

中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

香港銅鑼灣新寧道8號中國太平大廈19字樓
19/F, China Taiping Tower, 8 Sunning Road, Causeway Bay, Hong Kong

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私用車保險投保書 PRIVATE CAR INSURANCE PROPOSAL FORM

請填報以下項目資料，並在適當的空格填上☑，如有變更必須通知保險公司

Please answer items below and tick the boxes where appropriate ☑ and inform Co. if any of them has been altered

被保險人資料 PARTICULARS OF INSURED			
公司 Company	名稱： Name:	公司編號：※ C.I. No.:	
		商業登記證號碼：※ B.R. No.:	
個人 Individual	姓名： Name:	性別： Sex:	香港身份證號碼 / 護照編號：※ HKID Card No. / Passport No.:
通訊地址： Correspondence Address:			
大廈 / 屋苑： Building / Estate:			
門牌號數及街道名稱 / 地段： No. & Name of Street / Lot:			
地區： District:			
職業 / 行業： Occupation / Business:		出生日期：(日/月/年) Date of Birth: (dd/mm/yyyy)	香港駕駛年資：※ H.K.D.E.:
電郵地址： E-mail Address:		聯絡電話： Contact Tel. No.:	傳真號碼： Fax No.:
投保細則 INSURANCE COVER			
請註明投保下列何種保險： Please state which of the following Coverage is required:		全險 Comprehensive	第三者責任險 Third Party Risks Only
要保汽車是否需要於中國境內行駛？ Is the insured vehicle required to be driven within China?		是，廣東省內 Yes, Guangdong Province	否 No
承保日期：(日/月/年) Period of Insurance: (dd/mm/yyyy)		由 From	至 To
		(起迄兩天均包括在內 Both dates inclusive)	
最近兩年內是否因違例而被停牌？ Has the driving license been suspended in the last 2 years?		是 Yes※	否 No
收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT			

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；及本公司行使任何代位權。

上述資料可能移轉予：

- 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，或與保險業務有關的仲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；
- 現存或不時成立之任何保險公司協會或運輸署或聯會或類同組織（統稱為「聯會」），以達到任何上述或有關目的，或以便「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，在此授權本公司可向「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本公司持有有關 閣下的個人資料。如有需要，請以書面形式向本公司總經理辦公室經理提出，地址為香港銅鑼灣新寧道8號中國太平大廈19字樓。

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.

The said information 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, transport department, federation or similar organization of insurance companies (collectively called "the 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, the Company 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, to access to and to request correction of any personal information concerning yourself held by the Company. Requests for such access can be made in writing to our Manager of the Office of the General Manager at 19/F., China Taiping Tower, 8 Sunning Road, Causeway Bay, Hong Kong.

投保人聲明 DECLARATION

- 本人謹此聲明本投保書所列全部資料乃就本人所知一切據實填報。本人明白本投保書及聲明將構成本人與中國太平保險(香港)有限公司之間的合約依據。

I declare that to the best of my knowledge and belief the information given on this form is true and complete in every respect. I agree that this proposal and declaration will be the basis of the contract between me and CHINA TAIPING INSURANCE (HK) COMPANY LIMITED.

- 本人同意有關保險須在該公司接受本投保書後才生效。

I agree that the insurance will not be in force until the proposal has been accepted by the Company.

- ☐ 本人反對使用本人的個人資料於擬作出保險產品/服務的直接促銷。

I object to the use of my personal data for direct marketing of insurance products/services.

日期：

Date :

(日/月/年 dd/mm/yyyy)

投保人簽署及蓋章：

Signature of Proposer &
Company Chop :

※必須附證明文件(Please enclose relevant document)

中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

被保險人資料 PARTICULARS OF INSURED	
公司 Company	名稱： Name:
個人 Individual	姓名： Name:

駕駛者資料 DRIVERS DETAILS					
No.	駕駛者姓名 Names of Drivers	駕駛牌照號碼※ Driving License No.	出生日期 Date of Birth (日/月/年 dd/mm/yyyy)	性別 Sex	香港駕駛年資※ H.K.D.E. 職業 Occupation
1.					
2.					

要保汽車詳情(附車輛登記文件) PARTICULARS OF VEHICLE TO BE INSURED※					
車輛屬於： Vehicle Status:		行貨車 Sole Agent	水貨車 Parallel Import	自動波 Auto	手波 Manual
汽車牌子： Make:		座位限額(連駕駛人在內)： Seating Capacity(Including Driver):			
車身款式： Type of Body:		香港車牌號碼： Registration Mark(H.K.):		國內車牌號碼： Registration Mark(China): 粵 Z 港	
認可車輛總重： Permitted Gross Vehicle Weight:		製造年份： Year of Manufacture:		汽缸容量： C.C.:	
引擎號碼： Engine No.:		車身底盤號碼： Chassis No.:			
附加設備： Accessories & Spare Parts:					
投保人所估車價市值(連零件及附加設備)： Insured's Estimate of Value including(Accessories & Spare Parts Whilst thereon): 港幣 HKD					

請填報去年保險單資料 PLEASE STATE PREVIOUS INSURANCE POLICY DETAILS			
去年投保的公司名稱： Previous Insurer:		車牌號碼： Registration Mark:	
保單號碼： Policy No.:		無賠償折扣： N.C.B.:	到期日：(日/月/年) Expiry Date: (dd/mm/yyyy)
投保人及/或以上所提及的駕駛人在過去 3 年內，有否曾因遇事而向任何投保公司申請任何意外 / 賠償？ Have the Insured and/or the above driver(s) ever reported any claim / accident under any motor policy in the last 3 years? 是※ 否 Yes No			
如汽車以「分期付款」方式購入，請具告有關財務公司或銀行名稱： Please state the name of finance institute for "Hire Purchase Agreement":			

投保人聲明 DECLARATION	
1. 本人謹此聲明本投保書所列全部資料乃就本人所知一切據實填報。本人明白本投保書及聲明將構成本人與中國太平保險(香港)有限公司之間的合約依據。 I declare that to the best of my knowledge and belief the information given on this form is true and complete in every respect. I agree that this proposal and declaration will be the basis of the contract between me and CHINA TAIPING INSURANCE (HK) COMPANY LIMITED.	
2. 本人同意有關保險須在該公司接受本投保書後才生效。 I agree that the insurance will not be in force until the proposal has been accepted by the Company.	
<input type="checkbox"/> 本人反對使用本人的個人資料於擬作出保險產品/服務的直接促銷。 I object to the use of my personal data for direct marketing of insurance products/services.	
日期： Date : _____ (日/月/年 dd/mm/yyyy)	投保人簽署及蓋章： Signature of Proposer & Company Chop : _____

※必須附證明文件(Please enclose relevant document)

由本公司填寫 FOR OFFICE USE ONLY									
COMPREHENSIVE:						THIRD PARTY:			
HK Ex.				(MA20N) HK Theft		(MA03) TPPD			
(MA02B) GD Ex.				(MA20M) GD Theft		(MA14H) Young			
(MA02H) Others Ex.				(MA20L) Others Theft		(MA14H) Inexperience			
(MA14J) Young				(MA28) Parking Ex.		PD1		LX1	
(MA14J) Inexperience									
(MA34) Unnamed									
PC:				IT:					
CC:				CC:					
AT:				AC:					
DI:	M	201:	%	202:	%	203:	%	204:	%
	S	201:	%						
	O	R:	%						
SC:									
REMARK:									