



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 Vehicle Insurance Proposal Form

汽車保險投保書

Please print or type clearly. (Please tick the appropriate box) 請用英文正楷填寫 (請√在適用方格)

Proposer Information 投保人資料

Full Name (Name in which vehicle is registered):

姓名(須與汽車牌照相同)

H.K.I.D. Card No.:

香港身份證號碼

Home/Business Address:

住宅/公司地址

Day Time Tel. No.:

日間聯絡電話

Night Time Tel. No.:

夜間聯絡電話

Nature of Business:

業務性質

Position Held:

職位

(Part time):

(兼職)

The Vehicle 投保車輛細節

Registration Mark:

牌照號碼

Make of Car and Model:

汽車牌子及型號

Type of Body:

車型

Cubic Capacity/Carrying Capacity:

容量/載重噸數

Year of Manufacture:

製造年份

Engine/Chassis No.:

引擎/底盤號碼

Seating Capacity(Incl. driver):

座位數目(包括司機)

Insured's Estimated Value:

投保估值

including all accessories and spare parts whilst thereon. 包括汽車之零件及配件。

Hire Purchase Owner(if any):

財務公司名稱(如適用):

1. Has the vehicle been modified or altered from the maker's standard specification?(If Yes, give details.)

上述汽車是否經過改裝?(如√“是”,請說明所改裝細則。)

Yes

No

是

否

2. Is any non-standard equipment installed in the vehicle? (If Yes, give details including values.)

該車是否設有非標準規格的裝備?(如√“是”,請列明細則及價值。)

Yes

No

是

否

3. Is the vehicle fitted with an anti-theft device? (If Yes, give brand and model.)

該車是否設有防盜裝置(如√“是”,請列明牌子及型號。)

Yes

No

是

否

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

Use and Cover 車輛用途及投保類別

In addition to social, domestic, pleasure use and by the proposer in person for business purposes, will the vehicle be used for:

該車輛除作為投保人私人事務及普通用途以外,是否用作以下用途:

1. business purposes by yourself/your spouse?

業務用途,並由自己/配偶駕駛?

Yes

No

是

否

2. business purposes by any other person?

業務用途,並由他人駕駛?

Yes

No

是

否

3. the carriage of passengers or goods for hire or reward?

租賃載客/貨用途?

Yes

No

是

否

4. driving instruction purposes?

教授駕駛用途?

Yes

No

是

否

5. any purpose in connection with the motor trade?

與銷售車輛有關用途?

Yes

No

是

否

6. carriage of goods of explosive, inflammable or volatile nature?

裝載易燃,爆炸或危險物品?

Yes

No

是

否

Cover Required 投保類別

Comprehensive

綜合保險

Third Party Only

第三者保險

Cover required from

保險生效日期

DD/MM/YYYY

日 月 年

*Cover will not operate until a cover note or certificate of insurance has been issued. 保險須於臨時保單或保險證明書發出後始生效。

Period of Insurance

保險期限:

From:

由:

DD/MM/YYYY

日 月 年

To:

至:

DD/MM/YYYY

日 月 年



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The Drivers 駕駛人資料

Give below details of yourself and any other persons who may drive the vehicle. The Comprehensive Policy provides cover without unnamed driver excess for the first two named drivers. 請於下列詳述投保人及其他駕駛者資料,在綜合保單的兩位記名駕駛者毋須承擔不記名自付額。

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
THE PROPOSER (Yourself) 投保人(閣下)				

State whether you and/or any person who to your knowledge will drive the vehicle 請在下列說明閣下及其他駕駛者詳情

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 and No Claim Discount 以往保險紀錄

Previous Insurance Company Name: 以往保險公司名稱	Policy No.: 保單號碼
Registration No.: 車輛牌照號碼	Percentage of NCB Entitled: 現享無賠償折扣
If no NCB, please give reason: 如未享有無賠償折扣 請申訴原因:	

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供的資料(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 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 Tugu Insurance Company Limited. I agree that the insurance will not be in force until the proposal has been accepted by the Company.

I/We understand that all the personal information collected or held by Tugu Insurance Company Limited (the "Company"), howsoever 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德高保險有限公司之間的合約依據。本人同意有關保險須在該公司接受本投保書後才生效。

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: