



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

請以英文正楷填寫，並在適當的空格內填上  Please fill in this form in English block letter and tick in the box where appropriate

### 投保人資料 PROPOSER DETAILS

申請人姓名 (先生 / 太太 / 女士)  
Name of Applicant (Mr / Mrs / Ms) \_\_\_\_\_

香港身份証號碼  
HKID Card No. \_\_\_\_\_

出生日期 (日/月/年)  
Date of Birth (dd/mm/yyyy) \_\_\_\_\_

職業  
Occupation \_\_\_\_\_

通訊地址  
Correspondence Address \_\_\_\_\_

住宅電話 Home Tel \_\_\_\_\_ 辦公室 Office Tel \_\_\_\_\_ 手提電話 Mobile \_\_\_\_\_

傳真 Fax No. \_\_\_\_\_ 電郵地址 E-mail \_\_\_\_\_

### 投保細則 INSURANCE COVER

綜合保險 (簡稱「全保」) Comprehensive Cover  第三者法律責任保險 Third Party Legal Liability Only

\*投保期限 (日/月/年)  
Period of Insurance (dd/mm/yyyy) : 由 From \_\_\_\_\_ 至 To \_\_\_\_\_

### 投保汽車資料 DETAILS OF VEHICLE INSURED

汽車登記號碼 Registration Mark	廠名及型號 Make and Model	汽缸容量 Cylinder Capacity	車身類型 Type of Body
製造年份 Year of Manufacture	引擎號碼 Engine No.	底盤號碼 Chassis No.	座位限額 (不包括司機) Seating Capacity (Excl. Driver)

投保價值(包括附加設備及零件)  
Estimated Value of the vehicle: HK\$ \_\_\_\_\_

分期付款公司名稱 (如適用)  
Hire Purchase Owner (if any) \_\_\_\_\_

閣下是否此投保汽車的登記註冊人?  
Are you the registered owner of the vehicle?  是 Yes  否 No 如答“否”，請提供詳情:  
If “No”, please specify \_\_\_\_\_

投保汽車是否裝有防盜系統?  
Is your vehicle fitted with anti-theft alarm system?  是 Yes  否 No 如答“是”，請提供詳情:  
If “Yes”, please specify \_\_\_\_\_

投保汽車是否曾作任何形式的改裝或修飾?  
Has the vehicle been modified in any way?  是 Yes  否 No 如答“是”，請提供詳情:  
If “Yes”, please specify \_\_\_\_\_

### 駕駛人資料 DETAILS OF NAMED DRIVER

請填上經常駕駛此投保汽車之人的各項資料(包括投保人在內)  
Please state the particulars of person who will regularly drive the insured vehicle (including the Proposer)

駕駛人姓名 Name of Driver(s)	出生日期 (日/月/年) Date of Birth (dd/mm/yyyy)	香港身份証號碼 HKID Card No.	職業 Occupation	駕駛執照號碼 Driving License No.	首次發出日期 Date of First Issue
1.					
2.					

# 如有需要可額外增添駕駛人，但每位須加收百分之十額外保費。

# if required, additional named drivers can be insured but subject to an additional premium of 10% for each additional driver.

在過往 3 年內，以上駕駛人曾否被扣駕駛分數或因涉及使用任何車輛時觸犯交通規則而被定罪或起訴？

Have any of the named drivers ever incurred any driving-offence points or ever been convicted or of any offence in connection with a motor vehicle in the past 3 years?

是  否  
Yes No

如答“是”，請提供詳情：

If “Yes”, please specify \_\_\_\_\_

在過往 3 年內，以上駕駛人曾否涉及任何交通意外或損失？

Have any of the named drivers ever been involved in any motor accident or suffered any loss in connection with a motor vehicle in the past 3 years?

是  否  
Yes No

如答“是”，請提供詳情：

If “Yes”, please specify \_\_\_\_\_

以上駕駛人曾否患心臟病、糖尿病、癲癇症、身體殘障或精神病？

Have any of the named drivers ever been suffered from any heart disease, diabetes, epilepsy, or any other physical or mental infirmity?

是  否  
Yes No

如答“是”，請提供詳情：

If “Yes”, please specify \_\_\_\_\_

## 過往保險詳細資料 PREVIOUS INSURANCE DETAILS

閣下曾否向其他保險公司投保汽車保險？

Have you been insured in respect of any motor vehicle?

是  否  
Yes No

閣下的保險曾否被任何保險公司取消、拒絕受理投保、拒絕續保、增加保費或附加特別條款？

Have your insurance policy ever been cancelled, declined, refused to renew, required additional premium or imposed special terms or conditions by any insurance company?

是  否  
Yes No

閣下是否享有「無索償折扣」？

Are you entitled to any No Claim Discount (NCD)?

是  否  
Yes No

如答“是”，請附上「無索償折扣」證明及填妥以下資料：

If “yes”, please attach evidence of entitlement and provide the following information :

無索償折扣

No Claim Discount \_\_\_\_\_ %

保險公司名稱

Name of Previous Insurer \_\_\_\_\_

保單號碼

Policy Number \_\_\_\_\_

無意外年數

No. of Year Free of Claim \_\_\_\_\_

車牌號碼

Registration Mark \_\_\_\_\_

保單到期日

Expiry Date \_\_\_\_\_

閣下是否有意將上述「無索償折扣」轉移至此投保汽車？

Do you wish to transfer the above detailed NCD to the motor vehicle proposed here?

是  否  
Yes No

## 投保人聲明 DECLARATION

本人/吾等謹此聲明，就本人/吾等之所知及所信，於本申請表內之陳述及資料乃屬真確，絕無隱瞞或保留，並同意將本投保書及聲明作為與創興保險有限公司和本人所訂合約之根據，並以保單上各條款為準則。

本人/吾等謹此聲明：

- 本人/吾等謹同意此車輛將不會由任何根據本人/吾等所知曾經被拒絕投保汽車保險或續保的人士駕駛；
- 本人/吾等絕無向創興保險隱瞞任何事實\*（例如該等足以影響保險公司決定是否接受投保之事實），如任何有關事實未有正確列明或有所隱瞞，保單將會作廢。

\*注意：若閣下不能確定任何資料或事實之重要性，均須陳述。

I/we hereby declare that the statements and particulars given in this proposal form are to the best of my/our knowledge and belief, true and complete and no material information is withheld; and agree that the proposal form and declaration shall be the basis of, and be incorporated in, the contract between Chong Hing Insurance Co Ltd and myself/ourselves and shall subject to the terms and conditions of this Policy.

I/We declare that:

- I/ We undertake that the Vehicle to be insured shall not be driven by any person who to my/our knowledge has been refused motor insurance or continuance thereof
- I/ We do not withheld any material information\* (Such as any facts that likely to influence assessment of this application), any misrepresentation or non-disclosure may invalidate this policy.

\* Note: If you are in doubts as to whether or not particular information or facts are material, they should be disclosed.

投保人簽署 \_\_\_\_\_  
Proposer's Signature

日期(日/月/年) \_\_\_\_\_  
Date (dd/mm/yyyy)

## 付款授權書 PAYMENT AUTHORISATION

本人選擇以下列方式繳交保費 I wish to pay my premium by

- 現金 Cash  支票 (抬頭人請填「創興保險有限公司」) Cheque (payable to **Chong Hing Insurance Company Limited**)
- 由創興銀行戶口/信用咭直接轉賬支付保費 Direct Debit from Chong Hing Bank Account / Credit Card Account

創興銀行戶口/信用咭號碼 \_\_\_\_\_  
Chong Hing Bank Account / Credit Card No

發咭銀行 \_\_\_\_\_  
Credit Card Issuing Bank

創興銀行戶口/信用咭持有人姓名 \_\_\_\_\_  
Account Holder/ Cardholder's Name

信用咭有效日期 \_\_\_\_\_/\_\_\_\_\_  
Credit Card Expiry Date 月 Month 年 Year

本人授權創興保險有限公司從本人上述之賬戶支取有關保險保單之保費，包括本人同意續保的各期保費。

I hereby authorize Chong Hing Insurance Company Limited, until further written notice from me, to charge my above account for the premium due of this insurance policy, including payment(s) for the subsequent years upon my acceptance on renewal of this insurance policy.

戶口/信用咭持有人簽署\* \_\_\_\_\_

Account Holder/Cardholder's Signature

\*簽署必須與創興銀行戶口/信用咭簽署相同

Signature should correspond to the specimen signature of your Bank/Credit Card Account

日期 (日/月/年) \_\_\_\_\_

Date (dd/mm/yyyy)

### 投保人需知 Important Notes or Proposer

- 閣下必須在其知悉範圍內提供所有有關會影響保險公司於接納或釐定此保單條文的資料，如對應透露的資料有任何疑問，請即向本公司或閣下的保險代理 / 經紀查詢。我們建議閣下將有關的資料作記錄(包括信件副本)，以備日後作參考之用。為確保閣下的利益，閣下應如實呈報所有有關資料，否則此保單將可能無法提供閣下所需的保障，甚至可能導致此保單無效。  
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.
- 收集個人資料聲明  
閣下提供的資料，為本公司提供保險業務所需，並可能使用於下列目的：
  - 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；
  - 任何索償、或該等索償的調查或分析；及
  - 行使任何代位權及可能移轉予
  - 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險公司有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；
  - 現存或不時成立的任何保險公司的協會或聯會或類同組織(「聯會」)，以達到任何上述或有關目的，或以使「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；及
  - 或透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的。此外，在此授權創興保險有限公司由「聯會」從保險業內收集的資料中查閱及/或核對閣下任何資料。  
閣下有權查閱及要求更正由創興保險有限公司持有有關閣下的個人資料，如有此要求，可向本公司的個人資料(私隱)條例監察主任提出。

#### 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 or financial related product or service or any alterations, variations, cancellations or renewal of such product or service;
- any claim or investigation or analysis of such claim; and
- exercising any right of subrogation

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 for any of the above or related purposes;
- any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and
- any members of the "Federation" by the "Federation" for any of the above or related purposes.

Moreover, Chong Hing Insurance Company Limited is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by our Company. Requests for such access can be made to our Personal Data (Privacy) Ordinance Compliance Officer.

- 本公司致力發展及改良產品的質素，務求滿足閣下個人保險上之需要。作為本公司的寶貴客戶，我們會時刻為閣下提供新產品及服務之最新消息。倘若閣下日後不希望收到此等資料，請來信通知本公司。  
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.

\* 此保單提供的保險，必須在本公司確定接納投保後，才能正式生效。

The liability of the Company does not commence until this proposal has been accepted by the Company.

代理印章 Agent's Stamp	公司專用 FOR OFFICE USE ONLY	
	分行代號 Branch Code	職員號碼 Staff No.
	日期 Date	保險代理登記號碼 Insurance Agent Reg. No.:
	註 Remarks	