



THE PACIFIC GROUP

# 太平洋保險有限公司

## THE PACIFIC INSURANCE CO., LTD.

(INCORPORATED IN HONG KONG IN 1960)

總行  
電話 Tel : 2876 0000 傳真 Fax : 2876 0111

分行  
電話 Tel : 2384 0071 傳真 Fax : 2782 1435

### 港珠澳大橋香港跨境車輛內地交強險等效保險/商業保險投保書

HZMB HONG KONG CROSS BORDER MOTOR VEHICLE MAINLAND COMPULSORY TRAFFIC ACCIDENT LIABILITY UNILATERAL RECOGNITION INSURANCE / COMMERCIAL INSURANCE PROPOSAL FORM

投保人/被保險人姓名：\_\_\_\_\_ 香港汽車保單號碼：\_\_\_\_\_
   
Name of Proposer/Insured H.K. Motor Insurance Policy No.
   
 身份証號碼：\_\_\_\_\_ 行業或職業：\_\_\_\_\_
   
H.K.I.D. No. Business or Profession
   
 通訊地址：\_\_\_\_\_
   
Postal Address
   
 保險期：\_\_\_\_\_ 至 \_\_\_\_\_ 電郵：\_\_\_\_\_ 電話：\_\_\_\_\_
   
Period of Insurance To Email Telephone No.

#### 投保汽車詳情

##### PARTICULARS OF VEHICLE TO BE INSURED

車牌號碼： Registration Mark	車輛種類： <input type="checkbox"/> 6 座以下客車 <input type="checkbox"/> 6 至 8 座客車 Vehicle Type below 6 seats 6-8 seats	使用性質：非營運 Usage Non-commercial
廠牌/型號： Make / Model	識別號碼(車架號)： V.I. No./Chassis No.	登記日期： Registration Date
排量： Cylinder Capacity	發動機號碼： Engine No.	核定載客(包括司機)： Seating Capacity (incl. driver)

#### 投保險別

##### COVER REQUIRED

##### 交強險賠償限額 (每次事故)

##### COMPULSORY TRAFFIC ACCIDENT LIABILITY LIMITS (ANY ONE EVENT)

死亡傷殘賠償限額 Death and Disability	人民幣 RMB 180,000.00	無責任死亡傷殘賠償限額 Death and Disability (without liability)	人民幣 RMB 18,000.00
醫療費用賠償限額 Medical Expense	人民幣 RMB 18,000.00	無責任醫療費用賠償限額 Medical Expense (without liability)	人民幣 RMB 1,800.00
財產損失賠償限額 Property Damage	人民幣 RMB 2,000.00	無責任財產損失賠償限額 Property Damage (without liability)	人民幣 RMB 100.00

#### 商業險投保險別

##### COMMERCIAL INSURANCE COVER REQUIRED

險別 Coverage	賠償限額 (每次事故) Liability Limit (any one event)	險別 Coverage	賠償限額 (每次事故) Liability Limit (any one event)
<input type="checkbox"/> 第三者責任險 Third Party Liability	人民幣 RMB <input type="checkbox"/> 2,000,000.00 <input type="checkbox"/> 3,000,000.00 <input type="checkbox"/> 5,000,000.00 <input type="checkbox"/> 8,000,000.00 <input type="checkbox"/> 10,000,000.00	<input type="checkbox"/> 車上人員責任險(司機、乘客) Personnel Liability (driver, passengers)	人民幣 RMB <input type="checkbox"/> 10,000.00 <input type="checkbox"/> 30,000.00 <input type="checkbox"/> 50,000.00 <input type="checkbox"/> 100,000.00

投保人／被保險人姓名： \_\_\_\_\_  
Name of Proposer/Insured

車牌號碼： \_\_\_\_\_  
Registration Mark

**聲明 DECLARATION**

- 本人／我們謹聲明，本投保書內所提供之資料皆屬真實無訛，並無隱瞞、虛報或歪曲任何事實。  
I/We declare that all the particulars of this proposal form are true and that I/we have not withheld, mis-represented or mis-stated any material facts.
- 本人／我們謹聲明據本人／我們所知及相信，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.
- 本人／我們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.
- 本人／我們謹聲明上述資料及所答各項，如非本人／我們親筆或由別人代筆者，皆由本人／我們授意代為填寫，本人／我們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.
- 本人／我們謹聲明本人／我們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.

**收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT**

閣下所提供之資料（包括信用資料和以往申索紀錄），為太平洋保險有限公司（“太平洋保險”）以用作保險業務所需，並可能使用及披露於下列目的：

- 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；
- 偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）；
- 行使任何代位權；
- 任何車輛牌照續期申請（包括電子申請）；
- 由太平洋保險提供的推廣訊息包括有關太平洋保險的財務、保險及相關服務和產品的消息、優惠、推廣及資訊；及／或由太平洋保險的集團公司及商業夥伴提供的有關財務、保險及相關服務和產品的推廣訊息；及

可能轉移予：  
- 現存或不時成立的任何保險公司協會或聯會或類同組織（“聯會”），保險理算人、代理和經紀；僱主；醫護專業人士；醫院；會計師；財務顧問；律師；包括但不限於整合保險業申索和承保資料的組織；防欺詐組織；其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指定的其他人士）；從事與再保險業務有關的公司；警察；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其營運者），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；

- 透過聯會轉移予任何聯會的會員，以達到任何上述或有關目的；  
- 運輸署，以達到任何上述或有關目的；及  
- 如上所述的為直接推廣目的之集團公司及商業夥伴。

相關資料將通過本公司中國內地合作的保險服務機構太平洋財產保險有限公司傳送到廣東車輛綜合服務平台及相關政府部門進行信息共享，以滿足車輛入出境內地的手續和駕車上路的需要。

此外，在此授權太平洋保險由聯會從保險業內收集的資料中查閱及核對閣下的任何資料。

閣下有權查閱及要求更正由太平洋保險持有有關閣下的資料。如有此項要求，可向香港灣仔皇后大道東 43-59 號東美中心 10 樓太平洋保險有限公司總經理提出。

The information (including credit information and claims history) you provided to The Pacific Insurance Company, Limited (“Pacific Insurance”) is collected to enable Pacific Insurance to carry on insurance business and may be used and disclosed for the purpose of:

- any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service;
- any claim or investigation or analysis of such claim;
- detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
- exercising any right of subrogation;
- any renewal application of vehicle license(s) (including electronic application);
- provision of marketing communications containing news, offers, promotions and information regarding Pacific Insurance’s financial, insurance and related services and products; and/or marketing communications provided by Pacific Insurance’s group companies and business associates regarding their financial, insurance and related services and products; and

may be transferred to:

- any association, federation or similar organization of insurance companies (“Federation”), insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; including but not limited to organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations; other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph), companies carrying on reinsurance related business, the police and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information; 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;
- any members of the Federation by the Federation for any of the above or related purposes;
- Transport Department for any of the above or related purposes; and
- the group companies and business associates as specified above for direct marketing purposes.

Related data will be transferred to Guangdong Vehicle Comprehensive Service Platform and related government departments for information sharing through Taiping General Insurance Co., Ltd, our cooperated insurance service company in mainland China, in order to satisfy the procedure of vehicle travelling to and from mainland and the needs of driving.

Moreover, Pacific Insurance is hereby authorized to obtain access to and verify any of your information collected by the Federation from the insurance industry.

You have the right to obtain access to and request correction of any of your personal information held by Pacific Insurance. Requests for such access can be made to the General Manager of The Pacific Insurance Company, Limited at 10<sup>th</sup> Floor, Dominion Centre, 43-59 Queen’s Road East, Wanchai, Hong Kong.

**接收直接推廣訊息指示 RECEIVE DIRECT MARKETING MATERIALS INSTRUCTION**

太平洋保險有限公司（“太平洋保險”）不會未經閣下同意而使用或轉移閣下的個人資料給第三方為直接推廣的用途。使用的個人資料包括姓名、電話、地址及電郵地址。如閣下不同意太平洋保險使用或轉移閣下的個人資料給第三方為直接推廣的用途，請勾選以下相關方格。  
The Pacific Insurance Company, Limited (“Pacific Insurance”) may not use or transfer your personal data to third parties for direct marketing purposes without your consent. The personal data to be used includes name, telephone number, address and email address. If you object to Pacific Insurance’s use or transfer of your personal data to third parties for use in direct marketing, please tick the relevant box(es) below.

- 本人／我們不欲太平洋保險使用本人／我們的個人資料作直接推廣。  
I/We **do not wish** Pacific Insurance to use my/our personal data in direct marketing.
  - 如你選交此投保書而沒有在以上方格內以“✓”號顯示您的選擇，即代表您並不拒絕太平洋保險任何形式的直接推廣。  
If you return this Proposal Form without ticking “✓” the above box, it means you do not wish to opt-out from any form of direct marketing of Pacific Insurance.
  - 以上代表您現在對是否接收直接推廣資料的選擇，亦取代任何您之前已告知太平洋保險的選擇。  
The above represents your present choice whether or not to receive direct marketing materials and replaces any choice communicated by you to Pacific Insurance prior to this application.
- 為改善及提供更全面的服務予太平洋保險的客戶，太平洋保險可能會將您的個人資料提供予「本集團」\* 其他成員及商業夥伴作其包括財務、保險及相關服務和產品的直接推廣。若您不欲太平洋保險提供您的個人資料予以上人士作以上用途，請您在這方格上以“✓”號表示。  
To improve and provide more comprehensive services to our customers, Pacific Insurance may provide your personal data to other members of the Group\* and business associates for their use in direct marketing of financial, insurance and related services and products. Please tick “✓” this box if you **do not wish** Pacific Insurance to provide your personal data to the above persons for the above purposes.  
\*「本集團」包括太平洋保險及其控股公司、分行、附屬公司、代表辦事處及附屬成員，不論其所在地。  
The “Group” means Pacific Insurance and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated.

**保險經紀佣金同意聲明 CONSENT DECLARATION ON INSURANCE BROKER COMMISSION**

本人／我們明白、確知及同意，太平洋保險有限公司（“太平洋保險”）會就本人／我們購買及接受太平洋保險簽發的保單，於保單有效期內（包括續保期），向負責安排有關保單的獲授權保險經紀支付佣金。假如我們為法人團體，代表我們簽署的獲授權人員須向太平洋保險確認他／她已獲我們授權簽署。

本人／我們亦明白太平洋保險必須取得本人／我們以上的同意，才可以處理有關申請。

I/We understand, acknowledge and agree that as a result of my/our purchasing and taking up the policy to be issued by The Pacific Insurance Company, Limited (“Pacific Insurance”), Pacific Insurance will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where we are a body corporate, the authorized person who signs on our behalf confirms to Pacific Insurance that he or she is authorized to do so.

I/We further understand that the above agreement is necessary for Pacific Insurance to proceed with the application.

日期： \_\_\_\_\_  
DATE

投保人簽署： \_\_\_\_\_  
SIGNATURE OF PROPOSER

**本公司專用 For Office Use Only**

交強險保費	人民幣	代理人名稱
商業險保費	人民幣	代理人編號
保費合計	人民幣	保單號碼
保費合計	港元 (MIB: ) IA: )	備註