

重要事項投保人需知
IMPORTANT NOTES TO PROPOSER

1. 此投保書在永隆保險有限公司(「本公司」)接納後，保險契約始正式生效。
2. 閣下必須在本投保書上填報一切有關事實，因所簽發之保單將以這些事實為根據，否則所發出的保單將告無效或作廢。如閣下有不清楚某一事項是否重要，請將此事詳加說明。任何在本投保書內的改動或更正，須得保單權益人加簽作實。
3. 投保人對於所有提供給本公司用以投保之資料(包括書信之副本)應予保留紀錄。

1. The Insurance will not become effective until this proposal form has been accepted by Wing Lung Insurance Co. Ltd. ("the Company").
2. You have to disclose in this application ALL material facts which shall form the basis of any policy issued hereunder, otherwise the policy issued may be void or voidable. If in doubt whether a fact is material, please disclose. Any alterations or corrections on this application should be endorsed by the Policyowner.
3. Proposer should keep a record (including copies of letters) of all information supplied to the Company for the purpose of application for this insurance.

收集個人資料聲明
PERSONAL INFORMATION COLLECTION STATEMENT

閣下/貴公司提供的資料，為本公司提供保險業務所需，並可能使用於下列目的：

- 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；
- 任何索償或索償分析；及

可能移轉予：

- 現存或不時成立的任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，或任何保險公司的協會或聯會。
- 任何人仕/機構，用以達致上述之目的，或用以在保險業內作資料核實之用途。

閣下/貴公司有權查閱及要求更正由永隆保險有限公司持有有關閣下/貴公司的個人資料。如有此項要求，可向永隆保險有限公司行政事務主任提出。

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of:

- any insurance or any financial related product or service or any alterations, variations, cancellation or renewal of them;
- 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 claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time.
- any person/organization to fulfil any of the above purposes and/or for the purpose of data verification within the insurance industry.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Wing Lung Insurance Co. Ltd. Requests for such access can be made to The General Administration Officer of Wing Lung Insurance Co. Ltd.

公司簡介
COMPANY PROFILE

永隆保險有限公司成立於1981年，乃永隆銀行有限公司全資附屬機構。

永隆保險獲香港特別行政區政府保險業監理處授權承保一般保險，產品範圍全面；為企業及私人客戶提供商業及個人保險服務。在工程有關的保險方面亦累積廣泛經驗，具市場領導地位。

Wing Lung Insurance Co. Ltd., incorporated in 1981, is a wholly-owned subsidiary of Wing Lung Bank Ltd.

As a general insurance company authorized by the Office of Commissioner of Insurance of the Hong Kong Special Administrative Region, we underwrite general insurance ranging from commercial to personal insurance products catering for the needs of corporate and individual clients. Our expertise in underwriting engineering related insurance puts us being one of the market leaders.

永隆保險有限公司

(永隆銀行全資附屬機構)

WING LUNG INSURANCE CO. LTD.

(wholly owned subsidiary of WING LUNG BANK LTD.)

香港德輔道中 45 號

45 DES VOEUX ROAD CENTRAL, HONG KONG.

傳真 FAX : (852) 2525 5183, 2526 7045, 2804 6695

代理 Agent:

內部專用
FOR OFFICE USE ONLY

分行編號 Branch Code	
業務代表職員編號 TR Staff No.	
日期 Date	
註 Remarks	

汽車保險投保書
Motor Vehicle Insurance
Proposal Form



永隆保險有限公司

WING LUNG INSURANCE CO. LTD.

永隆保險有限公司 WING LUNG INSURANCE CO. LTD.

汽車保險投保書 MOTOR VEHICLE INSURANCE PROPOSAL FORM

注意：請詳答每一條問題。如以下問題未有填寫者則作「否」定論。

N.B.: This Proposal Form forms the basis of the Policy. Please give a full answer to each question. A negative answer shall be deemed to be given if any question on this proposal is not answered.

投保人 THE PROPOSER

投保人 (先生/女士/小姐/公司) (中文 Chinese)
Name of Proposer (Mr./Ms./Miss/Co.)

(英文 English)

* 商業登記証 / 香港身份証 / 護照號碼
B.R. / HKID card / Passport no.

通訊地址
Corr. Address

註冊地址
Registered Address 同上 same as above 若與上述地址不同，請填此項
If different from above, please state:

電話
Tel. no. 傳真號碼
Fax no.

電郵 (如適用)
Email (if applicable) 國籍 (如適用)
Nationality (if applicable)

* 出生日期 / 成立日期 (日/月/年)
Date of Birth / Date of Incorporation (dd/mm/yy)

* 職業 / 業務性質 (請詳述)
Occupation / Business (Please give full details)

投保詳情 PARTICULARS OF INSURANCE

投保類別 第三者險 綜合全險
Cover Required Third Party Only Comprehensive
車輛類別 私家車 貨車
Vehicle Private Car Goods Vehicle
 電單車 其他，請註明
Motor Cycle Others, Please Specify

投保日期 由 (日/月/年) 至 (日/月/年)
Period of Insurance From (dd/mm/yy) To (dd/mm/yy)

「分期付款」財務擔保名稱 (如適用)
Hire-Purchase Owner (if applicable)

投保車輛資料 PARTICULARS OF VEHICLE TO BE INSURED

車牌號碼 廠名及型號
Registration No. Make and Model

車身類別 引擎號碼
Type of Body Engine No.

底盤號碼 汽缸容量 / 噸數
Chassis No. Cubic Capacity / Tonnages

座位數目 (不包括司機) 製造年份
Seating Capacity (Excl. Driver) Year of Manufacture

投保價值 (包括附件如冷氣機及音響裝置) 港幣
Insured Value (including accessories such as air-conditioner and audio) HK\$ 元

註：投保價值須依據車輛 (包括附件) 之市場價值作為釐定準則
Note: The Insured Value should represent the estimated market value of the Vehicle (including accessories)

駕駛者資料 PARTICULARS OF DRIVERS

請填上經常駕駛上述車輛之駕駛者資料 (包括閣下在內)，若超過兩名駕駛者，每位須收百分之十之額外保費 (只適用於私家車綜合全險)。

Details of regular drivers including yourself, for any additional driver in excess of 2, an additional premium of 10% is charged for each additional driver. (applicable to Private Car Comprehensive Cover Only).

駕駛人姓名 Full Name of Driver	與投保人 之關係 Relationship with Proposer	香港身份 證編號 HK I.D. No.	年齡 Age	職業 Occupation	駕駛 經驗年數 Driving Experience
1.					
2.					
3.					

若空間不足應用，請另加紙張填寫。
If space is insufficient, please attach a separate sheet.

無賠償折扣 NO CLAIM DISCOUNT

投保人是否享有「無賠償折扣」？
Are you entitled to a 'No Claim Discount' from your previous insurer? 是 Yes 否 No

如「是」，請註明及附上證明書。
If 'Yes', please state and attach evidence of entitlement.

前保險公司名稱 保單號碼
Name of previous insurer Policy no.

車牌號碼 無賠償折扣 到期日
Registration No. No Claim Discount % Expiry Date

(如以下問題未有填寫者，均作「否」論。
If any of the following questions is not answered, a negative reply shall be deemed to be given.)

其他資料 OTHER INFORMATION

1) 該車是否有原廠標準以外之音響器材？
Has the vehicle been installed any additional Hi-Fi or equipment other than manufacturer's standard specification? 是 Yes 否 No

2) 該車機器或其他部份是否有改裝？
Has the vehicle been modified from standard specification? 是 Yes 否 No

3) 該車會否用作以下用途？
Will the vehicle be used
i) 租賃載客或載貨用途？
for the carriage of passengers or goods for hire or reward? 是 Yes 否 No
ii) 運載危險品？
for the carriage of dangerous goods? 是 Yes 否 No
iii) 車輛涉及維修及買賣用途？
for any purpose in connection with motor trade? 是 Yes 否 No

4) 該車是否裝有任何防盜系統設備？
Has the vehicle been installed any anti-theft alarm? 是 Yes 否 No

閣下如在上列任何一項回答「是」，請詳加說明。
If your answer is "Yes" in any of the above, please provide details.

以往駕駛經驗 DRIVING EXPERIENCE

閣下或經常駕駛上述車輛之駕駛人 Have you or any of the regular drivers who may drive the motor vehicle	是 Yes	否 No	
1) 在過去五年中，曾否觸犯交通條例而被判罰 (違例泊車除外) 或正待檢控？ been convicted of any motoring offence (other than parking offence) during the last 5 years of any prosecutions pending?	<input type="checkbox"/>	<input type="checkbox"/>	
2) 過往曾否被罰停牌？ been disqualified from driving?	<input type="checkbox"/>	<input type="checkbox"/>	
3) 是否患有視力或聽覺不良症 (用眼鏡或助聽器矯正者除外)，糖尿病、羊癇症、心臟病，其他疾病或缺陷而不適宜駕駛？ had defective vision or hearing (not corrected by spectacles or hearing aid) or suffered at any time from diabetes, epilepsy, fits heart complaint or any other disease or infirmity which may impair your ability to drive?	<input type="checkbox"/>	<input type="checkbox"/>	
4) 是否有其它車輛以閣下或他們的名義登記為車主？ had, or do you or any of the regular drivers have other vehicle(s) registered under your or their name(s)?	<input type="checkbox"/>	<input type="checkbox"/>	
5) 過往曾否在申請有關保險時，遭受保險公司拒絕、取消、附加任何特別條款或拒絕續保？ ever been declined insurance, had your motor insurance been cancelled or imposed conditions on or renewal been refused by any insurer?	<input type="checkbox"/>	<input type="checkbox"/>	
閣下如在上列任何一項回答「是」，請詳加說明。 If your answer is "Yes" in any of the above, please provide details.			
6) 在過去三年曾否向保險公司提出任何索償？若「是」，請提供以下資料。 ever made any claim(s) against related insurance during the past 3 years? If 'Yes', please provide the following information.	<input type="checkbox"/>	<input type="checkbox"/>	
年份 Year	保險公司名稱 Insurance Company	保單號碼 Policy No.	賠償金額(HK\$) Claims Amount

此簡章僅為保險摘要，只供參考之用，條款及細則以保單為準。
This leaflet is simply a general summary for reference only. For details, please refer to the terms and conditions of insurance policy.

聲明 DECLARATION

- 本人 / 本公司謹聲明
i) 上列各節均屬無訛；
ii) 更無未作任何事實之隱瞞；
iii) 上述之資料及答案均屬本人 / 本公司填寫或經本人 / 本公司授意下填寫；

I / We declare that to the best of my / our knowledge and belief
i) the foregoing answers are true and complete in every respect;
ii) all material facts affecting in assessment of the risk have been disclosed;
iii) that the information and answers given on this form are filled in by me / us or by any other person under my / our full instructions;

2. 本人 / 本公司明白及同意如有任何重要事實隱瞞，即使保單已簽發，永隆保險有限公司仍可將本保單作廢。
I / We understand and agree that failure to disclose any material facts may cause Wing Lung Insurance Co. Ltd. to declare the policy void even after the policy has been issued.

3. 本人 / 本公司謹承認本投保書為本人 / 本公司與永隆保險有限公司訂立此保險契約及以後續約之根據。本人 / 本公司謹同意上文各項若有經由他人繕寫均屬已獲本人 / 本公司認可及提意。
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 Wing Lung Insurance Co. Ltd. If any answer has been written by any other person such person shall for the purpose be deemed to be my / our agent and not the agent of Wing Lung Insurance Co. Ltd.

投保人簽署
Signature of Proposer

日期 Date