

Motor Supersurance Proposal Form 汽車超級保險投保書

Please complete in BLOCK LETTERS and tick the appropriate box. 請以英文正楷填寫及於適當位置加上✓號。

Applicant Details 申請人資料

Name in which vehicle is registered (Please fill in English) 汽車牌照上的登記名稱 (請以英文填寫)

☐ Mr. 先生 ☐ Mrs. 太太 ☐ Miss 小姐 ☐ Ms 女士 ☐ In the name of a company 公司名義

HKID Card No. / Company Registration No.
香港身份證號碼 / 公司登記號碼

Age
年齡

Year of Driving Experience
駕駛經驗 (年)

Home / Business Address 住宅 / 公司地址

Address where the vehicle is usually kept (if different from above) 通常存放該車之地址 (如與上述不同)

E-mail Address 電郵地址

Contact Tel. No. 聯絡電話

Mobile Phone 流動電話

Occupation 職業

Employer's Business / Nature of Business 僱主業務 / 業務性質

The Vehicle 投保車輛資料

Vehicle Registration No. 車牌號碼

Make & Model 牌子及型號

Insured Value (Present Value including accessories like audio) 投保價 (現值, 包括音響之類的配置)

☐ Anti-theft devices were installed in the vehicle 該車裝有防盜裝置

Type of Body 車身類別

Year of Manufacture 製造年份

Cubic Capacity / Carrying Capacity 汽缸容量 / 載重噸數

Seating Capacity (including Driver) 座位數目 (包括司機)

Chassis No. 底盤號碼

Engine No. 引擎號碼

Is it under Hire Purchase? ☐ Yes 是 ☐ No 否
車輛是否仍在供款期內?

If 'Yes', please provide hire purchase company name. 如「是」, 請填寫財務公司名稱。

Has the vehicle been altered / modified in any way? ☐ Yes 是 ☐ No 否
該車是否經過任何改裝或修飾?

If 'Yes', please provide further details. 如答「是」, 請詳列之。



QBE Hongkong & Shanghai Insurance Ltd.

昆士蘭聯保險有限公司

33/F, Oxford House, Taikoo Place,
979 King's Road, Quarry Bay, Hong Kong
香港鰂魚涌英皇道979號太古坊濠豐大廈33樓

CS Hotline 客戶熱線: 28281998 CS Fax 客戶傳真: 36070380

Licensed Insurance Agency 持牌保險代理機構:



WELLSMART INSURANCE MANAGING LTD
俊銘保險事務有限公司

Shop 2028, 2/F., United Centre, 95 Queensway, Hong Kong

Tel: 28107138 | Fax: 28400097 | WhatsApp: 94007777

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Use of the Vehicle 投保車輛用途

Will the vehicle be used SOLELY for social, domestic, pleasure, and by the proposer in person for business use? ☐ Yes 是 ☐ No 否
該車是否只會用於投保人私人事務及普通用途?

If 'No', please tick the intended use(s). 如答「否」, 請✓有關用途。

- ☐ Carrying passengers or goods for hire and reward 租賃載客或載貨
☐ In connection with motor trade 與銷售車輛有關用途
☐ Driving instruction 教授駕駛

Please provide further details: 詳情:

Cover Required 投保需要

Period of Insurance 投保期限

From 由

DD日 MM月 YY年

 To 至

DD日 MM月 YY年

- Cover type 險種 ☐ Comprehensive 綜合保險
☐ (Optional) Extension to Guangdong Province 廣東省延伸保障 (選購項目)
☐ Third Party Only 第三者保險

No Claim Discount 無賠償折扣

Do you hold Insurance in your own name? 閣下現時有否為車輛投保? ☐ Yes 有 ☐ No 否

If 'Yes', please specify: 如答「有」, 請提供:

Name of Previous Insurer 以往保險公司名稱

Policy No. 保單號碼

Expiry Date 到期日

DD日 MM月 YY年

Registration No. (if different from the Vehicle) 車牌號碼 (如與投保車輛不同)

Percentage of NCD entitled 現享有「無賠償折扣」

%

Have you ever made a claim under any motor vehicle insurance policy? 你曾否向保險公司索償? ☐ Yes 曾 ☐ No 不曾

If 'Yes', please give details and amount of claim. 如答「曾」, 請述詳情及賠償數目。



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Drivers 駕駛人資料

	Unless specified here, applicant shall be taken as Driver 1 of the policy 除非在此註明，否則申請人會自動成為保單的駕駛人（一）			
	DRIVER 1 駕駛人（一）	DRIVER 2 駕駛人（二）	DRIVER 3 駕駛人（三）	DRIVER 4 駕駛人（四）
Full Name of Driver 駕駛人姓名				
I.D. Card No. 身份證號碼				
Age 年齡				
Year of Driving Experience 駕駛經驗（年）				
Occupation 職業				
Relationship to Proposer 與投保人關係				

Remarks:

- The basic premium for a private car comprehensive policy accounts for two named drivers. The policy may be extended to include up to four named drivers on payment of an additional premium.
- Travel assistance service is a free privilege to Comprehensive Cover policyholder only. If the proposal is in the name of a company, this service will be available to Driver 1 only.

備註：

- 私家車綜合保險之基本保費已包括兩位記名駕駛人。如需包括更多記名駕駛人，保單可在收取額外保費的條件下增添至最多四位記名駕駛人。
- 旅遊支援服務為私家車綜合保險之保單持有人專享之免費服務。如以公司名義投保，該服務只適用於駕駛人（一）。

Driving and Medical History 駕駛及健康狀況

- ☐ ALL regular driver(s) of the proposed vehicle have:
 - NOT been involved in any motor accident or loss during the last three years;
 - NO recorded traffic conviction nor pending prosecutions during the last three years
 - NEVER been disqualified from driving;
 - NEVER had motor insurance proposal declined, policy cancelled or renewal refused;
 - MEETING the requirement for physical fitness for driving as specified by law regarding vision, hearing, mental and physical health
- ☐ 所有經常駕駛受保車輛的人士：
 - 在過去3年內沒有遭遇交通意外；
 - 在過去3年內沒有交通違例判罪記錄或未決檢控；
 - 從未被停牌；
 - 從未被拒絕投保、取消保單或拒絕續保；
 - 達到法例對駕駛者體格的要求，包括視力、聽力、精神以及身體狀況等

Please provide further details if any of the above are not met. 如不符合以上任何一項條件，請詳細說明：



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Personal Information Collection Statement 收集個人資料聲明

QBE Hongkong & Shanghai Insurance Limited ("the Company") may use the personal data collected or held about you for the following purposes:

Insurance Services (mandatory)

1. processing and assessing of applications for any insurance products and daily operation of the related services;
2. administering your insurance policy and providing services in relation to your insurance policy;
3. any alterations, variations, cancellation or renewal of any insurance and related services;
4. investigating, analyzing, processing and paying claims made under your insurance policy;
5. invoicing and collecting premiums and outstanding amounts from you;
6. exercising any right under the insurance policy including right of subrogation, if applicable;
7. complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies and court order.
8. contacting you for any of the above purposes;
9. other ancillary purposes which are directly related to the above purposes.

The Company may transfer your personal data, including but not limited to your name and contact details, to the following parties within or outside Hong Kong for the purposes set out above:

- a. any agent, advisor, contractor or third party service provider who provides administrative, telecommunications, computer, payment, debt collection, security, data processing or storage or related services or any other company carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to insurance business, for any of the above or related purposes;
- b. 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;
- c. any members of the Federation by the Federation for any of the above or related purposes;
- d. regulators;
- e. lawyers;
- f. auditors; and
- g. other insurance companies within the QBE Group which have undertaken to keep such information confidential and solely for the purposes set out in the above paragraph.

By taking out an insurance policy with the Company, you hereby provide your express consent to the transfer of your personal data outside of Hong Kong. You also understand that your personal data may be transferred to a place that may not have data protection laws that are substantially similar to, or service the same purposes as the Personal Data (Privacy) Ordinance so as to ensure the protection of your personal information.

If you do not agree to the use of your personal data for above purposes, it would not be possible for the Company to process your application and render the services.

You have the right to ascertain the Company policies and practices in relation to personal data, obtain access to and to request correction of any personal information concerning yourself held by the Company subject to payment of an administrative fee. Requests for such access or correction can be made in writing to the Data Protection Officer, QBE Hongkong & Shanghai Insurance Limited, 33/F, Oxford House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong (Telephone: 2877 8488, Fax: 3607 0300).

If you do not want to receive any sale or marketing of any of the products or services from the Company at any time, you may also contact the Company's Data Protection Officer.

July 2015

昆士蘭聯保保險有限公司（本公司）將所收集閣下的個人資料，可能用作下列的用途：

保險服務（強制）

1. 處理及評估任何保險產品之申請，及有關服務之日常運作；
2. 管理閣下的保單及為閣下的保單提供相關服務；
3. 有關保險產品及服務的任何更改、變更、取消或續保；
4. 閣下保單索償的調查、分析、處理及賠償；
5. 保費通知、收集保費和款項；
6. 行使有關保單賦予的任何權利包括代位權，如適用；
7. 遵守及符合任何法例及條例規定的要求、行業手則、指引、監管機構、相關行業認可機構、政府機構及法庭頒令的要求；
8. 為上述任何用途與閣下聯絡；
9. 與上述用途直接有關之其他附帶的目的。

下向本公司提供的資料可能會提供或轉送予下列各方在香港或海外單位作前段所述的用途：

- a. 任何代理人、顧問、承辦商或提供行政、電訊、電腦、付賬、債務追討、保安、數據處理或儲存或有關服務的第三者服務供應人或任何其他從事與保險或再保險業務有關的公司，或中介人，或索償或調查或其他提供與保險業務有關的服務供應人，以達到任何上述或有關的用途；
- b. 現存或不時成立的任何保險公司協會或聯會或同類組織（聯會），以達到任何上述或有關的用途，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；
- c. 或透過聯會提供予任何聯會的會員，以達到任何上述或有關的用途；及
- d. 監管機構；
- e. 執業律師；
- f. 認可核數師；及
- g. 昆士蘭保險集團內的其他保險公司已承諾將資料保密並純粹用作上述的用途。

閣下在本公司投保，代表明確表示同意閣下的個人資料可能會轉移至香港以外地區。同時，閣下亦明白閣下的個人資料可能會轉移至並未設有資料保障法例的地區，以致未能確保閣下的個人資料可以獲得與個人資料（私隱）條例類近或所提供的保障。

如果閣下不同意本公司使用閣下的個人資料於上述用途上，本公司可能不能處理閣下之申請及為閣下提供服務。

閣下有權查明本公司就個人資料的政策和實務，並有權要求查閱及更正由本公司持有有關閣下的個人資料，並需支付行政費用。有關查閱或更正的要求，可致函香港鰂魚涌英皇道 979 號太古坊濠豐大廈 33 樓（電話：2877 8488，傳真：3607 0300）向昆士蘭聯保保險有限公司資料保護主任提出。

如閣下於任何時間不欲收取本公司的任何產品或服務的任何銷售或推廣，閣下亦可聯絡上述資料保護主任。

（中文譯本僅供參考，文義如與英文本有歧異，概以英文版為準。）

2015 年 7 月



QBE Hongkong & Shanghai Insurance Ltd.

昆士蘭聯保保險有限公司

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Important Note 重要事項

- The Limit of Indemnity (Policy Section I) you select in this Proposal Form will be used for premium calculation for Comprehensive Insurance. In case of a claim for loss of or damage to the Motor Vehicle, the maximum amount of our payment, subject to the terms and conditions of the insurance policy including any claims excesses that may apply, is limited to
 - a) the reasonable market value of the Motor Vehicle at the time of its loss or damage; or
 - b) the Limit of Indemnity (Policy Section I) that you select in this Proposal Form whichever is the lesser amount.
- The Proposer should disclose all facts even he is in doubt as to whether any facts are construed as material.
- Should the proposer fail to disclose in the proposal form all material facts that may influence the Company's acceptance and assessment of this proposal, the proposer's rights under the policy to be issued may be prejudiced.
- It is advisable for the proposer to keep records (including copies of letters) of all information supplied to the Company for the purpose of application for this insurance.
- 汽車綜合保險之保費乃根據所選擇之賠償限額釐訂。保單條文規定，被保車輛損毀之最高賠償額將為被保車輛損毀當天之市場價值，或賠償限額兩者中之較低者扣除自負額之淨值。
- 投保人應明確提出所有重要事實，即使對此等事實之重要性有所懷疑，亦應確實說明。
- 如投保人未能在本投保書內提供足以影響本公司對投保之接納及估計的重要事實，投保人在保單內之權益將受影響。
- 投保人應保留所有曾呈交本公司的資料紀錄，包括書信之副本。

Declaration and Signature 聲明及簽署

- I / We, the owner of the proposed vehicle, declare that to the best of my / our knowledge and belief the foregoing answers are true and complete in every respect. I / We agree that this Proposal and Declaration shall be the basis of and be deemed to be incorporated in the contract of insurance, including any renewal thereof, between me / us and QBE Hongkong & Shanghai Insurance Ltd.
本人 / 吾等，為投保車輛之車主，謹此聲明所有資料提供，均就本人 / 吾等所知，據實呈報。本人 / 吾等同意本投保書，將會作為本人 / 吾等與昆士蘭聯保保險有限公司訂立保險契約及以後續約之根據。
- I / We confirm that I / we have read and agreed the QBE Hongkong & Shanghai Insurance Limited's Personal Information Collection Statement ("Notice"). I / We acknowledge and agree that the personal data and information with respect to me / us which are provided by me / us in our application may be held, used, processed or disclosed to such parties for the purposes as set out in the Notice.
本人 / 吾等確認本人 / 吾等已細閱並同意昆士蘭聯保保險有限公司之收集個人資料聲明（通知），於是次申請由本人 / 吾等所提供的有關本人 / 吾等的個人資料及其他資料，將可能被持有、使用、處理或披露予有關方面以作「通知」所載的用途上。

If the intermediary who serves you is an Insurance Broker, please read this:

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by QBE Hongkong & Shanghai Insurance Limited, QBE Hongkong & Shanghai Insurance Limited will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to QBE Hongkong & Shanghai Insurance Limited that he or she is authorised to do so.

The applicant further understands that the above agreement is necessary for QBE Hongkong & Shanghai Insurance Limited to proceed with the application.

如為你服務的中介人為保險經紀，請閱讀下文：

申請人明白、確知及同意，昆士蘭聯保保險有限公司會就申請人購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向昆士蘭聯保保險有限公司確認他 / 她已獲該法人團體授權。申請人亦明白昆士蘭聯保保險有限公司必須取得申請人以上的同意，才可以處理其保險申請。

Signature of Applicant and Company Chop (if applicable)

申請人簽署及公司蓋章（如適用）

Date

日期

To Whom It May Concern 致相關人士：

Authorisation Letter 授權書

I/We _____ (Name of Insured) hereby authorise QBE Hongkong & Shanghai Insurance Limited to act on my/our behalf in applying for and obtaining from my/our previous Insurer my/our Motor Claims Record.

本人／吾等 _____（投保人名稱）授權昆士蘭聯保保險有限公司代表本人／吾等向本人／吾等過往保險公司索取有關以往保險及索償記錄。

a) Name of last Insurer 前保險公司名稱

b) Number of consecutive years with no claim 沒有索償紀錄的連續年數

c) Vehicle registration number 車牌號碼

d) Policy number 保單號碼

Signature of Insured with Company chop (if applicable)
投保人簽署及公司蓋印（如適用）

Date
日期

Official Use Only

Date:
To: Motor Insurance Department
Tel:
Fax:

From: Wellsmart Insurance Managing Ltd
c/o QBE Hongkong & Shanghai Insurance Limited
Tel: 2810 7138
Fax: 2840 0097

Policy Period (Past 5 years if available)	Number of Reported Claims	Remarks (If any)

Authorised Signature