

YOU SHOULD TELL US OF ALL FACTS LIKELY TO INFLUENCE THE ACCEPTANCE AND ASSESSMENT OF THIS PROPOSAL. IF YOU FAIL TO DO SO, YOUR POLICY MAY EITHER NOT OPERATE OR NOT OPERATE FULLY. IF YOU HAVE ANY DOUBTS ABOUT WHAT YOU SHOULD TELL US, PLEASE CONTACT US OR YOUR INSURANCE ADVISER.

DETAILS OF THE PROPOSER

Full name (Name in which vehicle is registered) Mr. Ms.
(if company insured, please provide a copy of Business Registration)

H.K.I.D. Card No. _____ Date of birth (dd/mm/yyyy): _____ Contact No. _____

Home/Business Address: _____

Occupation (Please describe fully): _____

Cover Required: Comprehensive Comprehensive with extension to China (Guangdong Province) Third Party Only

Period of Insurance (dd/mm/yyyy): From ____/____/____ To ____/____/____

DETAILS OF THE VEHICLE(S) Please provide a copy of Vehicle Registration Document

Make and Model	Body Type	C.C.	Year of Make	Registration No.	Engine No.	Chassis No.

Estimated Market Value: HK\$ _____ Hire Purchase Co (if any): _____

Usage of the vehicle: Pleasure Business Hire Other (specify): _____

Regular Overnight Parking: With 24-hrs security parking Without 24-hrs security parking Alarm system installed (if any): _____

Have the vehicle been modified: No Yes, it is a qualified handicap vehicle Yes, for other reason, please specify:
Please note that any future modification also need to be reported to the company for proper coverage.

No claim Discount (NCD) Entitlement: ____% Current Insurance Co: _____ Policy No: _____
If NCD is Nil, please specify reason: First time buying a vehicle 2nd or 3rd vehicle Claims

DETAILS OF NAMED DRIVERS (ALL regular drivers including the proposer). Please provide copy of H.K. I. D. and H. K. Driving License.

Name	Age (Last Birthday) / DOB (dd/mm/yyyy)	Occupation	Year passed driving test

Note: Additional premium of 10% applies to each additional driver in excess of two (2) named drivers for Comprehensive cover.

1. Have any of the above listed drivers:

- | | | |
|--|------------------------------|-----------------------------|
| a. Been involved in any accident or loss or file any motor claim in the last THREE (3) years? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| b. Been convicted of any careless or dangerous driving offence in the last FIVE (5) years? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| c. Had your driving license suspended or disqualified by a court in the past FIVE (5) years for any driving offence? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| d. Had any driving offence prosecution pending or driving offence points incurred over the past TWO (2) years? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| e. Had motor insurance declined or made subject to special terms or cancelled? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| f. Had suffered / been suffering any heart disease, diabetes, epilepsy or mental infirmity? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

2. Will there be any regular drivers under 25 years of age, or have held a full driving license for less than 2 years? YES NO

If the answer to any of the questions above is "Yes", please give further details below:

DECLARATION I/We wish to effect an insurance with the company. I/We declare that the above statements and particulars are to the best of my/our knowledge and belief true and complete and no material facts has been mis-represented, mis-stated or withheld. I/We agree that this proposal shall form the basis of the contract between me/us and the Company and will be deemed as incorporated in the policy to be issued. If this proposal has been written by anyone else that person is my/our agent for this purpose and not the agent of the company.

I/We further declare and agree that any personal data collected or held by the company (whether contained in this proposal form or otherwise obtained) is provided and may be held, used and disclosed to enable the company or its related company(ies) to process and assess this proposal and other proposal for insurance cover and/or provide all services related to this proposal and/or to communicate with me/us for any purpose.

Proposer's Signature
(with company chop if applicable)

Date

Warning If the answers to above questions are not completed in proposer's own handwriting they should be carefully checked before this proposal is signed.