



三聯保險

Trinity General Insurance

汽車保險投保書 Motor Insurance Proposal Form

投保人資料 Particulars of the Proposer

投保人姓名 Proposer		
職業 Occupation	年齡 Age	駕駛經驗 Driving Experience
身份證/商業登記號碼 I.D.No./B.R.No.		手提電話 Mobile No.
通訊地址 Correspondence Address		電話 Tel No.

投保項目 / 投保汽車資料

Type of Cover Required/Particulars of Vehicle to be Insured

<input type="checkbox"/> 私家車 Private Car	<input type="checkbox"/> 貨車 / 客貨車 Commercial Vehicle / Van
車牌號碼 Vehicle No.	車身類型 Body Type
廠名 Make	款式 Model
製造年份 Year of Manufacture	乘客座位限額 Passengers Capacity
汽缸容量 Cylinder Capacity	總重量 Gross Vehicle Weight
機件號碼 Engine No.	
車身底盤號碼 Chassis No.	
保險期限 Period of Insurance	由 from 至 to
<input type="checkbox"/> 第三者責任險 Third Party Liability Only	
<input type="checkbox"/> 綜合全險 Comprehensive	
車輛估值 * Estimate Value *	港元 HK\$.....
分期付款/租賃公司 H.P.Co./Lessor	

* 若受保汽車因損毀及損失而索償，本公司所提供之賠償額將限制於受保汽車損毀及損失時之合理市價 或 閣下所提供之車輛估值、以金額較低者為準。
* The amount payable in the event of loss or damage to the insured motor car is limited to its market value at the time of its loss/damage or the Estimate Value you select, whichever is the lower amount.

記名司機資料 Particulars of the Named Driver(s)

1	姓名 Name		年齡 Age
	職業 Occupation	香港駕駛執照號碼 HK Driving Licence No.	駕駛經驗 Driving Experience
			年 月 YY MM
2	姓名 Name		年齡 Age
	職業 Occupation	香港駕駛執照號碼 HK Driving Licence No.	駕駛經驗 Driving Experience
			年 月 YY MM
投保人或記名司機過往三年有否要求任何賠償/牽涉交通意外/被扣分? Has any claim made/ traffic accident involved/ driving offense convicted for the last 3 years by the Proposer / Named Driver(s)? <input type="checkbox"/> 否 NO <input type="checkbox"/> 有 YES [如“有”，請提供詳細資料。If “YES”, please gives details.]			

「從未賠償」折扣 No Claim Discount

<input type="checkbox"/> 無「從未賠償」之折扣 Without 'No Claim Discount'	
<input type="checkbox"/> 享有之「從未賠償」折扣為 Entitled to a 'No Claim Discount'	%
保險公司名稱 Name of Insurer	
保單號碼 Policy No.	車牌號碼 Vehicle No.
過往十二個月，此投保汽車在投保人名下有否牽涉交通意外或賠償事宜? Has the Vehicle of your ownership involved in any traffic accident or any claim during the past twelve months? <input type="checkbox"/> 否 NO <input type="checkbox"/> 有 YES [如“有”，請提供詳細資料。If “YES”, please give details.]	

TGI Use	Terms	Initial	
Agent Code	C/N Serial No.	Cover Note No.	Remarks

特約代理商 / 經紀行 Authorized Agents / Brokers
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投保人聲明 Proposer's Declaration

本人/本公司謹聲明投保書內一切填報之資料皆真實無訛，更絕未作任何事實之隱瞞，一切有關估計承險事項均已提供，而投保之車輛亦屬完整宜於道路行駛。
To the best of my/our knowledge and belief, I/we declare that (i) all particulars and statements in this Proposal are true and correct (ii) all material particulars affecting the assessment of the risk have been disclosed and (iii) the vehicle proposed for insurance is in a sound and roadworthy condition.

本人/本公司謹承認本投保書為本人/本公司與三聯保險有限公司訂立此保險契約及以後續約之根據，並願接受保單上所刊載一切條款，並同意上述資料及所答各項若有經由他人繕寫均屬已經本人/本公司認可及授權。
I/We agree that all particulars and statement in this Proposal and the Declaration shall be the basis of the contract between me/us and Trinity General Insurance Company Limited and shall be deemed to be incorporated in such contract, and any renewal thereof which may be agreed, subject to the terms and conditions of the policy issued by the Company. If any particular or answer has been written by anyone other than myself/ourselves, such person shall for the purpose be deemed to be my/our agent and not the agent of the Company.

本人/本公司謹同意三聯保險有限公司將本人/本公司提供之資料作其相關保險業務之用；亦同意三聯保險有限公司運用所提供之資料作以下用途：(i) 任何有關保險服務，包括更改投保資料，取消保險單或續保等；(ii) 任何索償及其分析事宜；本人/本公司並同意三聯保險有限公司可能轉介投保資料至其關連公司、其他保險公司、再保險公司、或其他相關保險服務提供者如中、理賠服務、調查機構；或至保險業聯會或協會。

I/We agree that the information provided to and held by the Company is collected to enable the Company to carry on insurance business and may be used for the purpose of (i) any insurance related product or service or any alteration, variation, cancellation, or renewal of them and (ii) any claim or analysis of it, and may be transferred to any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation or other service providers providing services relevant to insurance business or any association or federation of insurance companies.

.....
 投保人簽署 Signature of Proposer 日期 Date
 (請勿在空白投保書內簽署 Don't sign on a blank form)

請投保人保存向本公司提供之一切投保資料副本以作紀錄。
The Proposer is requested to keep a record of all Information supplied for the purpose of this Proposal.

Trinity General Insurance Company Limited

三聯保險有限公司

1001 Hong Kong Plaza, 10th Floor, 186-191 Connaught Road West, Hong Kong.
香港干諾道西186-191號香港商業中心10樓1001室

Tel 電話: 3413 0988 Fax 傳真: 2559 3971 Web-site 網址: www.tgi.com.hk

Letter of Appointment (保險中介人聘請書)

Client / Insured: _____

Class of Insurance: All Classes of Insurance

I/We, through the kind introduction of an Introducer, have appointed Kai Fung Insurance Brokers Limited (hereinafter referred to as "Kai Fung") as my/our Exclusive Insurance Intermediary with immediate effect, including obtaining insurance quotation and arranging new and renewal insurance placement. This appointment is in effect until and unless rescinded by me/us.

I/We understand and consent that for the purpose of carrying out and completing the service sought/requested by me/us as aforesaid, Kai Fung may require assistance from other associated or independent insurance agent/broker.

I/We understand that the Introducer nominated by me/us is neither a licensed insurance broker nor an insurance agent registered with the Insurer accepting the insurance and does not represent Kai Fung or the Insurer in any way whatsoever. I/We agreed that all instructions and notices, including but not limited to application of insurance, policy renewal, policy changes, insured risk changes, incident reports and claim reports shall be sent directly to Kai Fung, and shall pay premium directly to Kai Fung or the Insurer and not to the Introducer or any other company or individual. I/We agree that Kai Fung can dispatch insurance documents including but not limited to policy, endorsement, debit note and premium receipt to the Introducer for transmission to me/us.

I/We hereby confirm that I/we have read and agreed to accept the terms and conditions set out in the "Annexure 1" hereto in appointing Kai Fung as my/our insurance broker.

本人/本公司現通過介紹人，正式聘請啟豐保險經紀有限公司(以下簡稱為「啟豐」)為本人/本公司之唯一保險中介人，包括保險報價、安排本保險及往後之續期保險。本聘請書會持續生效直至本人/本公司撤銷為止。

本人/本公司明白及同意啟豐有可能需要與任何有聯繫或獨立的保險中介人/獲授權保險經紀合作為本人/本公司提供報價及安排保險。

本人/本公司知悉本人/本公司所委託的介紹人並非註冊保險經紀或承保保險公司的註冊代理，該介紹人亦並不以任何方式代表啟豐或承保保險公司。本人/本公司同意所有的保險指示和通知，包括但不限於投保申請、續保、更改保單、更改投保內容、出險事故及索償申請都必須直接交予啟豐。所有應付保費亦應直接繳付予啟豐或承保保險公司而不是以上介紹人或任何其他公司或人士。不過，本人/本公司同意啟豐可以發送保險文件，包括但不限於保單、批單、續保通知書、繳費通知書和收據予以上介紹人轉交本人/本公司。

本人/本公司現確認已曾閱讀及同意接受《附件一·委聘條款》內所列委聘啟豐保險經紀有限公司作為本人/本公司之保險經紀的條款。

Yours sincerely,

Signature of Proposer, with company chop if applicable (投保人簽署，如以公司名義投保請蓋上公司印)

Proposer Name (投保人姓名): _____ Contact Tel No. (聯絡電話): _____

HKID No. (身份證號碼): _____ Contact Fax No. (傳真號碼): _____

Opt-out from the use of personal data in direct marketing (選擇拒絕使用個人資料進行直接促銷)

I/We do not agree Kai Fung to use my personal data in direct marketing. 本人/本公司不希望啟豐使用本人的個人資料進行直接促銷。

Important Notice

1. I/We understand that Kai Fung is remunerated for its services by the receipt of commission paid by insurers. Kai Fung may also pay referral fee to the Introducer and other associated or independent insurance agent/broker upon their request. My/Our agreement to proceed with this insurance transaction shall constitute my/our consent to the receipt of commission by Kai Fung and referral fee from the aforementioned parties.
2. I/We understand that Kai Fung recognize its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486). My/Our agreement to proceed with this insurance transaction shall constitute my/our consent to the "Personal Information Collection Statement".
3. I/We understand that the full version of the "Annexure 1" and the "Personal Information Collection Statement" can be downloaded from Kai Fung official web site (<http://www.kai fung.com/>).
4. I/We understand that Kai Fung shall not be liable for any consequential damages, loss of profit or loss of goodwill howsoever arising, or any non-performing of service by reason of any cause beyond control (including but not limited to any breakdown/mafunction/failure of transmission, communication or computer facilities, industrial action, acts of god, acts and regulations of any government bodies or authorities or the failure of any relevant third party to perform required services to Kai Fung).

重要事項

1. 本人/本公司明白啟豐藉向保險公司收取的佣金，作為其所提供服務的酬金。啟豐亦有可能向介紹人以及任何有聯繫或獨立的保險中介人/獲授權保險經紀支付介紹費，本人/本公司同意進行是項保險交易，即構成本人/本公司同意啟豐收取佣金及向上述人士支付相關之介紹費。
2. 本人/本公司明白啟豐會就代閣下安排保險事宜根據個人資料(私隱)條例(香港法例第486章)收集、持有、處理使用和/或轉移個人資料承擔有關責任。本人/本公司同意進行是項保險交易，即構成本人/本公司同意接受《收集個人資料聲明》內所列出的條款。
3. 本人/本公司明白有關於《附件一·委聘條款》及《收集個人資料聲明》之詳情，可以在啟豐官方網頁 <http://www.kai fung.com/> 下載。
4. 本人/本公司明白啟豐不會對後果性的損害、利潤損失、商譽損失、或因任何超出其控制範圍的原因引致不能履行保險中介人服務(包括但不限於傳輸、通訊或電腦設施故障、失靈或失效，工業行動、天災，法律及政府行政指引改變或第三方未能提供啟豐所需服務)負責及作出賠償。



個人資料(私隱)條例—收集個人資料聲明(『本聲明』)

啟豐保險經紀有限公司(下稱『本公司』),乃保險中介人,明白就代閣下安排保險事宜,根據『個人資料(私隱)條例』(香港法例第486章)(下稱『條例』)收集、持有、處理、使用和/或轉移個人資料承擔有關責任。

(A) 收集個人資料目的

本公司按照條例,說明所收集或持有的客戶個人資料(包括但不限於保單持有人,受保人,中介人及受益人),可能會使用、存儲、處理、轉移、或披露或分享致以下各強制性的目的:-

1. 處理保險申請,產品及服務的事宜;
2. 協助本公司所授權之服務供應商向本公司和/或客戶提供上述目的之服務;
3. 處理和確定保險申請書、理賠,及持續提供保險服務;
4. 為相關保險產品進行具參考用途之醫療或健康調查;
5. 從事核實身份和/或信貸審查和/或追收債務;
6. 處理付款事宜和直接付款授權書;
7. 管理、調查和分析任何索償事宜、訴訟和/或針對客戶的訴訟,以及行使本公司根據保險條款賦予的權利,包括但不限於代位權;
8. 從事統計資料或用於會計事務;
9. 從事研究、保險調查及開發產品和設計之分析;
10. 履行任何對本公司具有約束力不論本地或海外法律、相關保險公司法規、守則或指引之披露要求;
11. 遵守香港特別行政區的法院命令和包括但不限於保監處,香港保險業協會,核數師,政府機構 和政府成立之相關監管機構對 公司具有約束力的合法要求;
12. 協助本公司的實質或建議受讓人評估有關之轉讓交易;及
13. 與上述有關的其他用途。

敬請注意:如閣下不向本公司提供個人資料,本公司未必能夠代閣下安排保險、處理索償、提供保險產品、服務或處理您的要求。

(B) 直接營銷

本公司所收集或持有的客戶個人資料,特別是姓名和聯繫資料,如電話號碼、電子郵件地址和郵政地址,可能會用以提供本公司的營銷材料,並進行有關本公司的保險及/或金融產品及服務和/或其他金融服務供應商的直接營銷活動(包括但不限於通過電子或其他手段促銷,推廣或銷售本公司或聯營公司有關保險或財務或投資產品或服務)。如果你不同意接收有關直銷通訊,請書面提出“選擇退出”郵寄到下列地址。

致:啟豐保險經紀有限公司 資料私隱主任 李先生

地址:新界荃灣沙咀道 289 號恆生荃灣大廈 21 樓

如客戶沒有“選擇退出”的要求,其保險申請書及於本公司處理之保單持續生效將被視為不反對本公司將其個人資料使用於此直接營銷目的。

(C) 個人資料之轉移

本公司所持有的個人資料將予以保密,但可能會與以下香港境內或境外人士分享:-

1. 任何公司,中介人,或任何其他從事與保險或再保險業務有關的公司;
2. 第三方服務供應商包括法律顧問、調查員、公証行、再保險公司、醫療和康復顧問、緊急救援公司、網絡醫生集團、醫療意見顧問、測量師、專家、維修人員、會計師和數據處理員;
3. 任何為本公司業務操作提供行政、電訊、電腦、付款、銀行或其他服務的代理人、承包商、銀行或第三方服務供應商;
4. 本公司或任何聯營公司在遵守由政府、監管機構或其他當權者推行的法規、守則或指引及履行法律責任時需要向其披露之任何人士;
5. 信貸資料服務機構,在違約情況下,任何債務追收機構或辦理索償理賠或調查服務公司;
6. 為客戶盡職調查或打擊清洗黑錢的篩選之風險智能供應商;
7. 如客戶沒有“選擇退出”的要求,與本公司保持業務轉介或其他安排上之其他銀行/金融機構、商業或慈善組織作為直銷通訊用途;
8. 根據有司法管轄權的法院命令受權之任何人士;及
9. 第三方營銷服務供應商和保險中介機構作為直銷通訊用途。

(D) 查閱及更正個人資料

根據條例的規定,所有客戶可聯絡本公司之個人資料私隱主任查閱、更正和/或更改自己的個人資料:

致:啟豐保險經紀有限公司 資料私隱主任 李先生

地址:新界荃灣沙咀道 289 號恆生荃灣大廈 21 樓

根據條例的規定,本公司在處理個人資料查閱申請時可向客戶收取合理的費用。

Personal Information Collection Statement (PICS)

Kai Fung Insurance Brokers Ltd (referred to hereinafter as the "Company") is an insurance intermediary acting on your behalf to arrange insurance covers, recognizes its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap 486) (the "Ordinance"). In compliance with the Personal Data (Privacy) Ordinance (the "Ordinance"), the Company would like to inform you of the following:

(A) Purposes for Collecting Personal Data

The personal data of customers (including but not limited to policy owners, insureds intermediaries and beneficiaries) collected or held by the Company may be used, stored, processed, transferred or disclosed or shared for the following obligatory purposes:

1. carrying out the services in connection with the operation of the Company's business;
2. Facilitating the Company's service/product providers to provide services/products to the Company and/or customers;
3. Processing and determining insurance applications, insurance claims and providing ongoing insurance services;
4. Conducting medical or health reference checks for relevant insurance products;
5. Conducting identification and/or credit checks and/or debt collections
6. Processing requests for payment and for direct debit authorization;
7. Managing, investigating and analyzing any claim, action and/or proceeding brought against the customers, and to exercise the Company's rights in whatsoever recovery action against any parties or as more particularly defined in policy or according to the applicable laws and practices.
8. Compiling statistics or using for accounting purpose,
9. Conducting research, insurance surveys and analysis for the purpose of product design and development;
10. Disclosure to the Company's principals, local or foreign authorities in compliance with respective law requirements, regulations, codes or guidelines binding on the Company;
11. Complying with the requests or orders of the courts of Hong Kong Special Administrative Region and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, intermediary regulatory bodies, auditors, government bodies and governmental-related establishments;
12. Enabling an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment;
13. Any other purposes relating to the purpose listed above.

Important Notice: If you do not provide us with your personal data, we may not be able to provide our services as an intermediary to assist you in arranging the insurance cover, claims services and provide insurance products or services to you or process your request.

(B) Use of Personal Data in Direct Marketing

Certain personal data of customers collected or held by the Company, in particular names and contact information such as telephone number, email address and postal address may be used by the Company to provide marketing materials, and conduct direct marketing services (including but not limited to promoting, marketing or selling of the Company's financial or investment related products or services by electronic or other means) in relation to insurance and/or financial products and services of the Company, and/or other financial services providers. **If you do not consent to receive such marketing communications, you may exercise your "opt-out" rights by notifying the company in writing and mail by registered post to the officer shown as below.**

Name of PICS Officer: Mr Calvin Lee

Address: 21/F Hang Seng Tsuen Wan Building, 289 Sha Tsui Road, Tsuen Wan, N.T.

In the absence of any "opt-out" request from the customers, the Company shall treat the application and continuation of his/her policy(ies) held with the Company as an indication of no objection to the Company's use of such personal data for this voluntary marketing purpose.

(C) Transfer of personal data

Your personal data held by the Company will be kept confidential but may be shared with the following parties, within or outside of Hong Kong

1. Any Companies, intermediaries or any other company carrying on insurance or reinsurance related business,
2. Third party service providers including legal advisors, investigators, loss adjusters, reinsurers medical and rehabilitation consultants, emergency assistance companies, medical doctor panel groups, medical advisory consultants, surveyors, specialists, repairers accountants and data processors;
3. Any agent, contractor, banker or third party service provider who provide administrative, telecommunications, computer, payment banking or other services to the Company in connection with the operation of its business;
4. Any person to whom the Company is under an obligation to make disclosure under the requirements of any law binding on the Company for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Company is expected to comply;
5. Credit reference agencies, and in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
6. Providers of risk intelligence for the purpose of customer due diligence or anti-money laundering screening;
7. Other banking/ financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements for marketing communication if "no objection" is provided,
8. Any person pursuant to any order of a court of competent jurisdiction; and
9. Third party marketing service providers and insurance intermediaries for marketing communication if "no objection" is provided.

(D) Access and correction of personal data

According to the Ordinance, all policyholders have the right of access to, correct and/or change any of their own personal data held by the Company by contacting the Company's Personal Data Privacy officer at:

Name of PICS Officer: Mr Calvin Lee

Address: 21/F Hang Seng Tsuen Wan Building, 289 Sha Tsui Road, Tsuen Wan, N.T.

In accordance with Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request.

附件一 - 委聘條款

1. 感謝閣下委聘啟豐保險經紀有限公司作為閣下之保險代理人。本公司樂於為閣下提供服務。現於本函列明公司服務的性質及委聘條款。
2. 本公司乃持牌保險經紀公司，並為香港專業保險經紀協會成員。註：「香港專業保險經紀協會」是獲保險業監督授權的自我監管團體，可根據《保險公司條例》(「該條例」)向保險經紀批出牌照。
3. 承蒙委聘，本公司以閣下代理人身分代為安排閣下的保險需要，本公司將根據閣下提供的資料及指示聯絡保險公司，以取得可提供的保險產品報價及條款供閣下考慮。
4. 除保險公司就閣下所選擇保單收取的保險費金額外，本公司不會向閣下收取任何額外經紀佣金。

就一般保險服務及安排保單而言，閣下同意現在或過去保險公司在保費中付予本公司慣常經紀佣金，作為本公司之服務費。佣金之實際數目，視乎保險費金額及保險費為首期保費、首期後的保費或續保保費而定。

同樣地，轉介閣下向本公司投保的介紹人並不會向閣下收取任何額外費用，但閣下同意本公司在上述金額中付予介紹人的介紹費用，介紹人所收取的實際介紹費用，視乎保險費金額及保險費為首期保費、首期後的保費或續保保費而定。

5. 請留意轉介閣下向本公司投保的介紹人如非根據該條例註冊之保險經紀，便不應代表閣下安排任何保險相關事宜，或就閣下之保險提供任何意見。如果閣下對保險產品有任何疑問，歡迎直接向本公司查詢。
6. 本公司希望上述資料有助閣下了解本公司的服務條款。倘若閣下有任何疑問或需要任何進一步解釋，請與本公司聯絡或／及向閣下之律師尋求法律意見。
7. 倘若閣下在投保書上或本委聘書上簽署，並將該投保書／委聘書交予本公司，即表明閣下接納上述委聘條款。本公司盼望能為閣下提供優質保險服務。

Letter of Appointment - Annexure 1

1. We thank you for your engagement Kai Fung Insurance Brokers Limited as your insurance broker. We are pleased to provide our services in accordance with the rules and regulations under the Insurance Companies Ordinance ("Ordinance") and would like to highlight below for your acknowledgement.
2. We are licensed insurance broker company registered under Professional Insurance Brokers Association (PIBA) and are member of PIBA. Note: PIBA is a self-regulatory governing body authorized by the Insurance Authority to issue licences to qualified insurance brokers under the Ordinance.
3. As a licensed insurance broker, we are acting as your agent. We will provide you with our professional services to arrange insurance covers with insurance companies to suit your needs based on your information and instructions.
4. We will not be charging you any additional brokerage / commission on top of what will be payable to us out of the premium charged by the insurance company for the insurance policy you select. Kindly please be advised that whether now or in the past insurance periods, it is the customary practice that we are entitled to a brokerage payable by insurance company. The brokerage payable depends upon the amount of premiums whether an initial premium, subsequent premiums or on renewal of your insurance policy. Kindly please take notice that person(s) who refers your goodself to us is considered as a Referrer who will not be charging you any fees apart from what will be payable by us out of the payment by the insurance company to us. Whether now or in the past insurance periods, any fees payable by us to the Referrer depend upon the amount of premiums whether an initial premium, subsequent premiums or on renewal of your insurance policy.
5. Kindly please take notice that if any person who is not a registered intermediary under the Ordinance shall not give any advice to you or to arrange the insurance cover. If you have any question on your insurance cover, you are welcome to consult us directly.
6. We trust this clarifies our position as a licensed insurance broker and our entitlements. Should you have any queries or require any further clarification, kindly please feel free to contact us.
7. This Letter of Appointment is attached to your Application Form/Policy. Kindly please sign and return to us for record. Kindly be advised that by signing the attached insurance application form or this Letter of Appointment, it indicates that you have acknowledged, read and agreed to accept the above terms of engagement.