

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

香港銅鑼灣新寧道8號民安廣場19字樓
19/F, Ming An Plaza, 8 Sunning Road, Causeway Bay, Hong Kong.
Tel: (852) 2815 1551 Fax: (852) 2541 6567 E-mail: info@hk.cntaiping.com Website: www.hk.cntaiping.com

私用車保險投保書
PRIVATE CAR INSURANCE PROPOSAL FORM

請填報以下每一項資料，如有變更必須通知保險公司 (Please answer all items below and inform Co. if any of them has been altered)

投保者姓名： Name of Insured:						
身份證號碼 / 公司編號 / 護照編號：※ HKID. No. / C.I. No. / Passport No.:			職業 / 行業： Occupation / Business:			
出生日期： D.O.B.:		性別： Gender:		香港駕駛年資：※ H.K.D.E.:		
住址 / 辦公室地址： 室： Home / Office Add.: Flat:		樓： Floor:		座： Block:		
大廈 / 屋苑： Bldg/Estate:		樓： House:				
門牌號數及街道名稱： No. & Name of Street:				地區： District:		
電郵： E-mail:				聯絡電話： Tel. No.:		
請註明投保下列何種保險？ Please state which of the following Coverage is required? <input type="checkbox"/> 全險 Comprehensive <input type="checkbox"/> 第三者責任險 Third Party Risks Only <input type="checkbox"/> 附加\$200火盜保障 \$200 For F.T. S/C						
要保汽車是否需要於中國境內行駛？ Is the insured vehicle required to be driven within China? <input type="checkbox"/> 是，廣東省內 Yes, Guangdong Province <input type="checkbox"/> 是，全國 Yes, All Provinces <input type="checkbox"/> 否 No						
保險生效日期由： Insurance required from: 至 to 保 for 月 months						
駕駛人姓名 Names of Drivers		身份證號碼※ HKID. Number	出生日期 D.O.B.	性別 Gender	香港駕駛年資※ H.K.D.E.	職業 Occupation
最近兩年內是否因違例而被停牌？ Has the driving license been suspended in the last 2 years? <input type="checkbox"/> 是 Yes※ <input type="checkbox"/> 否 No						
收集個人資料聲明 Personal Information Collection Statement						
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： The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of: - 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； any insurance or financial related product or service or any alterations, variations, cancellation or renewal of them; - 任何續領車輛牌照： any renewal of vehicle licence(s) - 任何索償或索償分析；及可能轉移予： any claim or analysis of it; and may be transferred to: 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或運輸署。 Any related company or any other company 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 or Transport Department that exists or is formed from time to time.						
閣下有權查閱及要求更正本公司持有有關閣下的個人資料。如有任何要求或查詢，請來函或聯絡本公司總經理辦公室經理。 You have the right to obtain access to and to request correction of any personal information concerning yourself held by us. Should you have any requests or enquiries, please contact or write to our Manager of the Office of the General Manager.						
投保人聲明 Declaration						
本人謹此聲明本投保書所列全部資料乃就本人所知一切據實填報。本人明白本投保書及聲明將構成本人與中國太平保險(香港)有限公司之間的合約依據。本人同意有關保險須在該公司接受本投保書後才生效。 I declare that to the best of my knowledge and belief the information given on this form is true and complete in every respect. I agree that this proposal and declaration will be the basis of the contract between me and CHINA TAIPING INSURANCE (HK) COMPANY LIMITED. I agree that the insurance will not be in force until the proposal has been accepted by the Company.						
日期： Date:		投保人簽章： Signature of Proposer:				
_____		_____				
※ 必須附證明文件 (Please enclose relevant document)						

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投保者姓名： Name of Insured:							
要保汽車詳情 (附車輛登記文件) Particulars of Vehicle to be Insured※							
車輛屬於： Vehicle Status: <input type="checkbox"/> 行貨車 (Sole Agent) <input type="checkbox"/> 水貨車 (Parallel Import) <input type="checkbox"/> 自動波 (Auto) <input type="checkbox"/> 手波 (Manual)							
車牌號碼： Registration Mark:		汽車牌子： Make:		汽車型號： Model:			
汽缸容量： C.C.:		車型： Type of Body:		製造年份： Year of Manufacture:			
引擎號碼： Engine No.:			車身底盤號碼： Chassis No.:				
座位限額 (連駕駛人在內)： Seating Capacity (Including Driver):			附加設備： Accessories & Spare Parts:				
投保人所估車價市值 (連零件在內)： Insured's Estimate of Value including (Accessories & Spare Parts Whilst thereon):				HK\$			
請填報去年保險單資料。Please state previous insurance policy details.							
去年投保的公司名稱： Previous Insurer:			車牌號碼： Registration Mark:				
保單號碼： Policy No.:			無賠償折扣： N.C.B.:		到期日： Expiry Date:		
投保者及/或在第一頁所提及的駕駛人在過去3年內,有否曾因遇事而向任何所投保公司申報任何意外/賠償? Have the Insured and / or the driver(s) stated on page 1 ever reported any claim / accident under any motor policy in the last 3 years?						<input type="checkbox"/> 是※ Yes <input type="checkbox"/> 否 No	
如汽車以「分期付款」方式購入,請具告有關財務公司或銀行名稱： Please state the name of finance institute for "Hire Purchase Agreement":							
投保人聲明 Declaration							
本人謹此聲明本投保書所列全部資料乃就本人所知一切據實填報。本人明白本投保書及聲明將構成本人與中國太平保險(香港)有限公司之間的合約依據。本人同意有關保險須在該公司接受本投保書後才生效。 I declare that to the best of my knowledge and belief the information given on this form is true and complete in every respect. I agree that this proposal and declaration will be the basis of the contract between me and CHINA TAIPING INSURANCE (HK) COMPANY LIMITED. I agree that the insurance will not be in force until the proposal has been accepted by the Company.							
日期： Date:			投保人簽章： Signature of Proposer:				
由本公司填寫 For Office Use Only							
Comprehensive:					Third Party		
HK Ex.		(MA20N)HK Theft			(MA03) TPPD		
(MA02B) GD Ex.		(MA20M) GD Theft			(MA14H) Young		
(MA02H) Others Ex.		(MA20L)Others Theft			Inexperience		
(MA14J) Young		(MA28) Parking Ex.			PD1		
(MA14J) Inexperience					LX1		
(MA34) Unnamed							
PC:		IT:					
CC:		CC:					
AT:		AC:					
DI: M		201: _____%		202: _____%		203: _____%	
S		201: _____%		202: _____%		203: _____%	
O		R: _____%		_____%			
SS :		<input type="checkbox"/> KEA <input type="checkbox"/> SINOSOFT			SC :		
REMARK :							

※ 必須附證明文件 (Please enclose relevant document)