



太平洋保險有限公司

THE PACIFIC INSURANCE CO., LTD.

總行 Tel.: 2876 0000 Fax: 2876 0111 九龍分行 Tel.: 2384 0071 Fax: 2782 1435 元朗分行 Tel.: 2473 0332 Fax: 2473 1099

汽車保險投保書

MOTOR VEHICLE INSURANCE PROPOSAL FORM

投保人姓名 Full Name of Proposer: _____ 商業登記証/香港身份証號碼* B.R. or C.I. / H.K.I.D. No.: _____ 年齡 Age: _____

(閣下可親身出示身份証正本或提供副本以供查核。 Please present your Identity Card in person or provide a copy for verification.)

通訊地址 (請以英文正楷填寫) Postal Address: (in English Block letters) _____ 行業或職業 Business or Profession: _____

保險期由 Period of Insurance: From _____ 至 To _____ 電話號碼 Telephone No.: _____

投保汽車詳情 PARTICULARS OF VEHICLE TO BE INSURED:

汽車登記號碼 Registration Mark	廠名及車身類型 Make and Type of Body	車身底盤及引擎號碼 Chassis/Engine No.	引擎汽缸容量 Engine Cylinder Capacity	製造年份 Year of Manufacture	許可車輛總重 Permitted Gross Vehicle Weight	座位限額 (司機除外) Seating Capacity excluding driver	何時購入 Date of Purchase

投保人對車輛的估值 (包括配件及零件): Proposer's Estimated Value of the Motor Vehicle (Including accessories and spare parts thereon): _____ 如裝有冷氣機及收音機/音響器材等附加裝配請列明品種及價值: Please state Accessories such as air-conditioner and radio / Hi-Fi Equipment with brand name & value: _____

投保項目: Cover Required: 綜合保險 Comprehensive Insurance 第三者法律責任保險 Third Party Risks Insurance 購車分期付款公司: Hire Purchase Owner (if any): _____

經常停泊地點 Usual parking place: (日 Day)		(夜 Night)	
牌簿登記之車輛類別 Registered vehicle class	車輛用途 Use of vehicle	牌簿登記之車輛類別 Registered vehicle class	車輛用途 Use of vehicle
<input type="checkbox"/> 私家車-四門房車 Private Car - 4-Dr Saloon	<input type="checkbox"/> 貨車 Goods Vehicle	<input type="checkbox"/> 專供自用 Solely for Private use	<input type="checkbox"/> 專供自用 Solely for Private use
<input type="checkbox"/> 私家車-兩門轎跑車/跑車 Private Car - 2-Dr Coupe/Sports Car	<input type="checkbox"/> 泥頭車 Dump Truck	<input type="checkbox"/> 載貨租賃 Carriage of goods for hire or reward	<input type="checkbox"/> 載貨租賃 Carriage of goods for hire or reward
<input type="checkbox"/> 電單車 Motor Cycle	<input type="checkbox"/> 重型拖拉車 Tractor	<input type="checkbox"/> 收貨載客 Carriage of passengers for hire or reward	<input type="checkbox"/> 收貨載客 Carriage of passengers for hire or reward
<input type="checkbox"/> 私家小巴 Private Light Bus	<input type="checkbox"/> 尾拖車 Trailer	<input type="checkbox"/> 作出租用 For hire purpose	<input type="checkbox"/> 作出租用 For hire purpose
<input type="checkbox"/> 的士 Taxi	<input type="checkbox"/> 裝載危險品貨車 Dangerous Goods Truck	<input type="checkbox"/> 在中國內地行駛 For use in Mainland China	<input type="checkbox"/> 在中國內地行駛 For use in Mainland China
<input type="checkbox"/> 私家租賃車 Private Hire Car	<input type="checkbox"/> 裝載氣體或燃油之貨車 Gas &/or Oil Tanker	(中國車牌號碼 Reg. No.)	
<input type="checkbox"/> 公共小巴 Public Light Bus	<input type="checkbox"/> 有吊機或機動尾板之貨車 G.V. with Crane/Tailgate		
<input type="checkbox"/> 大型巴士 Omnibus	<input type="checkbox"/> 垃圾車 Refuse Collector		
<input type="checkbox"/> 其他類別 (請列明) Others (please specify): _____			

駕駛人姓名 Name of person or persons normally drive	關係 Relationship	駕駛執照編號 Driving Licence Number	年齡 Age	駕駛經驗年數 Driving Experience (Years)	備註 Remark:
1.					首二名駕駛人毋須增收保費, 第三及四名須各增收百分之拾附加保費。 First two at normal premium, additional two subject to 10% additional premium each.
2.					
3.					
4.					

註: 請連同汽車牌簿及駕駛執照副本與此汽車投保書一併交回。
Note: Please submit copies of Vehicle Registration Document and Driver(s)' Driving Licence together with this Proposal Form.

請回答以下問題。 Please answer the following questions.	是 Yes	否 No	若然, 請詳述。 If so, please give details.
過去三年內, 閣下或任何可能駕駛本投保汽車之人仕可曾觸犯交通條例? Have you or any person who may drive the motor vehicle been convicted of motoring offence during the last three years?			
過去三年內, 閣下或任何可能駕駛本投保汽車之人仕可曾涉及交通意外? Have you or any person who may drive the motor vehicle been involved in a motor accident during the last three years?			
閣下或任何可能駕駛本投保汽車之人仕可有視覺或聽覺不靈的毛病、弱智或傷殘等問題? Do you or any person who may drive the motor vehicle suffer from defective vision or hearing, mental infirmity or physical disability?			
閣下可曾在以前投保的公司獲得無索償折扣 (NCD)? 若然, 請列明。 Are you entitled to a "No Claim Discount" from your previous Insurer? <input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No			

(a) 公司名稱 Company: _____ (b) 無索償折扣紀錄 NCD: _____ % (c) 保單號碼 Policy No. _____

聲明 DECLARATION

- 吾/吾等謹聲明, 投保書內所提供之資料皆屬真實無訛, 並無隱瞞任何事實。
I/We declare that all the particulars of this proposal form are true and that I/we have not withheld any material facts.
- 吾/吾等謹聲明據吾/吾等所知及相信, 投保車輛性能良好, 宜於道路行駛。
I/We declare that to the best of my/our knowledge and belief the vehicle to be insured is in a sound and roadworthy condition.
- 吾/吾等保證凡屬被保險公司拒絕受保或續保的任何人士, 將不讓其駕駛上述車輛。
I/We warrant that the vehicle to be insured shall not be driven by any person who to my/our knowledge has been refused insurance or continuance thereof.
- 吾/吾等已閱讀及完全明白並同意背頁所列印之內容。
I/We have read and fully understood the contents printed overleaf and hereby give my/our consent thereto.
- 吾/吾等謹聲明上述資料及所答各項, 如非吾/吾等親筆或由別人代筆者, 皆由吾/吾等授意代為填寫, 吾/吾等茲同意接受太平洋保險有限公司根據本投保書及聲明所發給之汽車保單。
I/We hereby declare that if any of such particulars and answers are not in my/our own writing, the person or persons filling in such particulars and answers shall be deemed to be my/our agent for that purpose. I/We hereby agree and accept that this Proposal and Declaration shall be the basis of and be considered as incorporated in the Policy to be issued hereunder which in the ordinary form use by The Pacific Insurance Company, Limited.
- 吾/吾等謹聲明吾/吾等已獲得以上所提及第三者之同意使用其個人資料以填寫此投保書。
I/We hereby declare that I/we have obtained the consent of the third parties mentioned hereinbefore for the use of their personal data in completing this proposal form.

日期 DATE _____ 投保人簽署 SIGNATURE OF PROPOSER _____

除經發給正式保險單或按保單外, 本公司在未接納此投保書及未收妥保費前概不負任何承保責任。
The Company will not undertake any liability until this Proposal Form has been accepted and Premium received by the Company, except as provided by a Policy or an Official Cover Note issued by the Company.

本公司專用 For Office Use Only

Agent _____	A/C Code _____	Holding No. _____	Premium: _____
T/Code _____	C.I. No. _____	Cover Note No. _____	%NCD: _____
Excess _____	Clauses _____	Policy No. _____	E.B.: _____
Remark _____		Despatch No. _____	A.P.: _____
		Control No. _____	Q.P.: _____
			%MIB: _____
			C.P.: _____