

電郵地址:

 Please complete the form in block capitals and tick the appropriate boxes. 請以英文正楷填寫，並在適當的空格內填上 號

PARTICULAR OF PROPOSER 投保人資料			
Full Name of the Proposer 投保人姓名	<input type="checkbox"/> Mr 先生 <input type="checkbox"/> Ms 女士	Age 年齡	No. of Years of Driving 持續駕駛年資
Proposer's Business/Position 投保人服務行業/職位	Mobile Phone No. 手提電話		
Home Address 住宅地址	Home Tel. 住宅電話		
Business Address 辦公地址	Office Tel. 公司電話		

Operative Insurance Cover Required 投保項目	<input type="checkbox"/> Third Party Legal Liabilities 第三者責任保險 <input type="checkbox"/> Comprehensive 綜合保險	Is insurance cover (damage to the Motor Car only) required for driving in Guangdong Province? 擬否附加保障至“中國廣東省”境內(只限投保車輛之損毀或損失)?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Period of Insurance 投保期間	From 由	to 至	

PARTICULARS OF MOTOR CAR TO BE INSURED 投保汽車之資料				
Registration Mark 車輛登記號碼	Vehicle Make/Model 車輛製造商/型號	Year of Manufacture 製造年份	Cylinder Capacity (c.c.) 汽缸容量 (c.c.)	Seating Capacity (excl. driver) 座位乘客數量 (司機除外)
Chassis Number 車身底盤號碼	Engine Number 引擎號碼	No. of Door 車門數量	Type of Body 車身類型	
Est. Value of the Motor Car including Accessories (Sum Insured) 汽車連配件之現時估價(綜合保險之投保額) 港幣 HK\$	Please declare non factory-fitted accessories with value over HK\$5,000 請列明任何超過港幣五千元之非原廠安裝配件	Anti-Theft Alarm System (Model/Value) 防盜系統 (型號/價格)	Use of the Motor Car 投保汽車之用途 <input type="checkbox"/> For social domestic and pleasure purposes 私家用途 <input type="checkbox"/> For business professional use or for use by employees 商業用途 <input type="checkbox"/> Others, please specify 其他用途, 請說明:	
Type of Transmission 變速系統 (波箱) <input type="checkbox"/> Automatic 自動 (自動波) <input type="checkbox"/> Manual 手動 (棍波) <input type="checkbox"/> Automatic & Manual 兼具自動及手動性能自動 (半自動波)	Hire Purchase Owner (if any) 貸款公司名稱 (如適用)	Usual parking place of the Motor Car 投保汽車通常停泊處		

PARTICULARS OF DRIVERS WHO WILL REGULARLY DRIVE THE MOTOR CAR 經常駕駛投保汽車人士之資料					
Full Name of Driver 駕駛人姓名	Nominated as Named Driver? 是否提名為保單指定駕駛人?	Relationship with Proposer 與投保人關係	Occupation 職業	Age 年齡	No. of Years of Driving 持續駕駛年資
Proposer 投保人	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		As above 同上	As above 同上	As above 同上
	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否				
	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否				

PLEASE ANSWER ALL THE FOLLOWING QUESTIONS: 請回答以下問題:	
(1) Has the Motor Car been modified in any way from manufacturer's standard specifications? 上述投保之汽車曾否經過任何改裝或裝置非原裝標準機件?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
(2) Have you or any person who to your knowledge may drive the Motor Car been involved in any traffic accident during the last 3 years? 在過往三年內, 閣下或任何有可能駕駛此汽車人士曾否涉及交通意外?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
(3) Have you or any person who to your knowledge may drive the Motor Car been convicted of any of the following driving offences during the last 3 years: speeding, careless driving, dangerous driving or driving whilst under the influence of alcohol? 在過往三年內, 閣下或任何有可能駕駛此汽車人士曾否被判超速駕駛、不小心駕駛、危險駕駛或在酒精影響下駕駛?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
(4) In respect of Motor Insurance, have you or any person who to your knowledge may drive the Motor Car been declined such application, or been refused renewal, or been terminated such insurance, or been imposed terms on your/his/her policy by any insurance company? 在汽車保險方面, 閣下或任何有可能駕駛此汽車人士曾否被任何保險公司拒絕受保、拒絕續保、取消未到期之保險或附加特別之強制條款於保單內?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
(5) Do you or does any person who to your knowledge may drive the Motor Car suffer from defective vision or hearing or from any physical or mental infirmity? 閣下或任何有可能駕駛此汽車人士, 有否視覺不靈、任何身體部份殘缺或神智不正常?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If the answer to any of the above question is "Yes", please supply details. 在上述問題中, 若有答案為「是」者, 請詳加說明。	

DETAILS OF PRESENT MOTOR INSURANCE "NO CLAIM DISCOUNT" (NCD) 現正享有“無賠款記錄折扣”(NCD)之汽車保險資料		
Name of Insurer 保險公司名稱	Present Policy Number 有效保單號碼	
Registration Mark 車輛登記號碼	NCD (%) 無賠款記錄折扣(%)	Transfer the NCD to the Motor Car proposed here? 是否將NCD折扣轉移到此投保汽車? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

Declaration 聲明

I/We desire to insure with Asia Insurance Company Limited ("the Company") in respect of the Motor Car as detailed herein and hereby declare that:

- (1) the Motor Car is in good condition;
- (2) the Motor Car will not be driven by any person who to my/our knowledge does not hold a full valid driving licence or has been disqualified from holding such driving licence;
- (3) the particulars given in this Proposal Form are true and nothing materially affecting the insurance risk has been concealed by me/us;
- (4) if any particulars or answers in this Proposal Form are not in my/our hand-writing, the person or persons filling in such particulars and answers shall be deemed to be my/our agent for that purpose;
- (5) I/We hereby agree that this Proposal and Declaration shall be incorporated in and taken as the basis of the proposed contract between me/us and the Company; and
- (6) I/We agree to accept a policy in the Company's usual insurance policy form for this class of insurance.

本人/本公司擬向亞洲保險有限公司「亞洲保險」投保上述汽車並謹此聲明如下:

- (1) 投保汽車性能良好;
- (2) 投保汽車將不會給予非持有有效駕駛執照或已被吊銷駕駛執照之人士駕駛;
- (3) 此投保書內所述各項資料全屬真確, 本人/本公司並無隱瞞事實或虛構;
- (4) 此投保書內所述各項資料或答題如非投保人親筆作答, 填寫此表格者只視作本人/本公司之代理人論, 其內容皆屬本人授意代答;
- (5) 本人/本公司同意此投保書及聲明將作為本人/本公司與亞洲保險訂立契約之根據;
- (6) 本人/本公司同意接受亞洲保險所發給慣用之汽車保險單。

Proposer's Signature 投保人簽署	Authorized Agent 特許代理
	 Sun Flower Insurance Brokers Limited Room 1105-06, Hing Yip Commercial Centre, 262 Des Voeux Road Central, Hong Kong Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflower177.com Thank you for considering Sun Flower to be one of your selected intermediaries. We are pleased to get in touch should you have any enquiry regarding the captioned insurance.
Date 日期	

Important Notices 重要事項

- (1) Failure to supply true answers to this Proposal Form or inform 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.
 - (2) Please attach copy of valid Vehicle Registration Document of the Motor Car and documentary evidence of present Motor Insurance "No Claim Discount".
 - (3) The Private Car Insurance will not be effective unless this Proposal has been formally accepted by the Company.
 - (4) Any personal information collected by the Company may be used, stored or disclosed to any individual or organization to evaluate this application, or provide subsequent services. Requests for personal data access or correction may be addressed to Data Protection Officer of the Company.
 - (5) This brochure is not a policy of insurance. Please refer to the policy document for full details of terms, conditions and exceptions.
- (1) 投保人填寫此投保書時, 務必如實作答, 並告知亞洲保險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。
 - (2) 投保人請出示投保車輛的有效車輛登記證副本及現正享有“無賠款記錄折扣”(NCD)之汽車保險證明文件。
 - (3) 投保須經批核, 方可生效。
 - (4) 本公司有權運用, 保存或透露閣下之個人資料予任何人仕或機構, 用以審核此項申請, 或提供有關服務。若需查閱或更正個人資料, 請聯絡本公司的資料保護主任。
 - (5) 此小冊子並非保單, 詳情請參閱保單之條款細則及不承保範圍。

For Office Use Only 公司專用

Account No.	Cover Note No.	Policy No.
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