

**WELLSMART INSURANCE MANAGING LIMITED**

俊銘保險事務有限公司

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

香港金鐘統一中心二樓商場2028室 (即運輸署樓下)

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Agent for: THE TOKIO MARINE AND FIRE INSURANCE CO. (HK) LTD.

代理 東京海上火災保險(香港)有限公司

Administrator: COSMOS INSURANCE MANAGEMENT LTD 高誠保險管理有限公司

Motor Insurance Proposal Form 汽車保險投保書

Please complete in English, giving full answer and *delete whichever is inappropriate

請用英文正楷填寫, 並提供完整的資料及*刪去不適用者

Proposer Information 投保人資料

Proposer Name: Mr / Mrs / Miss / Co.* 投保人姓名: 先生 / 太太 / 小姐 / 公司*		HKID Card / B.R. Reg. No.* 香港身份證 / 商業登記號碼*
Correspondence Address 通訊地址		
Date of Birth (dd/mm/yyyy) 出生日期 (日/月/年)	Tel / Mobile Phone No. 聯絡電話	E-Mail Address 電郵地址
Occupation & Profession (Full/part-time)* 職業及行業 (全職/兼職)*		Name of Employer 受聘公司名稱

Insurance Information 保險資料

<input type="checkbox"/> Private Car 私家汽車	<input type="checkbox"/> Commercial Vehicle 商業用途汽車
<input type="checkbox"/> Comprehensive 綜合保險	<input type="checkbox"/> Third Party Liabilities Only 第三者責任險
Insured Value (HK\$) 投保額 (港幣) _____	
Name of Hire Purchase Owner / Lessor* 分期付款 / 租賃公司名稱*	Insurance to commence on (for one year) 保險生效日期 (一年內有效) dd mm yyyy 日 月 年

Vehicle To Be Insured Information 投保汽車資料

Registration Mark 車牌號碼	Make & Model 廠名及型號	Type of Body & 2 / 3 / 4 / 5 Door* 車身類型及 2 / 3 / 4 / 5 門*
Year of Manufacture 製造年份	Cubic Capacity / Tonnage* 汽缸容量 / 噸數*	Seating Capacity (Excluding Driver) 座位限額 (不包括司機)
Engine No. 引擎號碼	Chassis No. 底盤號碼	Alarm System Make & Model 防盜系統廠名及型號
Has the vehicle been modified in any way? 投保汽車會否作任何形式的改裝或修飾?	Yes, please state details 是, 請詳述	No 否
Whether or not the vehicle is entirely proposer's own property and registered in his/her own name? 此汽車是否投保人所有及用其名義領取牌照?	Yes 是	No 否
Will the vehicle be used by any other people for business purposes? 投保汽車會否由他人作商業上之用途?	Yes 是	No 否
Private & Business purposes by yourself / your spouse? 自用及業務用途, 並由自己 / 配偶駕駛?	Yes 是	No 否
The carriage of passengers or goods for hire or reward? 租賃載客 / 貨用途?	Yes 是	No 否
Driving instruction purposes? 教授駕駛用途?	Yes 是	No 否
Any purpose in connection with the motor trade? 與銷售車輛有關用途?	Yes 是	No 否

注意: 醉酒駕駛或胡亂借車與別人, 車主可能需負上法律責任。

Driver(s) Information 駕駛者資料

For every driver in excess of 2, an additional premium of 10% is charged.
若超過2位駕駛者，每位需加收保費百分之十。

Name : Mr / Mrs / Miss (please state relationship of Proposer) 姓名：先生/太太/小姐(請註明與投保人關係)	Occupation & Profession 職業及行業	HKID Card No. 香港身份證號碼	Date of Birth 出生日期	No. of years of full Driving Experience 正式駕駛經驗年數(香港)
1.				
2.				
3.				
4.				

Driving Experience 駕駛經驗

State whether you and/or any driver(s) who to your knowledge will drive the vehicle. If answer is "Yes", please provide full details in the space provided.
請在下列說明閣下及其他駕駛者詳情。若答"是"，請詳細列明事件內容及日期。

1. Have had any accidents, losses or claims in the past 3 years or are there any police enquiries or prosecutions pending? 於過往3年內曾否發生意外，失竊或索償或現時是否被警方傳召或起訴？	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
2. Have been disqualified or prosecuted & accumulated more than 5 driving offence points in total in the past 2 year? 於過往2年內曾否被吊銷駕駛執照或觸犯交通規例而被起訴、被記錄違例駕駛分數超過5分？	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
3. Have suffered / been suffering any heart disease, diabetes, epilepsy or suffer from defective vision or hearing or from any physical or mental infirmity? 曾否患心臟病、糖尿病、癲癇或有視力或有聽覺上的缺陷或身體或精神上的毛病？	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
4. Have had ever declined, refused to renew or cancelled Policy? 曾否被拒絕投保、續保或取消汽車保險？	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
5. Have made any motor claims against other Insurance Company in the past 3 years? 過往3年內曾否向其他保險公司提出汽車保險索償？	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>

"No Claim Discount" Information "無賠償折扣"資料

I/We am/are entitled to "No Claims Discount" 本人是享有"無賠償折扣"	%	<input type="checkbox"/> Without "No Claim Discount" 否 please state reason. 請提供原因。
Latest Name of Insurance Company 前保險公司名稱	Policy No. 保單號碼	Registration Mark 車牌號碼

Proposer's Declaration 投保人聲明

I/We* hereby declare that all the above statements and particulars, which I/we* have read over and checked, are true, that the vehicle above referred to is in good condition and repair and I/we* agree that this declaration shall be the basis of the contract between me/us* and The Tokio Marine And Fire Insurance Co. (HK) Ltd. I/We* agree that the insurance will not be in force until the proposal has been accepted by the Company, except to the extent of any official Cover Note which may be issued.

本人聲明上述各細節均屬正確無訛，該投保之汽車乃完整無缺。本人承認本投保書可作為本人與東京海上火災保險(香港)有限公司保險合約的基礎。本人同意有關保險須在該公司接受本投保書後才生效，除非有正式暫保單者除外。

Signature of Proposer / with Company Chop (if applicable)
投保人簽署 / 及公司蓋章 (如適用)

Date
日期

Proposers are requested to note the following 請投保人注意下列事項

- 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 Insured Value you select whichever is the lower amount.
汽車損失或損毀的賠償只限於該車在損失/損毀時的市值或在閣下填上之投保額，以低者為準。
- Any other facts known to you which are likely to affect acceptance or assessment of the Insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to tell us or your broker / insurance agent. We recommend you keep a record (including copies of letter) for your future reference, of any additional information given. Making sure we are informed is for your own protection, as failure to disclose may mean that your policy will not provide you with the cover you require, or perhaps may invalidate the policy altogether.
任何其他所知的可能影響對所投保的保險的接受或評估的事項，均必須填報。如未能確定應否填報，請即通知本公司或閣下的經紀人或保險代理。建議閣下保存所提供的資料(包括信件副本)的記錄，以便日後參考。為保障閣下本身利益，務請確保填報全部有關事項。漏報可能使保單不能提供閣下所需要的保險，甚至使該保單完全失效。
- Failure to give us correct information may render this Policy null and void.
提供不正確資料會導致此保單失效。
- A copy of your completed proposal form will be supplied on request within a period of three months after its completion.
所填妥的投保書副本，如有要求，將在填妥後三個月內予以提供。
- A specimen copy of the policy form is available on request.
保單樣本如有要求，當即提供。

注意：醉酒駕駛或胡亂借車與別人，車主可能需負上法律責任。

To: THE TOKIO MARINE AND FIRE INSURANCE CO. (HK) LTD.

東京海上火災保險(香港)有限公司

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

Administrator: COSMOS INSURANCE MANAGEMENT LTD. 高誠保險管理有限公司

Date

日期 : _____

Insured Name

投保人姓名 : _____

Insured Vehicle Details

投保汽車資料 : **Make** 廠名 _____

Model 型號 _____

C.C. 汽缸容量 _____

Year of Mfg. 製造年份 _____

Door 2 / 3 / 4 / 5 門

I / We agreed the following Excess Terms of the above Insured Vehicle, please issue Cover Note / Policy.

本人 / 本公司現同意以下的自負額條款，並由本人 / 本司簽署確認，請貴司簽發暫保單 / 保單。

EXCESS 自負額 :

Own Damage 車身損毀	HKD	Third Party Liability 第三者責任	HKD
General 一般	: _____	Third Party Property Damage 第三者財物損失	: _____
Unnamed Driver 無記名司機	: _____	Unnamed Driver 無記名司機	: _____
Young Driver 年輕司機 (Under 25 不足 25 歲)	: _____	Young Driver 年輕司機 (Under 25 不足 25 歲)	: _____
Inexperience Driver 經驗不足司機	: _____	Inexperience Driver 經驗不足司機	: _____
(Under 2yrs 不足 2 年牌)	: _____	(Under 2yrs 不足 2 年牌)	: _____
Parking Damage 停泊時損毀	: _____		
Theft Loss 盜竊	: _____		

Signature of Insured

投保人簽名及公司簽名蓋章(如適用): _____