



Tugu Insurance Company Limited 德高保險有限公司

(Incorporated in Hong Kong) (在香港註冊成立)

44/F., Office Tower, Convention Plaza, 1 Harbour Road, Wanchai, Hong Kong. Tel.: (852)2824-2939 Fax: (852)2824-3070
香港灣仔港灣道一號會展廣場辦公大樓四十四樓 電話: (852)2824-2939 傳真: (852)2824-3070

Motor Trade Insurance (Named Driver) Proposal Form

汽車貿易保險(記名駕駛人)投保書

Please fill in clearly: (Please tick the appropriate box) 請清楚填寫(請√在適用方格)

Proposer Information 投保人資料

Name of Proposer: H.K.I.D. Card No. /
 投保人姓名/保戶名稱 Business Registration No.:
 香港身分證號碼/商業登記號碼

Home/Business Address:
 住宅/公司地址

Day Time Tel. No.: Night Time Tel. No.:
 日間聯絡電話 夜間聯絡電話

Nature of Business 業務性質

Motor Car Dealer Brand New Cars Second Hand Cars Motor Car Repairer
 車輛經營商 全新車買賣 二手車買賣 車輛修理商

Others Please specify
 其他 請申述

Cover Required 投保項目

Comprehensive Third Party Only Demonstration Extension Risk Cover Yes No
 綜合保險 第三者保險 附加試車風險 是 否

Important Notes: 重要事項

Limitation as to use 汽車使用限制

Use only for Motor Trade Purposes in connection with the Insured's Business as specified above.
 祇限使用於上述列舉閣下之汽車貿易相關業務上

* Period of Insurance (Both dates inclusive): From DD/MM/YYYY To DD/MM/YYYY
 保險生效日期(起訖日期包括在內) 由 日 月 年 至 日 月 年

* Cover will not operate until the application has been accepted by the Company and a cover note or certificate of insurance has been issued.
 保險須於本公司確認接受閣下之投保項目及臨時保單或保險證明書發出後始生效。

Named Drivers 記名駕駛人資料

Please give below details of the Insured Driver(s):
 請於下列詳述投保駕駛人資料:

Name of Driver(s) 駕駛人姓名	Age 年齡	Years of driving experience 駕駛經驗	Occupation (full and part-time) 職業(全職及兼職)	Relationship to Proposer 與投保人關係

Please state whether the Insured Driver(s):
 請在下列說明駕駛者詳情:

1. have accumulated 8 or more driving offence points or had driving licence suspended in the past 2 years?
 過去2年內曾否在交通違例事件中已被累積8分或以上,或曾被停牌? Yes 是 No 否
2. suffer from defective vision or hearing or from any physical or mental infirmity?
 是否患有視力或聽覺上的缺陷或身體或精神上的毛病? Yes 是 No 否
3. have had any motor insurance refused?
 是否曾被拒絕投保汽車保險? Yes 是 No 否
4. have had any accident, losses or claims in the past 3 years or are there any police enquiries or prosecutions pending?
 於過往3年間曾否發生意外,失竊或索償事項或現時是否被警方傳召或起訴? Yes 是 No 否

If you have ticked "Yes", please give details below: 如√“是”者請詳細說明如下:

Insurance History 以往保險紀錄

Previous Insurance Company Name: Policy No.:
 以往保險公司名稱 保單號碼



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Important Notes 重要事項

You should provide us with all relevant facts which are likely to influence whether we accept your proposal and on what terms and conditions. Failure to do so may not provide you with the cover you want and gives us the right to refuse any claims and void the policy completely. If you are in any doubt about a particular fact, you should tell us or your broker or insurance agent. You should keep a record (including copies of letters) of all information supplied to us in connection with this insurance. We will provide you with a copy of the completed proposal form on request.

若有任何資料或事項可能影響本公司對該項投保的接受或評估,均必須填報,如未能確定應否填報,請即通知本公司或閣下的經紀人或保險代理。敬請閣下保存所有提拱的資料(包括信件副本)的紀錄,以便日後參考。為保障閣下本身利益,務請確保填報全部有關事項。漏報可能使保單不能提供閣下所需要的保險,甚至使該保單完全失效。

Declaration 聲明

I/We declare that to the best of my/our knowledge and belief the information given on this form is true and complete in every respect. I/We agree that this proposal and declaration will be the basis of the contract between me/us and Tugu Insurance Company Limited. I/We agree that the insurance will not be in force until the proposal has been accepted by the Company.

I/We understand that this Motor Trade insurance covers only my/our use of motor vehicle for Motor Trade Purposes (refer to "Limitation as to use") but not for any other purposes including the conveyance of passengers for hire or reward, the conveyance of goods in the course of trade or the delivery or removal of goods, personal, social, domestic and pleasure purposes, racing, pacemaking, reliability trial or speed testing.

I/We understand that all the personal information collected or held by Tugu Insurance Company Limited (the "Company"), however obtained, may be used by or disclosed to any individual or organization within or outside Hong Kong for the following purposes: (1) to assess and service this application; (2) to process the Direct Debit Authorization; (3) to provide marketing material of the Company or its associated companies and (4) to conduct insurance claims or analysis.

The Proposer or the Insured Person shall have the right of access to and to request correction of any personal information concerning themselves held by the Company. A request for such access and correction may be made to The Senior Office Manager of the Company at 44th Floor, Office Tower, Convention Plaza, 1 Harbour Road, Wanchai, Hong Kong.

本人/吾等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/吾等明白本投保書及聲明將構成本人與德高保險有限公司之間的合約依據。本人/吾等同意有關保險須在該公司接受本投保書後才生效。

本人/吾等明白此汽車貿易保險承保範圍祇限用於我/我們在營運汽車貿易業務上(請參照以上之汽車使用限制)而並不包括任何汽車租賃,運載貨物或收費形式接載乘客,日常社交及私人自用,家庭或遊樂用途,賽車,定速度,可靠性試驗或車速測試。

一切由德高保險有限公司(本公司)所收集或持有的個人資料,不論以任何方式獲取,均可供本公司使用或向在香港境內或境外之任何人或機構披露作以下用途: (1)評核此項申請、(2)辦理直接付款授權書、(3)提供本公司及關連機構的推廣資料、(4)處理保險的索償或有關之分析。

投保人或受保人有權查閱及要求更改由本公司所持有有關他們任何個人資料。任何關於個人資料查閱或更改之要求,可向本公司之高級行政經理提出,地址為香港灣仔港灣道一號會展廣場辦公大樓四十四樓。

(本投保書及章程之中文譯本如與英文原文有歧異,概以英文為準。)

Signature of Proposer 投保人簽署:

Date 日期: