

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號民安廣場19字樓 19/F, Ming An Plaza, 8 Sunning Road, Causeway Bay, Hong Kong. Tel: (852) 2815 1551 Fax: (852) 2541 6567 E-mail: info@hk.cntaiping.com Website: www.hk.cntaiping.com

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

請填報以下每一項資料,如	有變更必須週知保險	致可(Ple	ease answer all ite	ms below ai	nd inform Co. if any	y of them has been aftered)			
投保者姓名:									
Name of Insured:									
身份證號碼 / 公司編號 / 護	· · · · · · ·				職業 / 行業:				
HKID. No. / C.I. No./ Passpor	t No.:	T			Occupation / Business:				
出生日期:		性別:			史年資:※ -				
D.O.B.:		Gender:		H.K.D.I	£.:				
住址 / 辦公室地址: 室:			座:						
Home / Office Add.: Flat	: Floor:		Block:	House:					
大廈 / 屋苑:									
Bldg/Estate: 門牌號數及街道名稱:	_				地區:				
No. & Name of Street:					District:				
電郵:					聯絡電話:				
E-mail:			- Tel. No.:						
請註明投保下列何種保險?					三者責任險				
Please state which of the follow	wing Coverage is rea	uired?	Comprehensi		ー 有 東 正 成 d Party Risks Onl				
要保汽車是否需要於中國境內		uii cu i	县 底事名內	• • • • • • • • • • • • • • • • • • • •		, 			
Is the insured vehicle required		China?	Yes, Guangdo	ng Province		·			
保險生效日期由:	100004111011111111111111111111111111111		<u>至</u>	1.5 1 10 / 1.10	。 	月			
Insurance required from:			to		for	months			
駕駛人姓名	身份證驗	虎碼※	出生日期	性別	香港駕駛年資※	職業			
Names of Drivers	HKID. N		D.O.B.	Gender	H.K.D.E.	Occupation			
最近兩年內是否因違例而被停			□是	Yes×	□ 否 No				
Has the driving license been s									
			sonal Information	Collection	Statement				
閣下提供的資料,為本公司提供保險業務 The information you provide to us is colle			iness and may be used for	or the nurnose o	f•				
- 任何與保險或財務有關的產品或服務				or the purpose o	1.				
any insurance or financial related pro	duct or service or any altera	tions, variatior	ns, cancellation or renew	al of them;					
- 任何續領車編牌照: any renewal of vehicle licence(s)									
- 任何索償或索償分析;及可能轉移予: any claim or analysis of it; and may be transferred to:									
現存或不時成立的任何有關的公司,		保險有關的公	司,或與保險業務有關的	5中介人或索償:	或調查或其他服務提供者:				
或任何保險公司的協會或聯會或運輸									
Any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies or Transport Department that exists or is formed from time to									
time.		-		-					
閣下有權查閱及要求更正本公司持有有關	뤫閣下的個人資料。如有任何	「要求或查詢,	請來函或聯絡本公司總	经理辦公室經理	. •				
You have the right to obtain access to and please contact or write to our Manager of			mation concerning your	self held by us. S	Should you have any reque	sts or enquiries,			
prease contact of write to our Franager or	the Office of the General Ma		人聲明 Declarati	on					
本人謹此聲明本投保書所列全部資料乃家					香港)有限公司之間的合約 依	ć櫨。本人同意有關保险須在該公司接			
受本投保書後才生效。									
I declare that to the best of my knowledge the contract between me and CHINA TAI									
Company.	I ING INSURANCE (IIK) C	OMIANT EN	viiiED. Tagice that th	c msurance wm	not be in force until the pr	oposai has been accepted by the			
日期:		:	投保人簽章:						
Date: Signature of Proposer:									
		^							
※ 必須附証明文件 (Please end	close relevant docum	ent)							



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Policy No.:	投保者姓名:												
#報義者:	Name of Insur	ed:											
Parallel Import				情(附車									
# 幹業長 :									1 1				
Registration Mark:			— (Sole Agen		•	illel Impor	t) — (,	_ (N	Aanual)			
本記書	,,	/ l - 1			子:								
Type of Body:		Tark:											
計算機構 Pack 整集場 Pack を			, –										
Eagine No.: Chassis No.:				Type of	Body.	重身底般:	號碼:	Tear of Manu	acture.				
歴位限額(達角集人在内):													
Accessories & Spare Parts:		智耻人大	rkn \ •		附加設備:								
Registration Mark:		•	•				ι						
Insured's Estimate of Value including (Accessories & Spare Parts Whilst thereon):					Spare Parts	:							
情球報去年保險單資料・Please state previous insurance policy details. 本年投保的公司名稱:				ssavios Pr	Snava Davts W	V hil st	ши	ır.					
精填報去年保險單資料。Please state previous insurance policy details. 去年投保的公司名稱:		mate of v	arue including (Acce	ssuries &	spare rarts w	v IIIISt	пк	•					
# Previous Insurer: Registration Mark: Registratio			請填報去年	保險單資	料。Please st	ate previou	ıs insuraı	ice policy detai	ls.				
Registration Mark:	去年投保的公	司名稱:	-W-3// INC. 1	PI-IM I X				py weems					
保算競馬:								ark:					
Folicy No.: Expry Date: MACAGE	保單號碼:								0/	到期日	:		
Have the Insured and / or the driver(s) stated on page 1 ever reported any claim / accident under any motor policy in the last 3 years? ### Windows	Policy No.:									Expiry	Date:		
Have the Insured and / or the driver(s) stated on page I ever reported any claim / accident under any motor policy in the last 3 years? 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":			•							_ 是	※	_ 否	
加汽車以「分期付款」方式購入・請具告有關財務公司或銀行名稿: Please state the name of finance institute for "Hire Purchase Agreement": - 投保人業明 Declaration - 本人種比費明本投保審所列会研資料の就本人所知一切雑責填積・本人明白本投保審及更要明構模成本人典中國大平保險(香港)有限公司之間的合的依據・本人同意有關保險 現在較の周接を投保審後才主数・ は 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 basi of the contract between me and CHINA TAIPING INSURANCE (HK) COMPANY LIMITED. I agree that the insurance will not be in force until the proposal has been accepted by the Company. 日期: 投保人養章:				ed on page	1 ever report	ed any clai	m / accid	ent under any i	notor			□ No	
Please state the name of finance institute for "Hire Purchase Agreement":				間財務公	司式銀行夕箱	£ :							
接供集明未投係書所列全新資料乃記本人所知一切確實集報。本人明白本投係者及集明維議本人典中國太平保險(香港)有限公司之間的合的依據。本人同意有關保險 現在協公司機会本投係書後才生致。 Idectare 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. I agree that the insurance will not be in force until the proposal has been accepted by the Company. 日期: 投係人養章:													
本人確此専門本校保育所列全部資料方就本人所知一切確實填報。本人明白本投保會及専門將構成本人與中國太平保險(香港)有限公司之間的合的依據。本人同意有關保險 現在該公司報金本投保會後才主放。							ion						
Comprehensive: Third Party	I declare that to th the basis of the cor been accepted by t 日期:	e best of m	y knowledge and belief the een me and CHINA TAIPI	information NG INSURA	NCE (HK) COMI 投兌	PANY LIMIT R人簽章:	ED. I agre	every respect. I ag	ree that this e will not be i	proposal a in force un	nd declar til the pro	ation will be posal has	
Comprehensive: Third Party				由本	.公司填寫 F	or Office	Use Onl	v					
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(MA02H) Others Ex. (MA14H) Inexperience (MA14J) Young (MA28) Parking Ex. PD1 LX1 (MA34) Unnamed PC:							(MAUS) IF						
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(MA14J) Inexperience IT: CC: CC: AT: AC: DI: M 201:% 202:% 203:% 204:% 213:% SS: KEA SINOSOFT SC:	(MA02H) Others Ex.		(MA	(MA20L)Others Theft				Inexperie	ence				
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	REMARK :					i.	i						

[※] 必須附証明文件 (Please enclose relevant document)