

Agency No. _____ Policy No. _____
代理編號：_____ 保單號碼：_____

MOTORGUARD PROPOSAL FORM 車主樂投保書

(Please use English block letters 請用英文正楷填寫)

Proposer 投保人

Full Name 姓名 (Mr先生/Mrs太太/Miss小姐) : _____

Date of Birth 出生日期 : _____ HKID Card / Passport No. 香港身份證 / 護照號碼 : _____
dd日/mm月/yy年

Tel 電話 : (Home 住宅 / Mobile 手提) _____ (Office 辦公室) _____

Fax 傳真 : _____ Email Address 電郵地址 : _____

Address 地址 : _____

Industry 在職行業 : _____ Period of Insurance 保險期 : From 由 _____ To 至 _____
dd日/mm月/yy年 dd日/mm月/yy年

Type of Cover 投保類別 (Please tick 請加☑) : Comprehensive 綜合保險 Third Party Only 第三者保險

(If you wish to include the risks such as Voluntary Excess, Strike, Riot & Civil Commotion and Legal Expenses (Manslaughter), please contact RSA / your Insurance Advisor for details. 倘您需要獲得下列各項額外保障如自負額、罷工、暴動及內亂和因危險駕駛而引起誤殺訴訟費保障，請聯絡皇家太陽聯合保險或您的保險顧問)

Motor Car Particulars 車輛細節

Please answer the following questions and attach a copy of Hong Kong Vehicle Registration Document.
請回答下列問題及附上香港車輛登記文件影印本

Make and Model 款式及型號 : _____ Type of Body (e.g. Saloon, Sports, etc.) 車型 (例如房車、跑車等) : _____

Cubic Capacity 汽缸容量 : _____ c.c. Number of Seats including Driver's 座位數目包括司機位 : _____ seats 座位

Year of Manufacture 製造年份 : _____ Name in which the Motor Car is Registered 車輛註冊人名稱 : _____

Registration Mark, Engine Number and Chassis Number
車牌、引擎號碼及底盤號碼 : _____
Estimated Motor Car Value including accessories and spare parts
(see Important Note to Proposer)
車輛估計價值，包括附件和備件 (見「投保人須知」)
HK\$ 港幣 _____ 元

Is your car fitted with an anti-theft device?
If 'yes', please attach a copy of the suppliers' invoice.
您的車輛是否裝有防盜系統? 如有，請附上發票副本。

Name of Hire Purchase Company if the Motor Car is subject to a Hire Purchase Agreement.
如以「分期付款」買入，請填報該貸款公司名稱

Important Note to Proposer 投保人須知

The Estimated Motor Car Value you supply in this proposal form will be used for premium calculation for comprehensive insurance. In the event of a claim for loss or damage to the Motor Car, the maximum amount of our payment, subject to the terms and conditions of the insurance policy, and including any claims excesses that may apply, is limited to:

1. the reasonable market value of the Motor Car at the time of its loss or damage; or
2. the Estimated Value of the Motor Car that you supply in this proposal form whichever is the lesser amount.

您在本投保書中所申報之車輛估計價值，將被用作計算綜合保險之保費。此外，在意外索償時，本公司將依據本保單之條款及有關之自負金額計算賠償金額，惟該金額將不超過：

1. 受保車輛在意外時之合理市值，或
2. 您在本投保書中所填報之車輛估計價值並以較低者為準。

Previous Insurance Details 過往投保資料

Are you now, or have you ever been, insured in respect of any motor car?

您現在或過往曾否向其他保險公司投保汽車保險?

No 否 Yes 是

Name of Insurer 受保公司 _____
Policy Number(s) 保單號碼 _____
Registration Mark(s) 車輛號碼 _____

Are you entitled to a No Claim Discount?

您是否享有「無索償折扣」?

No 否 Yes 是

Number of years free of claims 無意外年數 _____

No Claim Discount 無索償折扣 _____ %

(Please attach evidence of entitlement 請附上「無索償折扣」證明書)

Drivers' Information 駕駛者資料

Details of regular drivers including yourself 請填上經常駕駛上述車輛之駕駛者資料 (包括您在內)
Complete separately for each driver 請分別填寫每名駕駛者的資料

Driver 1 駕駛者一
Full Name 全名 : _____
Industry 在職行業 : _____
Position 職位 : _____
Date of Birth 出生日期 : _____ (dd日/mm月/yy年)
Type of Driving Licence 駕駛執照類別 : _____
Day of Test Passed 考試合格日期 : _____
No. of Years Driving 駕駛年數 : _____

Driver 2 駕駛者二
Full Name 全名 : _____
Industry 在職行業 : _____
Position 職位 : _____
Date of Birth 出生日期 : _____ (dd日/mm月/yy年)
Type of Driving Licence 駕駛執照類別 : _____
Day of Test Passed 考試合格日期 : _____
No. of Years Driving 駕駛年數 : _____

For any additional driver in excess of 2, an additional premium of 10% is charged for each driver. 若超過兩名駕駛者，每位加收保費百分之十。

Driving Experience 駕駛經驗

Please tick the appropriate box 請在適當方格加 (If "Yes", please give full details. 若答「是」，請詳細列明)

Have you or has any Named Driver 您或已註明之駕駛者：

- ever suffered from any heart complaint, diabetes, fits or any other physicals or mental infirmity? Yes 是 No 否
曾否患心臟病、糖尿、癲癇或其他生理或精神病？ _____
- incurred any driving-offence points or ever been convicted of any offence in connection with a motor car or has any such prosecution pending in the past 5 years? Yes 是 No 否
曾否在最近五年內被扣駕駛分數或觸犯交通規則或正被檢控？ _____
- in the past 5 years been involved in any accident or suffered any loss in connection with a motor car? Yes 是 No 否
曾否在最近五年內駕駛車輛遇事？ _____

Declaration 聲明

- I/We declare to the best of my/our knowledge and belief that the information given is true in every respect; the Motor Car is in a sound and roadworthy condition; the Motor Car has not been modified nor altered in any way to improve performance.
本人/我們謹此聲明，根據本人/我們所知及所信，本投保表格上所填報之資料均實屬無訛，而投保車輛亦屬完整及宜於道路上行駛及本投保車輛並未作出任何改裝或改變以增加車輛之性能。
 - I/We undertake that the Motor Car to be insured shall not be driven by any person who to my/our knowledge has been refused insurance or continuance thereof.
本人/我們謹同意此車輛將不交由任何曾被拒受保險之駕駛者駕駛。
 - I/We understand that this Application will not become effective until this proposal has been accepted by Royal & Sun Alliance Insurance plc ("the Company") and agree that this Application and Declaration shall be the basis of the insurance contract between me/us and the Company. If any answer has been written by anyone other than myself/ourselves, such person shall for that purpose be deemed to be my/our agent and not the agent of the Insurers.
本人/我們明白本投保書被皇家太陽聯合保險有限公司（「保險公司」）正式接納後，保險責任始正式生效。本人/我們同意本投保書和聲明將成為保險合約的基礎，並同意上文各項若非本人親筆填寫而由別人代筆均屬已經得本人/我們認可及授意。
 - Cover will be effective only with signature on this document and receipt of premium by the Company or its authorised representative.
投保書需經保險公司或其授權代表簽署，並於收受保費後，此保障計劃始正式生效。
- I do not wish to receive any marketing or promotional materials.
本人不願意收取任何宣傳或推廣的資料。

Signature of Proposer _____ Date _____
投保人簽署： _____ 日期： _____

Underwritten by 承保公司：Royal & Sun Alliance Insurance plc 皇家太陽聯合保險有限公司 (incorporated in the United Kingdom with limited liability)

Notice of Personal Information Collection 個人資料收集聲明

Any person from whom the Company has collected personal information shall have the right to enquire the purpose of using the information, the right of access to and the right to request correction of the personal information concerning themselves. Such request can be made to the Compliance Officer of the Company via, mail to 32/F., Dorset House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong, or fax to +852 2968 5111, or email to hk_compliance@hkrsgroup.com.

任何人士若曾經提供個人資料給本公司，均可查詢其資料用途、查閱及更改有關資料。有關查詢及申請可循下列途徑向本公司之條例事務主任提出：郵寄至香港鰂魚涌英皇道979號太古坊多盛大廈32樓，或傳真至+852 2968 5111，或電郵至hk_compliance@hkrsgroup.com。

Payment Instruction and Authorisation 支付保費方法與授權書

(Please tick the appropriate box or consult your agent regarding methods of payment. 請在適當的空格內加 或與您的保險代理諮詢付款方法。)

Cheque payable to 支票抬頭請寫：

Royal & Sun Alliance Insurance plc 皇家太陽聯合保險有限公司 Cheque No. 支票號碼： _____

Visa Mastercard Amex Diners Credit Card No. 信用卡號碼：

Name of Cardholder 持卡人姓名： _____ Issuing Bank 簽發銀行： _____ Expiry Date 有效日期： _____

I hereby authorise Royal & Sun Alliance Insurance plc to charge the relevant premium to my credit card account for this insurance policy.

本人授權皇家太陽聯合保險有限公司從本人信用卡戶口內支取有關保費。

Signature 簽署： _____ Date 日期： _____

(Signature should correspond to the specimen signature of the above credit card account. 簽署必須與上述信用卡戶口簽署式樣相同。)