

## 中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

香港北角京華道18號15樓

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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/條件另議 Additional Premium / Charges are required/Terms to be negotiated

※ 必須附證明文件(Please enclose relevant document) ▲ 只適用於全險投保 For Comprehensive Only

| 被保險人資料 PARTICULARS OF INSURED   |   |   |   |   |
|---|---|---|---|---|
| 公司名稱*Company Name   |   |   | 法團註冊證書編號*<br>Certificate of incorporation No.                     |   |
|   |   |   | 商業登記證號碼*<br>Business Registration No.                             |   |
| 投保人姓名 - 姓*<br>Name of Proposer – Surname  | 名*<br>Given Name  | 性別*<br>Sex  | 香港身份證號碼 / 護照編號*<br>HKID Card No. / Passport No.                   |   |
| 通訊地址 Correspondence Address*  |   |   | 業務/職業/ business*  |   |
| <input type="checkbox"/> 選擇收取電子保單<br>Select to receive E-Policy   | 電郵地址 E-mail Address   | 聯絡電話 Contact Tel. No.   | 傳真號碼 Fax No.  |   |
| 投保人如選擇電子保單,將不會收到本公司紙質保單。Proposer will not receive our paper policy if he/she selects to receive electronic policy.  |   |   |   |   |
| 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):   |   |   |   |   |
| <input type="checkbox"/> 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;  |   |   |   |   |
| <input type="checkbox"/> 租賃取酬用途 hire or reward; <input type="checkbox"/> 銷售車輛用途 motor trade; <input type="checkbox"/> 教授駕駛 Driving instruction;   |   |   |   |   |
| <input type="checkbox"/> 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  |   |   |   |   |
| 本保單生效由 _____ 至 _____  |   | 保險須於臨時保單或保險證明書發出後始生效。   |   |   |
| Policy to commence from _____ to _____  |   | Cover will not operate until cover note or certificate of insurance has been issued |   |   |
| 日 dd/ 月 mm/ 年 yyyy  |   | 日 dd/ 月 mm/ 年 yyyy  |   |   |
| <input type="checkbox"/> 全險 Comprehensive; <input type="checkbox"/> 第三者責任險 Third Party Risks Only   |   |   |   |   |
| After confirmation of cover, you will have to pay an administration charge of HKD515 if you cancel the Policy before its effective date.  |   |   |   |   |
| 在確認投保後,如閣下於生效日前取消保單,須支付港幣 515 元行政費  |   |   |   |   |
| 附加國內之車身損毀保障 Including own damage cover in China # ▲: <input type="checkbox"/> 廣東省內 Guangdong Province; <input type="checkbox"/> 全國 All Provinces  |   |   |   |   |
| 加大第三者財物保障責任限額至 Extend third party property damage limit to #: <input type="checkbox"/> 港幣 HKD3,000,000 <input type="checkbox"/> 港幣 HKD5,000,000   |   |   |   |   |
| 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.  |   |   |   |   |
| 下列人士亦將被提名為全險保單內的指名駕駛者,以最多四名指名司機為限,不另收費。The following person(s) will also be nominated as named driver(s) under the comprehensive policy subject to a maximum of 4 named drivers without additional premium. |   |   |   |   |
|   | 投保人/主要駕駛者(1)<br>Proposer/Main driver (1)                          | 主要駕駛者(2)<br>Main driver (2)   | 主要駕駛者(3)<br>Main driver (3)                                       | 主要駕駛者(4)<br>Main driver (4)                                       |
| 姓名 Full Name*<br>(姓氏先行,名字隨後<br>surname first, then given name)  |   |   |   |   |
| 駕駛牌照號碼* Driving Licence No.   |   |   |   |   |
| 出生日期 Date of Birth*<br>(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*<br>Including full time & part time 包括全職及兼職  |   |   |   |   |
| 與投保人關係 Relationship with the proposer*  |   |   |   |   |

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| 駕駛者經驗 DRIVING EXPERIENCE  |   |   |  |  |
|---|---|---|--|--|
|   | 投保人/主要駕駛者(1)<br>Proposer/Main driver (1)                                    | 主要駕駛者(2)<br>Main driver (2)   | 主要駕駛者(3)<br>Main driver (3)                                  | 主要駕駛者(4)<br>Main driver (4)                                  |
| 曾在過去三年內被警方檢控不小心駕駛、危險駕駛或被法院判罰停牌或吊銷駕駛執照。 Have been prosecuted by police, Dangerous Driving or driving licence suspended or disqualified by court 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 |
| 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 |
| 如以上答案為“是”請詳細說明。#<br>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<br>Registration Mark(H.K.)   | 國內車牌號碼<br>Registration Mark(China)  | 粵 Z   | 港  | 出廠年份<br>Year of Manufacture                                  |
| 廠名<br>Make  | 型號<br>Model   |   |  | 車身類型<br>Body Type  |
| 座位限額(包括駕駛者)<br>Seating Capacity(Including Driver)   | <input type="checkbox"/> 手波 Manual <input type="checkbox"/> 自動波 Auto        |   | 汽缸容量<br>Cylinder Capacity                                    |  |
| 引擎號碼<br>Engine No.  | 額定功率<br>Rated Power   | 底盤號碼/車輛識別號碼<br>Chassis No./V.I No.  |  |  |
| 投保人所估車價市值(連附加設備及零件) 港幣<br>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?<br>Is there any accessory installed in the above vehicle? ▲  | 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"/> 是 Yes <input type="checkbox"/> 否 No  | <input type="checkbox"/> 防盜裝置 anti-theft device<br>HKD_____                 | <input type="checkbox"/> 行車記錄器 Car camcorder<br>HKD_____  | <input type="checkbox"/> 其他 Others ※<br>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  |   |   |  |  |
| 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”?<br>Is the proposer entitled to any No Claim Bonus?<br><br><input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No                                  | 如“是”，請列出:<br>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<br>日/月/年(dd/mm/yyyy)                         |
|   |   | 投保人是否將無賠償折扣轉移到此投保汽車保單? ※<br>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 |  |  |
| 如“否”，請列明原因:<br>If “No”, please state the reason:  |   |   |  |  |

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China Taiping Insurance (HK) Company Limited

**收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT**

此保單權益人/持有人已通知閣下，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。閣下提供本申請表要求的個人資料(包括信用資料和以往申索記錄)，是為了本公司提供保險業務所需，本公司並可能使用閣下的個人資料作以下用途：

- (i) 任何與保險有關的產品或服務(包括處理及審批閣下的保險申請、索償、結清申索、保單相關行政、財務工作、索償調查或分析、偵測和防止欺詐行為(無論是否與就此申請而發出的保單有關)及其它相關的服務)，或該等產品或服務的任何更改、變更、取消或續期；
- (ii) 本公司行使任何代位權；
- (iii) 就以上用途聯絡閣下；
- (iv) 其它與上述用途有直接關係的附帶用途；及
- (v) 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/轉移閣下的個人資料予下列各方，而他們只能在有合理需要履行上述目的之情況下才可收集和使用這些資料：

- (a) 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，或任何從事與保險或再保險業務有關的公司，或閣下的保險中介人(若有)、保險理算人或索償調查員/公司，或其他保險業務有關的服務提供者；
- (b) 僱主；醫護專業人士；醫院；會計師；財務顧問；律師；整合保險業申索和承保資料的組織；防欺詐組織；其他保險公司(無論是直接地，或是通過防欺詐組織或本段中指名的其他人士)；警察；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)；
- (c) 本公司的關連公司(以《公司條例》內的定義為準)；
- (d) 政府及市場認可的保險業監管機構；保險投訴局及同類的保險業機構、香港保險業聯會(或同類的保險公司聯會)及其會員；
- (e) 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：經閣下同意，本公司可能使用及/或提供閣下的個人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，本公司及/或獲取有關資料的公司可以通過書信、電郵、電話或短信與閣下聯絡，提供金融及/或保險產品或服務的直接促銷通訊。若閣下不欲接收有關直接促銷通訊及反對本公司將閣下個人資料提供給以上公司，請在以下的方格內填上「✓」。

閣下可有權隨時查閱及/或更正由本公司持有有關閣下的個人資料及/或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。如有需要，請以書面形式向本公司的總經理辦公室提出，地址為香港北京華道18號15樓或電郵info@hk.cntaiping.com。另本公司私隱政策的全文已上載於www.hk.cntaiping.com，歡迎查閱。

本聲明中英文版本如有任何歧異或不一致，概以英文版為準。

You have been informed by the owner / holder of this policy that China Taiping Insurance (HK) Company Limited (the “Company”) understands its responsibilities to the collection, retention processing or use personal data under the Personal Data (Privacy) Ordinance. The personal data you provided in this form (including credit information and claims history) is collected to enable the Company to carry on insurance business. The Company may also use your personal data for the following purposes:

- (i) any insurance related product or service (include processing and evaluating your insurance application, any claim, settling claims, providing administration, financing, claim investigation or analysis work, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application) and other services in relation to your insurance policy), or any alterations, variations, cancellation or renewal of such product or service;
- (ii) exercising any right of subrogation;
- (iii) contacting you for any of the above purposes;
- (iv) other ancillary purposes which are directly related to the above purposes; and
- (v) complying with applicable laws, regulations or any industry codes or guidelines.

The Company may disclose / transfer your personal data to the following persons who may collect and use this data only as reasonably necessary to carry out the purposes described above:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services, or any company carrying on insurance or reinsurance related business or your insurance intermediary (if you have one) or claim or investigation adjustors/companies, or other service provider providing services relevant to insurance business;
- (b) employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information;
- (c) the Company's related companies (as that term is defined in the Companies Ordinance);
- (d) Government and industry recognized insurance regulatory bodies: the Insurance Complaints Bureau and similar insurance industry bodies, the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members ; and
- (e) 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 : With your consent, the Company may also use and/or provide your personal data 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. The Company and/or the companies who obtained related personal data can contact and/or send 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 and do not consent to the Company providing your personal data to the above companies.

You have the right to access and/or request correction of any personal data concerning yourself held by the Company and/or withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time. Requests for such access can be made in writing to Office of the General Manager at 15/F, 18 King Wah Road, North Point, Hong Kong or email to info@hk.cntaiping.com. Moreover, the full version of the Company's Data Privacy Policy can be found at www.hk.cntaiping.com.

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

本人/我們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 / We 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.

**中國太平保險(香港)有限公司**  
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**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

1. 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.

2. 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.

3. 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;

● 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。

No Insurer has ever cancelled, declined, refused to renew 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) : \_\_\_\_\_

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

| 由本公司填寫 FOR OFFICE USE ONLY |          |      |   |      |     |      |   |      |   |      |   |
|----------------------------|----------|------|---|------|-----|------|---|------|---|------|---|
| PC:                        |          |      |   |      | IT: |      |   |      |   |      |   |
| CC:                        |          |      |   |      | CC: |      |   |      |   |      |   |
| AT:                        |          |      |   |      | AC: |      |   |      |   |      |   |
| DI:                        | M        | 201: | % | 202: | %   | 203: | % | 204: | % | 213: | % |
|                            | S        | 201: | % |      |     |      |   |      |   |      |   |
|                            | O        | R:   | % |      |     |      |   |      |   |      |   |
| SC:                        | REMARK : |      |   |      |     |      |   |      |   |      |   |