/>	<input type="radio"/>
2.	Have been disqualified from driving? 曾否被停牌?	<input type="radio"/>	<input type="radio"/>
3.	Please state number of demerit points in total due to any traffic offence (including speeding) during the past 2 years _____ 請列出過往兩年內因任何交通違例(包括超速駕駛)而被累積扣的分數 _____	<input type="radio"/>	<input type="radio"/>
4.	Have suffered/ been suffering any heart disease, epilepsy or suffer from defective vision or hearing or from any physical or mental infirmity? 曾否患心臟病、癲癇、或患有視力或聽覺上的缺陷或身體或精神上的毛病?	<input type="radio"/>	<input type="radio"/>
5.	In respect of Motor Insurance, have you or has any person who 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? 在汽車保險方面，閣下或任何有可能駕駛此汽車人士，曾否被任何保險公司拒絕受保、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?	<input type="radio"/>	<input type="radio"/>
6.	Have made any motor claims against other insurance companies in the past 3 years? 過往三年內曾否向其他保險公司提出汽車保險索償?	<input type="radio"/>	<input type="radio"/>

If the answer to any of the above questions (1) to (6) is "Yes", please give details 以上第(1)至(6)項問題中，若有答案“是”者，請詳加說明。

7.	For Comprehensive Insurance cover, please answer the following question: 如屬綜合保險投保項目，請回答下列問題： 7.1 Where is the Motor Vehicle parked at night? 投保汽車夜間停泊處 7.2 Other than the above-mentioned venues, please specify. 除以上地點外，請詳細說明夜間停泊處	Secured Car Park 有人看守停車場 <input type="radio"/>	Roadside Meter 路邊咪錶 <input type="radio"/>	Open Area 空地 <input type="radio"/>

DETAILS OF PRESENT MOTOR INSURANCE "NO CLAIM DISCOUNT" (NCD) – Please supply documentary evidence: 現正享有“無賠款記錄折扣”(NCD)之汽車保險資料一請出示證明文件:

Registration Mark of Motor Vehicle 車輛登記號碼	NCD (%) NCD 折扣	Name of Insurer 保險公司名稱	Present Policy Number 有效保單編號	Transfer the NCD to the Motor Vehicle proposed here? 是否將 NCD 折扣轉移到此投保汽車?

DECLARATION 聲明

I/We desire to insure with China Ping An Insurance (Hong Kong) Co. Ltd. ("the Company") in respect of the Motor Vehicle as detailed herein and hereby declare that:

本人/本公司擬向中國平安保險(香港)有限公司投保上述汽車並謹此聲明如下:

(1) Save the Hire Purchase Owner (if any) mentioned above, I am/ this company is the sole owner of the Motor Vehicle, and no other party has any right or interest in the Motor Vehicle;
除上述貸款公司(如有)之外，本人/本公司是該車輛的唯一擁有者，並無第三者擁有該車輛的任何權益;

(2) The Motor Vehicle will not be driven by any person who to my/our knowledge does not hold a full valid driving license or has been disqualified from holding such driving license within the last 3 years;
投保汽車將不會給予非持有有效駕駛執照或在過去三年內曾停牌人士駕駛

(3) The particulars given in this Proposal Form are true and I/we have not failed to disclose any matters which may materially affect this insurance;
本人/本公司已參閱並確認此投保書內所述各項資料全屬真確，也並無隱瞞重要並影響保單保障之事實

(4) All particulars or answers in this Proposal Form whether or not written by my/our own hand are to the best of my/our knowledge and belief complete and true;
此投保書內所述各項資料或答案，不論是否本人/本公司親手填寫，就本人/本公司所知所信，均為事實全部並確實無訛;

(5) I/We hereby agree that this Proposal and Declaration shall be incorporated in and taken as the basis of the proposed contract between me/us and the Company; and
本人/本公司同意此投保書及聲明將作為本人/本公司與中國平安保險(香港)有限公司訂立契約之根據;

重要事項
自提交本投保書，即表示閣下正式聘請捷迅保險代理有限公司作為是次保險的唯一保險中介人，包括安排保險報價及安排是次及續期保險，並明白第二頁及介紹人(如適用)不能就閣下之保險提供任何意見及服務。如果對是次保險有任何疑問、指示或通知，包括但不限於投保、續保、內容變更、終止及索償，請直接與本公司聯絡。

(6) I/We agree to accept a policy in the Company's usual insurance policy form for this class of insurance.
本人/本公司同意接受中國平安保險(香港)有限公司所發給常用之汽車保險單。

(7) I/We understand and agree that the personal information provided herein will be collected and used by China Ping An Insurance (Hong Kong) Co. Ltd. and its affiliates (whether in Hong Kong or abroad) for the purposes of sending special offers, announcements, push notifications and newsletters related to the Company's products and services and any other purposes which state in the Company's Privacy Policy. I further understand that such information will be kept in strict confidence and not be disclosed to other third party or used for any other purposes without my consent. I acknowledge that the Company will collect and use my personal information in compliance with the requirements of Personal Data (Privacy) Ordinance and the Company's Privacy Policy (<https://www.pingan.com.hk/about/privacy>).

本人/本公司了解並同意上述所提供的個人資料將由中國平安保險(香港)有限公司("中國平安保險")及其關聯公司(無論香港或海外)所收集、使用及保留用作以下目的，包括發送有關中國平安保險的產品及服務的優惠推廣、公告、推送通知、電子報及中國平安保險的隱私政策所載的其他用途；我亦明白我的個人資料將絕對保密，未經我的同意，中國平安保險將不會將我的個人資料透露給其他第三方人士或用於任何其他目的。我明白中國平安保險將根據《個人資料(隱私)條例》及中國平安保險的隱私政策收集和使用我的個人資料(<https://www.pingan.com.hk/about/privacy>)。

(8) (Please Tick) I/We do not give consent with the use and provision of my/our personal data for the purpose of direct marketing and do not wish to receive any promotional and direct marketing materials sent by China Ping An Insurance (Hong Kong) Co., Ltd.

(請在方格內加上劃號)本人/我們不同意本人/我們的個人資料作直接促銷用途並不願意接收任何中國平安保險(香港)有限公司所發出的推廣及直接促銷的材料。

Important Notice
Upon submission of this proposal form, you have appointed SwiftOpt Insurance Services Limited as your exclusive insurance intermediary to obtain insurance quotation and arrange new and renewal insurance. Should you have any inquiry and/or new instruction related to this insurance, please contact us directly.

SwiftOpt Insurance Services Limited
捷迅保險服務有限公司
Tel : 2771 8688 Fax : 2771 8292



Proposer's Signature 投保人簽署

Date 日期:

Authorized Agent 特許代理

IMPORTANT	(1) Failure to make or supply true and accurate declaration and information (whether the information is important or not) in this Proposal Form or inform the Company of all relevant information about your insurance proposal may render the insurance policy invalid.
NOTICES	投保人填寫此投保書時，務必填寫並提供真實及準確的聲明及資料(不論內容關鍵與否)，並告知本公司所有與投保風險相關的資料，否則該保單無效。
重要提示:	(2) Please attach copy of (a) Vehicle Registration Document; (b) Owner's ID Card and Driving Licence; (c) Named Drivers' ID Card and Driving Licence. 投保人請出示有關文件副本: (a) 車輛登記證; (b) 車主身分證及駕駛執照; (c) 指定駕駛人之身分證及駕駛執照。

Proposal - Motor

IMPORTANT NOTES TO PROPOSER

1. In the event of a claim for loss of or damage to the car, the maximum amount of our payment, subject to the terms and conditions of the insurance policy, and including any claims excesses that may apply, is limited to the reasonable market value of the car at the time of its loss or damage.

在意外索償時，本公司將依據本保單之條款及有關之「自負金額」計算賠償金額，惟該金額將不超過投保汽車在意外時之「合理市值」。

2. Any other facts known to you which are likely to affect acceptance or assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance agent/broker. We recommend you keep a record (including copies of letters) for your future reference of any additional information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.

閣下必須在其知悉範圍內提供所有有關會影響保險公司於接納或釐定此保單條件的資料，如對應透露的資料有任何疑問，請即向本公司或閣下的保險代理/經紀查詢。我們建議閣下將有關的資料記錄(包括信件副本)，以備日後作參考之用。為確保閣下的利益，閣下應如實呈報所有有關資料，否則此保單將可能無法提供閣下所需的保障，甚至可能會導致此保單無效。

3. If there is any inconsistency or ambiguity between the English version and the Chinese version, the English version shall prevail.
如中、英文兩個版本有任何抵觸或不相符之處，概以英文版本為準。