

## 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?  
 擬否附加保障至“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： \_\_\_\_\_ Home Tel 住宅電話： \_\_\_\_\_

Residential Address 住址： \_\_\_\_\_ Daytime Tel 日間聯絡電話： \_\_\_\_\_

Name of Employer 受職公司名稱和地址： \_\_\_\_\_ Mobile Phone No 手提電話： \_\_\_\_\_

Hire Purchase Owner (if any) 如屬分期付款，請註明貸款公司名稱： \_\_\_\_\_ e-mail Address 電郵地址： \_\_\_\_\_

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? 於過往3年間曾否發生意外、失竊或索償事項?	<input type="radio"/>	<input type="radio"/>
2.	Have been convicted of any motoring offence within the last 3 years or have any prosecutions pending or ever been disqualified from driving? (if "yes", state number of demerit points in total 在最近三年內觸犯交通規例，被檢控或被罰牌(如"是"，請列出被累積扣的分數_____)	<input type="radio"/>	<input type="radio"/>
3.	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"/>
4.	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"/>
5.	Have made any motor claims against other insurance companies in the past 3 years? 過往3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 (5) is "Yes", please give details 以上第(1)至(5)項問題中，若有答案"是"者，請詳加說明。

6	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： 6.2 Where is the Motor Vehicle parked at night? 投保汽車夜間停泊處	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"/>
	6.3 Other than the above-mentioned venues, please specify. 除以上地點外，請詳細說明夜間停泊處			

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—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:

- The Motor Vehicle is in good condition; Save the Hire Purchase Owner (if any) mentioned above, I am/we are the sole owner of the Motor Vehicle, and no third party has any right or interest in the Motor Vehicle.  
投保汽車性能良好;除上述貸款公司(如有)之外,本人/本公司是該車輛的唯一全權車主,無第三方擁有該車輛的任何權益。
- The Motor Vehicle will not be driven by any person who to my/our knowledge does not hold a full valid driving licence or has been disqualified from holding such driving licence;  
投保汽車將不會給予非持有效駕駛執照;
- The particulars given in this Proposal Form are true and nothing materially affecting the insurance risk has been concealed by me/us;  
此投保書內所述各項資料全屬無誤,本人/本公司並無隱瞞事實或虛構;
- If any particulars or answers in this Proposal Form are not in my/our handwriting, the person or persons filling in such particulars and answers shall be deemed to be my/our agent for that purpose;  
此投保書內所述各項資料或答題如非投保人親筆作答,填寫此表格者只視為本人/本公司之代理人

(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;

(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)有限公司所發給慣用之汽車保險單。

(7) I/We hereby declare and agree that any personal information in this proposal form or otherwise obtained is provided by me/us and may be held, used and disclosed to enable the Company to carry on insurance & financial services business; and may be transferred to any individuals, related companies, any other organizations, any independent third party and other services providers for the purpose of (i) processing this application and providing subsequent services for this or other products and services, and or (ii) direct marketing and/or (iii) data matching, and/or (iv) communication with me/us for such purposes.

本人/吾等\*同意一切由貴公司在本投保表格或以其他方式獲取而所收集或持有本人/吾等\*的個人資料均由本人/吾等\*提供,並可由貴公司持有、使用及披露作其保險及金融服務業務上所需,並可能轉予任何個人、貴公司關連公司、其他的組織、其他獨立第三者及其他服務提供者(i)能夠處理本人/吾等\*此項申請及提供與此項申請或其他產品有關之服務,(ii)用作直銷,(iii)用作資料配合,並(iv)就任何事宜與本人/吾等\*聯絡,直至本人/吾等\*作出書面指示為止。

Proposer's Signature 投保人簽署

Date 日期:

Authorized Agent 特許代理

IMPORTANT NOTICES 重要提示:	(1) Failure to make or supply true and accurate declaration and information (whether material) in this Proposal Form or inform the Company of all relevant information about your insurance proposal may render the insurance policy invalid. 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。
	(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。

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IMPORTANT NOTES TO PROPOSER

- 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.
- Personal Information 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
  - any insurance of financial related product or service or any alterations, variations, cancellation or renewal of them
  - any claims 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 provider providing services relevant to insurance business; or any association or federation of insurance companies that exists or is formed from time to time.  
You have the right to obtain access to and to request correction of any personal information concerning yourself kept by China Ping An Insurance (Hong Kong) Company Limited. Requests for such access can be made to our Personal Data Protection Officer.
- Our company is committed to developing products to meet your personal insurance requirements. As you are a valued customer of our company we will keep you informed of new products and services when they become available. If you do not want to receive this information either now or in the future, please write and tell us.