



GENERAL UNDERWRITERS

ROOM 1711, HO KING COMMERCIAL CENTRE, 2-16, FA YUEN STREET,
MONGKOK, KOWLOON, HONG KONG.

TEL: 2332-0869 2332-0860 2770-2409 FAX: 2385-0107

AGENT OF:

泰加保險有限公司

TARGET INSURANCE COMPANY, LIMITED

UNITS 1708-1710, 17/F., MIRAMAR TOWER, 132 NATHAN ROAD,
TSIMSHATSUI, KOWLOON, HONG KONG.

TEL: (852) 2395 4111 FAX: (852) 2789 1539, (852) 2396 0552

捷誠保險代理有限公司

九龍旺角花園街二十五十六號
好景商業中心一七一六室
電話：二二三三二〇八六九
傳真：二二七〇二〇八六九
二三八五〇二四〇九



汽車保險投保書 MOTOR VEHICLE INSURANCE PROPOSAL FORM

公司專用 For Office Use Only	
Policy No.	
Agency	
Terms	
Excess	
Cover Note No.	

投保者姓名 年齡

Full Name of Proposer Age

住址 電話號碼

Home Address Tel No.

公司名稱及地址 電話號碼

Company Name & Address Tel No.

職業 / 行業 職位 / 職銜

Occupation/Profession Position/Title

保險生效日期由 至

Policy to commence from to

PARTICULARS OF VEHICLE TO BE INSURED 投保汽車詳情列下

車牌號碼 Registered Number	製造廠及類型 Make and Model	引擎 / 車身底盤號碼 Engine/Chassis No.	車身款式 Type of Body	汽缸容積 Cubic Capacity	製造年份 Year of Manufacture	車輛許可毛總重 Permitted Gross Vehicle Weight	座位若干 (連司機位計算) Number of Seats including driver's	何時購入 Date Purchased	市價連附件 Present Value (including Accessories)

如裝有收音機 / 冷氣機及其他附加裝配請列明品種及價值
Please state Accessories such as air-conditioner and radio / Hi Fi Equipment with brand name & value

COVER REQUIRED 投保項目:

Comprehensive 綜合險 Third Party Only 第三者保險

Mortgagee (if any): 如是分期付款請寫財務公司名稱:

此車牌簿登記為何類車輛? What vehicle class the vehicle is registered as? <input type="checkbox"/> Private Car 私家車 <input type="checkbox"/> Light Goods Vehicle 輕型貨車 <input type="checkbox"/> Others. Please specify 其他請詳述	其他細節: Further Specification: <input type="checkbox"/> 4-Dr Auto 四門自動波箱 <input type="checkbox"/> 4-Dr Standard 四門手動波箱 <input type="checkbox"/> 2-Dr Auto 兩門自動波箱 <input type="checkbox"/> 2-Dr Standard 兩門手動波箱 <input type="checkbox"/> Flat/Dropside Lorry 普通貨車 <input type="checkbox"/> Van 客貨車	For what purpose will the vehicle be used? <input type="checkbox"/> Solely for Private use <input type="checkbox"/> Carriage of goods for hire or reward <input type="checkbox"/> Carriage of passengers for hire or reward <input type="checkbox"/> For hire purpose <input type="checkbox"/> For use in between HK & China	該車用途為何? 專供自用 載貨租賃 收貨載客 作出租用 是在中港兩地行駛
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Name of person or persons normally drive: 駕駛人姓名

姓名 NAME	關係 Relationship	駕駛牌照號碼 Driving Licence Number	年齡 Age	駕駛經驗年數 Driving Experience	公司專用 For Office Use Only 保費 Premium	
A. 甲						
B. 乙						
C. 丙						

	YES 是	No 否	If Yes, please give full details 如答(是), 請詳列資料
Have you or any person who may drive the motor Vehicle been convicted of a motoring offence during the last three years? 過去三年內, 閣下或任何可能駕駛本投保汽車者可曾被判觸犯交通條例?			
Have you or any person who may drive the motor Vehicle been involved in a motor accident during the last three years? 過去三年內, 閣下或任何可能駕駛本投保汽車者可曾涉及交通意外?			
Do you or any person who may drive the motor Vehicle suffer from defective vision or hearing or mental infirmity or fits of any kind? 閣下或任何可能駕駛本投保汽車者可有視覺或聽覺不靈的毛病, 或類似弱智等問題?			

Are you entitled to a "No Claim Discount" from your previous insurer? 閣下可曾在以前投保的公司獲得優良紀錄(NCB)之折扣優待。

Company 公司名稱: No Claim Bonus (優良折扣): % Policy Nos. 保單號碼:
You need to produce evidence for example a renewal notice or confirmation letter. (閣下須出示續保通知書或認證書等以資證明)

DECLARATION 聲明

I/We declare that to the best of my/our knowledge and belief

- the foregoing answers are true.
- the vehicle is in a sound and roadworthy condition.
- all material particulars affecting the assessment of the risks have been disclosed.

本人謹聲明據本人所知及相信

- 以上各答均屬確實。
- 受保車輛性能良好, 宜於道路行駛。
- 一切有關估計承險事項均已提供。

本人並聲明及保證凡屬被保險公司拒絕受保或拒絕續保的任何人, 將不任其駕駛本人上述車輛

I/We undertake that the vehicle to be insured shall not be driven by any person who to my/our knowledge has been refused insurance or continuance thereof.

本人聲明上述資料及所答各項, 如非本人親筆而係別人代筆者, 皆係本人授意代為填寫, 本人茲同意接受泰加保險有限公司根據本投保書及聲明發給該公司之汽車保單。

I/We hereby declare that if any of such particulars and answers are not in my/our writing the person or persons filling in such particulars and answers shall be deemed to be my / our agent for that purpose. I/We hereby agree that this Proposal and Declaration shall be the basis of and be considered as incorporated in the Policy to be issued hereunder which in the ordinary form used by The Target Insurance Co. Ltd. I/We agree to accept.

日期
Dated

投保人簽名
SIGNATURE OF PROPOSER

除經發給正式投保單 (Official Cover Note) 外, 本公司在未接納此投保書及在未收到保費之前概不負責承保責任。
The Liability of the Company does not commence until this Proposal has been accepted by the Company and the Premium paid, except as provided by an Official Cover Note issued by the Company.