



太平洋保險有限公司

THE PACIFIC INSURANCE CO., LTD.

(INCORPORATED IN HONG KONG IN 1960)

THE PACIFIC GROUP

總行
電話 Tel: 2876 0000 傳真 Fax: 2876 0111

分行
電話 Tel: 2384 0071 傳真 Fax: 2782 1435

汽車保險投保書

MOTOR VEHICLE INSURANCE PROPOSAL FORM

投保人姓名

Full Name of Proposer:

*(閣下可親身出示身份証正本或提供副本以供查核。 Please present your Identity Card in person or provide a copy for verification.)

商業登記証/公司註冊証書/香港身份証號碼*

B. R. or C. I. / H.K.I.D. No.:

年齡

Age:

行業或職業

Business or Profession:

通訊地址 (請以英文正楷填寫)

Postal Address: (in English Block letters)

保險期由

Period of Insurance: From

至

To

電郵

Email:

電話號碼

Telephone No.:

投保汽車詳情 PARTICULARS OF VEHICLE TO BE INSURED:

汽車登記號碼 Registration Mark	廠名 Make	型號 Model	車身類型 Type of Body
製造年份 Year of Manufacture	引擎汽缸容量 Cylinder Capacity	座位限額 (司機除外) Seating Capacity (excluding driver)	許可車輛總重 Permitted Gross Vehicle Weight
車身底盤號碼 Chassis No.	引擎號碼 Engine No.		

投保項目: 綜合保險 Comprehensive Insurance 第三者法律責任保險 Third Party Risks Insurance

投保車輛是否需要在中國境內行駛? 是 Yes 否 No

車輛市值估計 (包括配件及零件):
Estimated Value of the Motor Vehicle (Including accessories and spare parts thereon): HK\$

購車分期付款公司:

Hire Purchase Owner (if any):

附加設備: 尾板 吊機 行車記錄儀 其他:

Accessories: Tailgate Crane Dash Cam Others:

如裝有尾板/吊機等附加裝配請列明年份、牌子、噸數及價值:

Please state accessories such as Tailgate / Crane with year of manufacture, make, tonnage & value:

商用車輛主要運載之貨品或從事行業之詳情 Commercial vehicle carrying goods or engaged in the details of the business:

※投保之客貨車/貨車是否上台車(街車)或電召車? 是 Yes 否 No
Is the insured vehicle a radio call van / lorry?

主要運載或從事: 魚類,海鮮 Fish / Seafood 蔬菜,生果 Vegetable / Fruit 禽畜 Poultry 危險品,氣體或燃油 Dangerous Goods, Gas / Oil

清潔 Cleaning 速遞 Courier 回收物料 Recycling 作出租用 Reward for hire purpose

其他類別(請列明) Others (please specify):

駕駛者資料 Details of Drivers:

駕駛人姓名 Name of person or persons normally drive	關係 Relationship	駕駛執照編號 Driving Licence Number	年齡 Age	駕駛經驗年數 Driving Experience	備註 Remark: 首二名駕駛人毋須增收保費,第三及四名須各增收百分之拾附加保費。 First two at normal premium, additional two subject to 10% additional premium each.
1.					
2.					
3.					
4.					

註:請連同汽車牌簿及駕駛執照副本與此汽車投保書一併交回。

Note: Please submit copies of Vehicle Registration Document and Driver(s)' Driving Licence together with this Proposal Form.

請回答以下問題 Please answer the following questions	是 Yes	否 No	若是,請詳述。If yes, please give details.
過去三年內,閣下或任何可能駕駛本投保汽車之人仕可曾觸犯交通條例而被扣分或被停牌? Have you or any person who may drive the motor vehicle been convicted of motoring offence that involving deduction of driving offence points or driving licence been suspended during the last three years?			
過去三年內,閣下或任何可能駕駛本投保汽車之人仕可曾涉及交通意外? Have you or any person who may drive the motor vehicle been involved in a motor accident during the last three years?			
過去三年內,閣下或任何可能駕駛本投保汽車之人仕可有被任何保險公司拒絕受保、拒絕續保或取消未到期之保險? Have you or any person who may drive the motor vehicle been declined such application, or been refused renewal or been terminated such insurance by any insurance company during the last three years?			
閣下或任何可能駕駛本投保汽車之人仕可曾患心臟病、糖尿病或有視覺、聽覺不靈的毛病、弱智或傷殘等問題? Have you or any person who may drive the motor vehicle suffered/been suffering any heart disease, diabetes or suffer from defective vision or hearing, mental infirmity or physical disability?			

閣下可曾在以前投保的公司獲得無索償折扣 (NCD) ? 若有,請列明。 Are you entitled to a "No Claim Discount" from your previous Insurer?

有 Yes 無 No 無索償折扣紀錄 NCD: _____%

公司名稱 保單號碼 車牌號碼
Company: Policy No.: Registration No.:

投保人姓名：
Full Name of Proposer: _____

汽車登記號碼：
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名的其他人士）；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。

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.

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 10th 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.
 - 如您遞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

Agent _____	A/C Code _____	Holding No. _____	Premium _____
T/Code _____	C. I. No. _____	Cover Note No. _____	_____
Excess _____	_____	Policy No. _____	_____
Clauses _____	_____	Despatch No. _____	_____
Remark _____	_____	_____	_____