

NAMED DRIVERS AMENDMENT FORM

記名司機修訂表

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。

Amendment Effective Date 更改生效日期			
Name of the Policyholder 投保人名稱			
Policy No. 保單號碼		Vehicle Registration No. 車輛登記號碼	

Details of Named Drivers (Max. 4 drivers) 駕駛人事項 (最多四名司機)

Named Driver includes any individual who is part of proposer's household / office and holds a valid HK driving license. (Please provide copy of ID and valid H.K. driving license) 請填上經常駕駛該車輛之人士 (請提供附加記名司機之身分證及駕駛執照副本)

Full Name of Driver 駕駛人姓名	Age 年齡	Occupation/Industry 職業 / 行業	Relationship with Proposer 與投保人關係	Total no. of Years Driving (HK and overseas) 於香港/外地駕駛年數	Add 增加	Delete 刪除
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Please answer all the following questions 請回答以下問題

1.	Have any of the above drivers and/or Proposer ever been disqualified or accumulated more than 12 driving offence points in the past 24 months? If "Yes", please specify 以上列名的駕駛者及/或投保人，是否曾在過去 24 個月內被吊銷執照或被記錄違例駕駛分數超過 12 分？若有此記錄者，請詳述	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
2.	Have any of the above drivers and/or Proposer made a motor claim in the past 3 years? If "Yes", please specify 以上列名的駕駛者及/或投保人，是否曾在過去 3 年內因汽車意外而向保險公司作出索償？若有此記錄者，請詳述	<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。

Declaration 聲明

The information and answers given are true to the best of my knowledge and belief and I have not withheld information likely to affect the acceptance of this application. 本人所提供的資料及填報的內容就本人所知及所信均屬真確無訛。本人並無隱瞞任何資料致使可能影響本申請會否獲得接納。

Proposer's Signature 投保人簽署

Date 日期