



商用車保險投保書 Commercial Vehicle Insurance Proposal Form

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 ☑

投保人資料 Details of Proposer			
投保人名稱 Name of Applicant			
通訊地址: Correspondence Address			
業務性質 / 職業 Nature of Business / Occupation		聯絡電話 Contact No.	電郵地址: Email Address
個人名義之保單持有人資料 Details of Proposer			
性別 Sex	<input type="checkbox"/> 先生 Mr. <input type="checkbox"/> 女士 Ms.	香港身分證號碼 HKID Card No.	出生日期 (日/月/年) Date of Birth (dd/mm/yyyy)
投保類別 Insurance Cover			
<input type="checkbox"/> 綜合保障 Comprehensive Cover 估計車輛市值(包括附加設備及零件) Estimated Market Value (including accessories & spare parts) 港幣HK\$ _____		保險生效日期 (日/月/年) Period of Insurance (dd/mm/yyyy)	
<input type="checkbox"/> 第三者責任保險 Third Party Cover		一年保險期 For One Year _____	
附加操作責任保障 Extending liability cover for Tool of Trade Operation (每年最高賠償額 Maxmium Limit per year : HK\$1,000,000.00)			
<input type="checkbox"/> 是 Yes - <input type="checkbox"/> 尾板責任 Tailgate Liability - 每年保費港幣 Annual Premium HK\$1,000 <input type="checkbox"/> 吊機責任 Crane Liability - 每年保費港幣 Annual Premium HK\$1,000			
<input type="checkbox"/> 否 No			
投保車輛資料 Vehicle Details			
車牌號碼 Registration No.	廠名 Make	型號 Model	出廠年份 Year of Manufacture
引擎號碼 Engine No.	底盤號碼 Chassis No.	車身類型 Body Type	汽缸容量 Cylinder Capacity (c.c.)
許可車輛總重 Permitted Gross Vehicle Weight (Tonnes)		座位限額 (司機除外) Seating Capacity (Excluding Driver)	
投保車輛是否用分期付款方式購買? Is the Insured vehicle under a hire purchase agreement? 如“是”，請列明按揭公司名稱。 If "Yes", please specify hire purchase owner			
車輛用途 Use of Vehicle			
請註明投保車輛主要用途 Please specify the main purpose of the insured vehicle:-			
(如: 運送乾貨 For example: General Merchandise)			
此投保書不適用於載客取酬 This Proposal form is not applicable to the vehicle being used for the purpose of carriage of passengers for hire or reward			



無賠償折扣 No Claim Discount (NCD)		
投保人是否享有“無賠償折扣”? Does the Proposer entitled to "No Claim Discount"?		<input type="checkbox"/> 是 Yes _____ <input type="checkbox"/> 否 No
前保險公司名稱 Name of Previous Insurer	保單號碼 Policy No.	到期日 Expiry Date

駕駛者資料(所有經常駕駛此車輛的駕駛者) Drivers Details (All regular drivers)				
	投保人 / 駕駛者 1 Proposer / Driver 1	駕駛者 2 Driver 2	駕駛者 3 Driver 3	駕駛者 4 Driver 4
全名 Full Name				
性別 Sex				
香港身分證號碼 HKID Card No.				
出生日期 Date of Birth				
職業 Occupation				
與投保人關係 Relationship with Proposer				
駕駛年資 Years of Driving Experience				
以上的駕駛者或投保人, 是否有任何一位曾在過去的24個月被取消駕駛資格或超過扣減5分的違規記錄? 如果是, 請提供詳情。 Have any of the above drivers and/or proposer ever been disqualified or accumulated more than 5 driving offence points in the past 24 months? If "Yes", please give full details				<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
最近三年內, 投保人或駕駛者曾否牽涉與汽車有關之意外/損失/保險索賠? 如「是」, 請詳述意外情形。 Have the Proposer or drivers been involved in any accident(s)/loss(es)/ claims related to motor vehicle within the past 3 years? If "Yes", please give details of the accident.				<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
以上的駕駛者或投保人, 是否有任何一位曾被保險公司拒絕受保、拒絕續保或取消汽車保單? Have any of the above drivers and/or proposer ever been declined to accept a proposal, refused to renew or cancelled a motor insurance policy? If "Yes", please give full details				<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

聲明及簽署 Declaration & Signature
<p>1. 本人/我們明白此次投保申請書內的資料就本人/我們所知所信, 全部真實無訛。本人/我們明白此次投保申請書將成為本人/我們與東京海上火災保險(香港)有限公司(簡稱“本公司”)簽訂合約的依據。 I / We have not withheld any material information and I/We accept that this application and declaration shall be the basis of and incorporated in the contract between I/We and The Tokio Marine and Fire Insurance Co. (HK) Ltd. (“the Company”).</p> <p>2. 本人/我們明白及同意此保單將於東京海上火災保險(香港)有限公司核准此申請書並已獲得保費之後方能正式生效。 I/We understand that the liability of the Company does not commence until this proposal has been accepted by the Company and the premium has been paid.</p> <p>3. 本人/我們明白及同意若此保險經由中介人安排, 並由東京海上火災保險(香港)有限公司承保(簡稱“本公司”), 本公司將會付佣金予該中介人。 I/We understand and agree that the Company will allow brokerage/commitment to the intermediary, if any, involved in placing this insurance with the Company.</p> <p>4. 本人/我們聲明投保車輛性能有效, 宜於道路行駛。 I/We declare that the Insured Vehicle is in efficient and roadworthy condition.</p> <p>5. 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.</p> <p>6. 本人/我們聲明上述問題的所有答案及此投保書, 將成為發出保單的根據, 並作為保單的一部份。 I/We declare that all answers to such questions, together with this proposal form, shall form the basis and become a part of the policy.</p>



Sun Flower Insurance Brokers Limited
 Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong
 Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.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.



TOKIO MARINE

東京海上火災保險(香港)有限公司
The Tokio Marine and Fire Insurance Co.(HK) Ltd.
 27A, United Centre, 95 Queensway, Hong Kong
 Tel. (852) 2529-4401 Fax. (852) 2529-2509
 http://www.tokiomarine.com.hk

有關收集個人資料聲明 Personal Information Collection Statement

本人/我們提供的資料，為東京海上火災保險(香港)有限公司提供保險業務所需，並可能使用於下列目的：

The information provided by me/us to The Tokio Marine and Fire Insurance Co. (HK) Ltd. ("the Company") is collected to enable the Company to carry on insurance business and may be used for the purpose of :

1. 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或更新；
any insurance or financial related product or service or any alterations, variations, cancellation or renewal of the said products or services;
2. 任何索償，或該等索償的調查或分析；及
any claim or investigation or analysis of such claim; and
3. 行使任何代位權；及
exercising any right of subrogation; and
可能轉移予：
may be transferred to:
4. 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；
any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
5. 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」)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；及
any association, federation or similar organization of insurance companies ("Federation") 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; and
6. 透過「聯會」轉移予任何「聯會」的會員，以達到任何上述或有關目的。
any members of the Federation by the Federation for any of the above or related purposes.

此外，在此授權東京海上火災保險(香港)有限公司由「聯會」從保險業內收集的資料中查閱及/或核對閣下任何資料。
 本人/我們有權查閱及要求更正由東京海上火災保險(香港)有限公司持有的本人/我們的個人資料，若有此需要可寫信並寄至香港金鐘道九十五號統一中心二十七樓A向該公司協調官員提出。
 Moreover, the Company is hereby authorized to obtain access to and/or to verify any data provided by me/us with the information collected by the Federation from the insurance industry.
 I / We understand that I/we have the right to obtain access to and to request correction of any personal information concerning myself/ourselves held by the Company.
 Requests for such access can be made in writing to the Compliance Officer, 27A, United Centre, 95 Queensway, Hong Kong.

<p>投保人簽署及蓋章(如適用) Signature of Proposer with Company Chop (if applicable)</p>	<p>日期(日/月/年) Date (dd/mm/yyyy)</p>
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TMCV V2403

投保人須瞭解以下事項 Proposers are requested to note the following:

1. 投保車輛遭受損失或破壞時所能賠償的金額不得超過其市場價值或者閣下所投保的金額。
The amount payable in the event of loss or damage to the insured vehicle is limited to its market value at the time of its loss/damage or Insured Value you select whichever is the lower amount.
2. 閣下不得隱瞞任何所知的其他可能會影響本公司對投保申請的接受或者保障專案的事實。如果閣下不清楚需要提供什麼資訊，請告訴我們或者閣下的經紀人或保險代理。我們建議閣下記錄所提供的任何額外資訊(包括信函影本)。請閣下相信我們要求這些資訊是為保護閣下自己，因為如果有任何消息未透露，都會導致閣下的保單無法提供閣下所要求的保險專案，甚至導致保單的失效。
Any other facts known to you which are likely to affect acceptance or assessment of the Insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to tell us or your broker / insurance agent. We recommend you keep a record (including copies of letter) for your future reference, of any additional information given. Making sure we are informed is for your own protection, as failure to disclose may mean that your policy will not provide you with the cover you require, or perhaps may invalidate the policy altogether.
3. 錯誤資訊亦會導致保單無效。
Failure to give us correct information may render this Policy null and void.
4. 如英文及中文版之間有任何差異，一概以英文版為準。
In the event of any differences between the English and Chinese versions, the English version shall prevail.

**請隨投保書附上車輛登記文件，所有駕駛者的香港身分證及駕駛執照副本。
 Please provide copies of vehicle registration documents, Hong Kong identity cards, driving licenses and proposal forms**