

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號中國太平大廈19字樓
19/F, China Taiping Tower, 8 Sunning Road, Causeway Bay, Hong Kong

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

重要提示 Important Notices

投保人填寫此投保書時,務必如實作答,並告知中國太平保險(香港)有限公司(下稱“本公司”)所有和投保風險有關的重要資料,任何虛報或隱瞞事實,會導致保單失效。對資料應否透露若有任何疑問,請即查詢本公司或閣下的保險代理/經紀。Failure to supply true answers to this Proposal Form or inform CHINA TAIPING INSURANCE (HK) COMPANY LIMITED (hereafter called the “Company”) of all material information about your insurance proposal may render the insurance policy invalid. If you have any doubt about what you should disclose, do not hesitate to check with the Company or your insurance agent/broker.

請以英文正楷填寫,並在適當的空格內填上 Please fill in this form in English block letters and tick the boxes where appropriate .

* 必須填寫項目 Mandatory fields # 需額外繳付保費/費用 Additional Premium / Charges are required. ※ 必須附證明文件 (Please enclose relevant document)

被保險人資料 PARTICULARS OF INSURED

公司名稱*Company Name		法團註冊證書編號* <input type="checkbox"/> Certificate of Incorporation No.	
		商業登記證號碼* <input type="checkbox"/> Business Registration No.	
		公司聯絡人* Contract Person	
投保人姓名 - 姓* Name of Proposer – Surname	名* Given Name	性別* Sex	香港身份證號碼 / 護照編號* HKID Card No. / Passport No.
通訊地址 Correspondence Address*			
業務/職業/ business*	電郵地址 E-mail Address	聯絡電話 Contact Tel. No.	傳真號碼 Fax No.

要保車輛用途 USE OF INSURED VEHICLE*

車輛用作以下用途: Insured Vehicle will be used for following purpose(s):

社交活動、家庭及娛樂以及投保人業務或職業用途 Social domestic and pleasure purposes and for the proposer's business or profession;

租賃取酬用途 hire or reward; 銷售車輛用途 motor trade; 教授駕駛 Driving instruction;

其他人的業務用途 Business purposes of any other person 請列明 Please state the details: _____

投保細則 INSURANCE COVER

本保單生由 _____ 起一年內有效 for one year. 保險須於臨時保單或保險證明書發出後始生效。
Policy to commence on _____ 起一年內有效 for one year. Cover will not operate until cover note or certificate of insurance has been issued
日 dd/ 月 mm/ 年 yyyy

全險 Comprehensive; 第三者責任險 Third Party Risks Only

附加國內之車身損毀保障 including own damage cover in China # : 廣東省內 Guangdong Province ; 全國 All Provinces

駕駛者資料 PARTICULARS OF DRIVERS

請詳述投保人及其他駕駛者資料。Please provide details of the Proposer and any other persons who may drive the vehicle.
下述人士亦將被提名為全險保單內的指名駕駛者。The following person(s) will also be nominated as named driver(s) under the comprehensive policy.

	投保人/主要駕駛者(1): Proposer /Main driver (1):	主要駕駛者(2) Main driver (2)	主要駕駛者(3) Main driver (3)	主要駕駛者(4) Main driver (4)
姓名 Full Name * (姓氏先行,名字隨後 surname first, then given name)				
駕駛牌照號碼* Driving Licence No.				
出生日期 Date of Birth* (日/月/年 dd/mm/yyyy)				
性別 Sex *	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
香港駕駛年資 No. of year driving in Hong Kong*				
職業/行業 Occupation / Trade* Including full time & part time 包括全職及兼職				
與投保人關係 Relationship with the proposer*				
駕駛者經驗 DRIVING EXPERIENCE				
持有由香港特別行政區政府所簽發之有效駕駛執照不足兩年或年齡不足25歲? Have a valid driving licence issued by the Government of HKSAR for less than 2 years or are under 25 years of age?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

最近三年曾被扣駕駛分數或正接受警方調查或被控訴? Have incurred any driving-offence point in connection with the use of motor vehicle during the past 3 years or are there any police enquiries or prosecutions pending?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
曾有保險公司拒絕受保汽車保險? Have had any motor insurance refused?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
曾在最近三年駕車遇事或要求賠償? Have had any accident, loss or claim in connection with the use of motor vehicle during the past 3 years?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
是否有家庭成員介乎 18-25 歲及持有駕駛執照? Are any family members between 18-25 years with driving licence? * <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No				
如以上答案為“是”請詳細說明。 If any of above answer(s) is “Yes”, please state the details: _____				

要保汽車詳情 PARTICULARS OF VEHICLE TO BE INSURED			
香港登記號碼 Registration Mark(H.K.)	國內車牌號碼 粵 Z Registration Mark(China) 港	製造年份 Year of Manufacture	
廠名 Make	型號 Model	車身類型: Body Type	
座位限額(駕駛者除外) Seating Capacity(Excluding Driver)	<input type="checkbox"/> 手波 Manual <input type="checkbox"/> 自動波 Auto	汽缸容量 Cylinder Capacity	
引擎號碼 Engine No.	車底盤號碼 Chassis No.		
投保人所估車價市值(連附加設備及零件) 港幣 Insured's Estimate of Value including Accessories & Spare Parts Whilst thereon HKD			
上述汽車是有否安裝附加設備? Is there any accessory installed in the above vehicle? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	請詳列估計附加設備市值、牌子及型號。 Please state Accessories Estimated Value, brand and Model		
	<input type="checkbox"/> 防盜裝置 anti-theft device HKD _____	<input type="checkbox"/> 影音系統 AV system HKD _____	<input type="checkbox"/> GPS system 衛星定位系統 HKD _____
	<input type="checkbox"/> 其他 Others ※ HKD _____		
Has the vehicle been modified or altered from the manufacturer's standard specification?. 上述車輛是否經過改裝致有異於製造廠方的標準規格? 如“是”,請說明所有改裝細節。 If “Yes”, please state the details. ※	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No		
上述車輛是否用分期付款方法購買? 如“是”,請列明該財務公司名稱。 Is the above vehicle under any hire purchase agreement? If “Yes”, please state the name of the hire purchase owner.	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No		
投保人是否此汽車的車主? Is the proposer the owner of the vehicle? 若選擇“否”,請詳述。 If “No”, please give full details.	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No		

INSURANCE HISTORY & NO CLAIM BONUS RECORD 以往保險及無賠償折扣記錄			
投保人現在/曾否有車輛在其他保險公司受保? 如“是”,請列明該保險公司名稱。 Is the proposer insured or has ever been insured in respect of any motor vehicle? If “Yes”, please state the name of insurer:		<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
投保人是否享有“無賠償折扣”? Is the proposer entitled to any No Claim Bonus? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	如“是”,請列出: If “Yes”, please state:	保單號碼 Policy No.	折扣率 Percentage
		登記號碼 Vehicle Registration No.	到期日 Expiry Date <small>日/月/年(dd/mm/yyyy):</small>
	如“否”,請列明原因: If “No”, please state the reason:		投保人是否將無賠償折扣轉移到此投保汽車保單? ※ Will the proposer wish to transfer the No Claim Bonus to this proposed insurance policy? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

中國太平保險(香港)有限公司(下稱“本公司”)明白其在《個人資料(私隱)條例》下就個人資料的收集、持有、處理或使用所負有的責任。本公司僅將為合法和相關的目的收集個人資料,並將採取一切切實可行的步驟,確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟,確保個人資料的安全性,及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

閣下提供本申請表要求的個人資料,是為本公司提供保險業務所需,否則,本公司將無法處理閣下的申請。本公司並可能使用閣下的個人資料作以下用途:

- (i) 處理及審批閣下的保險申請或閣下將來提交的保險申請;
- (ii) 執行閣下保單的行政工作及提供與閣下保單相關的服務(包括但不限於更改、變更、取消或續期);
- (iii) 分析、調查、處理及支付閣下保單有關的索償;
- (iv) 發出繳交保費通知及向閣下收取保費及欠款;

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

- (v) 本公司行使任何代位權；
- (vi) 就以上用途聯絡閣下；
- (vii) 其它與上述用途有直接關係的附帶用途；及
- (viii) 遵循適用法律，條例及業內守則及指引。

本公司亦可因應上述用途披露閣下的個人資料予下列各方：

- (a) 就上述用途，向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問(包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商)；
- (b) 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- (c) 追討欠款的收數公司或索償代理；
- (d) 保險資料服務公司及信貸資料服務公司；
- (e) 再保公司及再保經紀；
- (f) 閣下的保險經紀(若有)；
- (g) 本公司的法律及專業業務顧問；
- (h) 本公司的關連公司(以《公司條例》內的定義為準)；
- (i) 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」)及其會員，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；
- (j) 透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的；
- (k) 保險索償投訴局及同類的保險業機構；
- (l) 法例要求或許可的政府機關包括運輸署。

閣下的個人資料可能因上述用途提供給以上任何機構(在香港境內或境外)，而就此而言，閣下同意將閣下的資料移轉至香港境外。

直接促銷通訊：

- 1. 經閣下同意，本公司可能使用閣下的聯絡資料、個人基本資料及保單資料，通過書信、電郵、電話或短信與閣下聯絡，提供金融及保險產品或服務的直接促銷通訊。若閣下不欲接收有關直接促銷通訊，請在以下的方格內填上「✓」。
- 2. 經閣下同意，本公司亦可能提供閣下的聯繫資料、個人基本資料、人口統計數據及保單資料給本公司的關連公司(其定義以《公司條例》內的定義為準)、關連公司之合作伙伴及第三方金融機構，獲取有關資料的公司可以以書信、電郵、或短訊與閣下聯絡，提供金融及/或保險產品或服務的直接促銷通訊。若閣下反對本公司將閣下個人資料提供給本公司的關連公司、關連公司之合作伙伴及第三方金融機構，或不欲接收本公司的關連公司、關連公司之合作伙伴及第三方金融機構的直接促銷通訊，請在以下的方格內填上「✓」。

閣下可隨時撤回給予本公司有關使用閣下的個人資料及提供予第三方作直接促銷用途的同意，而本公司將在不收取任何費用的情況下停止使用該等資料作直接促銷用途。閣下如欲撤回閣下給予本公司的同意，請聯絡本公司的總經理辦公室經理(詳情參閱下文)。

閣下有權查閱本公司是否持有閣下的個人資料，獲取該資料的副本，更正任何不準確的資料，以及查閱本公司有關個人資料的政策及常規。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。如有需要，請以書面形式向本公司總經理辦公室經理提出，地址為香港銅鑼灣新寧道8號中國太平大廈19樓。

本聲明的中英文版本如有任何歧異或不一致，概以英文版為準。

China Taiping Insurance (HK) Company Limited (the "Company") understands its responsibilities in relation to the collection, retention, processing or use of personal data under the Personal Data (Privacy) Ordinance. Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

You are under an obligation to provide all of the personal data requested in this form, which is collected to enable us to carry on insurance business. If you fail to provide all the personal data requested in this form, we will not be able to process your application. The Company may also use your personal data for the following purposes:

- (i) processing and evaluating your insurance application and any future insurance application you may make;
- (ii) administering your insurance policy and providing services in relation to your insurance policy (include but not limited to any alterations, variations, cancellation or renewal of such product or service);
- (iii) analyzing, investigating, processing and paying claims made under your insurance policy;
- (iv) invoicing and collecting premiums and outstanding amounts from you;
- (v) exercising any right of subrogation;
- (vi) contacting you for any of the above purposes;
- (vii) other ancillary purposes which are directly related to the above purposes; and
- (viii) complying with applicable laws, regulations or any industry codes or guidelines.

The Company may disclose your personal data for the above purposes to the following classes of transferees:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- (b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- (c) in the event of default, debt collectors and recovery agents;
- (d) insurance reference bureaus or credit reference bureaus;
- (e) reinsurers and reinsurance brokers;
- (f) your insurance broker (if you have one);
- (g) the Company's legal and professional advisors;
- (h) the Company's related companies (as that term is defined in the Companies Ordinance);
- (i) any association, federation or similar organization of insurance companies (collectively called "the Federation") and its members 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;
- (j) any members of the Federation by the Federation for any of the above or related purposes;
- (k) the Insurance Claims Complaints Bureau and similar insurance industry bodies; and
- (l) government agencies and authorities as required or permitted by law including the Transport Department.

Your personal data may be provided to any of the above organizations, located in Hong Kong or outside of Hong Kong, for the above purposes, and in this regard you consent to the transfer of your data outside of Hong Kong.

Direct Marketing Communications:

- 1. With your consent, the Company may also use your contact details, personal data and policy details to contact you with direct marketing communications regarding financial and insurance products or services by mail, email, telephone or SMS. Tick the box below if you do not wish to receive such direct marketing communications.

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

2. With your consent, the Company may also provide your contact details, personal data, demographic information and policy details to the Company's related companies (as that term is defined in the Companies Ordinance), partners of the Company's related companies and third party financial institutions, who may send you direct marketing communications regarding financial and/or insurance products or services by mail, email, telephone or SMS. Tick the box below if you do not consent to the Company providing your personal data to the Company's related companies, partners of the Company's related companies or third party financial institutions or do not wish to receive direct marketing communications from the Company's related companies, partners of the Company's related companies or third party financial institutions.

You may withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time, and thereafter the Company shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please contact the Company's Manager of Office of the General Manager (please find the details below).

You have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, to correct any data that is inaccurate, and to ascertain the Company's policies and practices in relation to personal data. You may also request the Company to inform you of the type of personal data held by it. Requests for such access can be made in writing to the Company's Manager of the Office of the General Manager at 19/F., China Taiping Tower, 8 Sunning Road, Causeway Bay, Hong Kong.

In the event of any discrepancy or inconsistency between the English and Chinese versions of this statement, the English version shall prevail.

本人反對貴公司使用和轉移本人的個人資料作直接促銷用途，並不希望接收任何推廣及直接促銷通訊。
I object to the use and provision of my personal data for direct marketing purposes, and do not wish to receive any promotional and direct marketing materials.

投保人聲明 DECLARATION

本人/我們謹此代表本人/我們及其他在此投保書提及之人士(下稱「相關人士」或「我們」)(為免存疑,「相關人士」或「我們」指包括本人及此投保書提及之其他人士)聲明及同意:
I/We hereby declare and agree, on behalf of myself/ourselves and other persons referred to in this proposal form (hereinafter referred to as "Relevant Persons", "We", "Our" or "Us") (for the avoidance of doubt, the expressions "Relevant Persons", "We", "Our" or "Us" include myself/ourselves and such other persons) that

- 本人/我們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/我們明白本投保書及聲明將構成本人/我們與中國太平保險(香港)有限公司之間的合約依據。
I/We declare that to the best of my 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 CHINA TAIPING INSURANCE (HK) COMPANY LIMITED.
- 本人/我同意有關保險須在該公司接受本投保書後才生效。
I/We agree that the insurance will not be in force until the proposal has been accepted by the Company.
- 本人/我們會向貴公司申報,自簽署此投保書至保單簽發期間,有關任何一位相關人士的重要事實之轉變;
I/We shall disclose to the Company any change and/or material facts of all Relevant Person(s) that occur after signing this proposal form but before the policy is issued;

本人/我們聲明 I/We declare that

- 要保汽車性能有效;
the Insured Vehicle is in efficient condition;
- 據本人/我們所知悉範圍內,所有曾被拒絕投保或續保汽車保險的人士,或因駕車而引致有索償個案或被定罪的人,將不會駕駛要保汽車;
the Insured Vehicle will not be driven by any person who to my/our knowledge has been refused motor insurance, or continuance thereof, or has had any claims or convictions in connection with any motor vehicle;
- 投保汽車將不會給予非持有少於兩年有效駕駛執照或年齡少於二十五歲,或已被吊銷駕駛執照之人士駕駛;
the Insured Vehicle will not be driven by any person who to my/our knowledge does not hold a full valid driving licence for less than two(2) years or under twenty-five (25) years old, or has been disqualified from holding such driving licence;
- 本人/我們謹聲明本人/我們已獲得以上所提及「相關人士」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 "Relevant Persons" mentioned herein before for the use of their personal data in completing this proposal form;
- 本人/我們從未遭受任何保險公司拒絕受理投保、續保或取消本人/我們保單或要求提高保費及附加特別條件始允承保。
No Insurer has ever cancelled, declined, refused to renew or imposed special terms or conditions on any policy held by myself/ourselves.

日期
Date : _____
(日/月/年 dd/mm/yyyy)

投保人簽署及蓋章(如適用者)
Signature of Proposer &
Chop (If applicable) : _____

In the event of any discrepancy between the Chinese and English versions, the English version shall prevail 如中文及英文版之間有任何差異,一概以英文版為準

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COMPREHENSIVE:					THIRD PARTY:				
HK Ex.				(MA20N) HK Theft				(MA03) TPPD	
(MA02B) GD Ex.				(MA20M) GD Theft				(MA14H) Young	
(MA02H) Others Ex.				(MA20L) Others Theft				Inexperience	
(MA14J)	Young			(MA28) Parking Ex.			PD1		LX1
	Inexperience								
(MA34) Unnamed									
PC:				IT:					
CC:				CC:					
AT:				AC:					
DI:	M	201:	%	202:	%	203:	%	204:	%
	S	201:	%						
	O	R:	%						
SC:									
REMARK:									