



MSIG Insurance (Hong Kong) Limited
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Taikoo Shing Hong Kong
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Website: www.msig.com.hk

Private Motor Car Insurance Proposal 私家車保險投保書

Proposer's Information 投保人資料

Name of Proposer (Mr / Mrs / Miss) _____
投保人姓名 (先生/女士/小姐)

Date of Birth _____ / _____ / _____
出生日期 (Day 日/Month 月/Year 年)

Mailing Address _____
通訊地址

Capacity _____
職位 (e.g. Accounts Clerk, Sales Manager/ 例如: 會計文員, 營業經理)

Tel. No. (Home) _____ (Office) _____ (Mobile) _____
電話 (住宅) (辦公室) (手提電話)

Fax No. _____ E-mail _____
傳真 電子郵件

(Please indicate by a tick 請在適當處加“√”)

Education Level 教育程度

Secondary 中學
Post-secondary 大專或以上
Others 其他

Marital Status 婚姻狀況

Single 未婚
Married 已婚
Others 其他

Annual Family Income 全年家庭總收入

Below HK\$120,000 以下
HK\$120,000-240,000
HK\$240,000-480,000
HK\$480,000-720,000
Over HK\$720,000 以上

Professional Qualifications (If applicable) _____
專業資格 (如適用)

Period of Insurance From Inception Date _____ to Expiry Date _____
投保期限 起保日期 (Day 日/Month 月/Year 年) 至 到期日 (Day 日/Month 月/Year 年)

Cover Required 投保類別 (Please indicate by a tick 請在適當處加“√”)

- Third Party Legal Liabilities Insurance 第三者保險
 Comprehensive Insurance with extra benefit 綜合保險及額外保障

Particulars of the Motor Car to be Insured 投保車輛詳情:

Registration No. _____
車牌號碼

Make & Model _____
製造廠及型號

Type of Body _____
車輛類型

Year of Manufacture _____
製造/出廠年份

Chassis No. _____
車身底盤號碼

Engine No. _____
引擎號碼

Seat Capacity (Excluding Driver) _____
座位限額 (司機除外)

Cylinder Capacity _____
汽缸容量

No Claim Discount (NCD) _____ %
無索償折扣

Hire Purchase Owner (If any) _____
如屬分期付款銀主為

Price Paid HK\$ _____
買入時車價

Date of Purchase _____
購買日期 (Day 日/Month 月/Year 年)

FOR OFFICE USE ONLY

Account No. _____

Policy No. _____

Important Notice

The "Estimated Value of the Motor Car" you supply in this Proposal Form will be used for Premium calculation for the Comprehensive Insurance. In case of a claim for loss of or damage to the Motor Car, the maximum amount of our payment, subject to the terms and conditions of the insurance policy including any claims excesses that may apply, is limited to:

- (a) the reasonable market value of the Motor Car at the time of its loss or damage ; or
 (b) the Estimated Value of the Motor Car that you supply in this Proposal Form whichever is the lesser amount

重要告示

你在此投保書上所提供的「投保價值」將會用作計算所投保的綜合保險保費。如投保車輛遭損毀，本公司最高賠償額將依據保單上的條文、條款及賠償自負額計算，惟以不超過

- (一) 投保汽車損毀當時的合理市價；或
 (二) 在投保書上填報的汽車投保價值並以兩者中數額較低者為準

Estimated Value of the Motor Car (Including Accessories & Spare Parts) (HK\$) _____

投保價值 (包括附加設備及零件，請詳述。)

Estimated Value of Accessories (HK\$) AV Equipment _____ Alarm System _____ Others _____
 附加設備價值 影音設備 防盜設備 其他

Named Drivers' Information¹ 駕駛者資料¹

For those who will regularly drive the Motor Car (if Proposer inclusive, please state)

經常駕駛此車輛之各人姓名(如包括投保人，請列明)

***If more than 2 drivers are insured, additional premium will be required.**

如投保超過 2 名駕駛者，將需另繳附加保費。

Driver's information 駕駛者資料	Driver 1 駕駛者 1	Driver 2 駕駛者 2	Driver 3* 駕駛者 3	Driver 4* 駕駛者 4
Name of Drivers 駕駛者姓名				
Sex (Male / Female) 性別 (男/女)				
Year of Birth 出生年份				
Year of Holding Full Licence ² 持有駕駛執照年份 ²				
HKID No. 香港身份証號碼				
Marital Status 婚姻狀況				
Capacity 職位				
Nature of Business 就職行業				
Full Details of all Previous Motor Accident/Motor Insurance Claims 詳列以前曾發生交通意外/汽車保險索償記錄				
Demerit Point (If Yes, please give details) 駕駛車輛違例扣分記錄 (如「有」，請詳述)				

1. Are you or is any person who to your knowledge will drive the Motor Car, aware of or suffering from loss or loss of use of limbs or eye, defective vision or hearing or from any physical defect, heart/diabetic/epileptic or mental condition? If so, please give details. 閣下或閣下所知將會駕駛投保車輛之人士是否肢體傷殘、失明、視力或聽覺功能不健全或有任何身體缺陷，患有心臟病、糖尿病、癲癇症或精神病？如作答「是」，請詳述。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
2. Have you, or has any person who to your knowledge will drive, been convicted of any offence in connection with any Motor Car? Is any Police prosecution pending? (Other than parking offences) Has any traffic infringement fine been paid? If so, give particulars of the nature of conviction, date and amount of fine and whether license endorsed or suspended or the nature of any impending prosecution. 閣下或閣下所知將會駕駛投保車輛之人士是否曾因涉及使用任何車輛時發生事故而被定罪或起訴(違例泊車除外)或須交付罰款？如作答「是」，請詳述判罪詳情、罰款金額及日期、任何違例記錄、駕駛執照停牌記錄或控罪性質。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	

<p>3. Are you now, or have you been insured in respect of any Motor Car? If so, give particulars of name and policy number of your last insurer. (Documentary proof must be provided by the Proposer). 請填報現時承保閣下車輛或過去閣下曾投保的保險公司名稱及保單號碼。 (請將保單副本一併提交)</p>	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
<p>4. Has any company or underwriter in respect of any motor insurance proposed or effected by or for you or for any person who to your knowledge will drive to which this proposal applies declined your application or renewal of your policy or required any special terms or imposed any special conditions? If so, please give details. 閣下或閣下所知將會駕駛投保車輛之人士是否曾被其他保險公司拒絕接受汽車投保或續保，或附加任何特殊條款？如作答「是」，請詳述。</p>	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
<p>5. Please give details of any accidents, claims or losses including Motor Car being stolen (whether to blame or not) during the past three (3) years in connection with any Motor Car owned or driven by you or any person who to your knowledge will drive the Motor Car. (if not, please state "No") 閣下或閣下所知將會駕駛投保車輛之人士在過去三年內會否涉及任何交通意外或損失，不論該駕駛人士有過失與否(包括汽車失竊)？如未曾涉及任何交通意外或損失，請答「否」。</p>	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
<p>6. Will the Motor Car be used solely for pleasure purposes and personal business use? 投保車輛會否只作為消閒及個人業務之用？</p>	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
<p>7. Will the Motor Car be used for the carriage of goods of explosive, inflammable or volatile nature? 投保車輛會否作裝載易燃、爆炸或危險性物品的用途？</p>	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
<p>8. Will the Motor Car be used outside Hong Kong and you would like to extend the cover for own damage to Guangdong province? 投保車輛會否於香港境外使用而閣下欲將車輛受損毀的保障伸延至廣東省？</p>	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
<p>9. Please give details of alterations different from maker's standard specifications, if any. 投保車輛會否已經改裝，如作答「是」，請詳述。</p>	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	

Note: 1. If the Proposer is in any doubt whether any factors other than those disclosed on this proposal form are material, the Proposer should disclose them since failure to disclose all material facts by the Proposer will be a ground for avoiding the policy.
2. The named drivers must be holding a valid Hong Kong Driving License when driving the Motor Vehicle. Otherwise the policy may be invalid.

注意: 1. 除於本投保書上所填報的資料外，倘若投保人懷疑尚有其他與投保有關之重要事實，請將該等事實詳情向本公司申報。隱瞞任何重要事實，本公司有權拒絕賠償。
2. 駕駛者於駕駛投保車輛時必須持有有效的香港駕駛執照，否則本保單可當作失效。

Declaration 聲明

I/We desire to effect insurance specified herein and declared that I/We:

- warrant that if such statements and particulars are in the writing or any person other than the undersigned such person shall be deemed to have been my/our agent for the purpose of filling in the same
- agree that MSIG Insurance (Hong Kong) Limited ("the Company") reserves its right to reject my/our application
- warrant that the information given and answers to questions herein are true and correct to the best of my/our knowledge and that the Motor Car(s) described are and shall be maintained in an efficient condition
- have not withheld facts likely to influence assessment of this application
- agree that this application, declaration and other information provided shall form the basis of the contract and agree to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the policy/ policies and/or as modified or extended by any endorsements thereon
- I/We undertake that the Motor Car(s) to be insured shall not be driven by any person who to my/our knowledge has refused any motor insurance or the continuance thereof.
- agree to authorize the Company to transmit the motor insurance data to Transport Department for reference only.

I/We agree that the applicable data policies, notices and other communications to customers concerning their data from time to time issued by the Company shall apply. Copies are available from the Company or its website (www.msig.com.hk).

I/We agree that all information in this application, or that is obtained from any other sources will be subject to such policies/ or other communications (as may be varied from time to time). I/We agree in particular that: (a) the Company may verify, provide and collect information about me/us from other organizations, institutions or other persons; (b) the Company may transfer the data outside the Hong Kong SAR including to Singapore; and (c) the Company may compare any data obtained with my/our data, and use the results for taking of any actions including actions that may be adverse to my/our interest (including declining this application). Without prejudice to the foregoing, such data is provided and may be held, used, and disclosed by the Company to individuals/ organizations associated with the Company or any selected third party (within or outside of Hong Kong), including reinsurance and claims investigating companies and industry/federations processing of this application and the provision of subsequent services for this and other financial products and services, direct marketing and to communicate with me/us for such purposes

本人/我們特此聲明：

- 本人/我們保證倘若本投保書為他人代書，該等代書人士均為本人/我們填寫本投保書之代表。
- 同意 MSIG Insurance (Hong Kong) Limited (「貴公司」) 保留其不受理本人/我們投保書的權利
- 保證所填報資料及對所載問題的回答，據本人/我們確信，均為正確無訛，並且承諾保持投保車輛之性能良好。
- 並未隱瞞可能影響本投保書評估的事實
- 同意本投保書、聲明及所提供的其他資料作為合約基礎，並同意接受本保單所載及/或其任何修訂或擴充的條款、限制、不承保事項、條件、條文及保證
- 本人/我們保證該投保車輛將不會由任何根據本人/我們所知曾經被拒絕投保汽車保險或續保的人士駕駛。
- 同意授權貴公司將車輛保險資料傳送予運輸署作參考之用。

本人/我們同意貴公司不時向客戶提供與其資料有關的適用資料政策、通知及其他通訊均適用。有關副本可向貴公司或其網站 (www.msig.com.hk) 索取。

本人/我們同意本投保書所載或自任何其他來源獲取的全部資料均將受該等政策/或其他通訊(可不時變更)之規限。本人/我們特此同意：(a) 貴公司可向其他組織、機構或其他人士核實、提供及搜集與本人/我們有關的資料；(b) 貴公司可將資料傳送至香港特別行政區境外(包括新加坡)；及(c) 貴公司可將所獲取的任何資料與本人/我們資料進行比較，並利用比較結果採取任何措施，包括拒絕受理本投保書等可能不利於本人/我們的用途。在毋損於前述條文的情況下，貴公司可向與其相關的個人/組織或任何選定第三者(不論在香港境內或境外)提供並持有、使用及披露上述資料，包括再保險及索償調查公司及行業/聯盟，以處理本投保書及就此提供繼續後服務或其他金融產品及服務、直銷推廣、及因此等用途與本人/我們溝通。

日期 _____
Date (Day 日/Month 月/Year 年)

投保人簽署 _____
Proposer's Signature

如遇爭執以英文為準