

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	年齡	駕駛經驗	
Occupation	Age	Driving Experience	
身份證/商業登記號碼	•	手提電話	
I.D.No./B.R.No.		Mobile No.	
通訊地址 Correspondence A	ddress	電話	
		Tel No.	

投保項目 / 投保汽車資料

whichever is the lower amount.

Type of Cover Required/Particulars of Vehicle to be Insured

私家車	貨車 / 客貨車			
Private Car	Commercial Vehicle / Van			
車牌號碼	車身類型			
Vehicle No.	Body Type			
廠名	款式			
Make	Model			
製造年份	乘客座位限額			
Year of Manufacture	Passengers Capacity			
汽缸容量 Cylinder Capacity	der Capacity Gross Vehicle Weight			
機件號碼 Engine No.				
車身底盤號碼 Chassis No.				
保險期限 由	至			
Period of Insurance from	to			
第三者責任險 Third Party Liability Only				
综合全險 車輛估值 *	港元			
Comprehensive Estimate Va	llue * HK\$			
分期付款/租貸公司 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			
失時之合理市值 或 閣下所提供之車輔係	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,

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

	妈	名 Name		年齡	Age		
1							
•	職業 Occupation	香港駕駛執照號碼 HK Driving Licence No.		駕駛經驗 ng Experi			
				年 YY	月 MM		
	姓名 Name				年齡 Age		
2							
_	職業 Occupation	香港駕駛執照號碼 HK Driving Licence No.		駕駛經驗 ng Experi			
		J		年 YY	月 MM		
Has	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)?						
	否 NO □ 有 YES [如"	有"、請提供詳細資料。If "Y	ES", plea	ase gives	details.]		

「從未賠償」	│折扣 No Claim	Discount	
	從未賠償」之折扣 out 'No Claim Discoun	ť	
	之「從未賠償」折扣為 led to a 'No Claim Disc		%
保險公司名稱			
Name of Insure	er		
保單號碼		車牌號碼	
Policy No.		Vehicle No.	
過往十二個月,	此投保汽車在投保人名	召下有否牽涉交通意外或	賠償事宜?
		名下有否牽涉交通意外或 rolved in any traffic acci	
Has the Vehicle			
Has the Vehicle during the past	e of your ownership inv twelve months?		dent or any claim
Has the Vehicle during the past	e of your ownership inv twelve months?	olved in any traffic acci	dent or any claim
Has the Vehicle during the past	e of your ownership inv twelve months?	olved in any traffic acci	dent or any claim
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特約代理商 / 經紀行 Authorized Agents / Brokers

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 that 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介人、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

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