



安盛保險有限公司
AXA General Insurance Hong Kong Limited
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投保書 Proposal Form

商用車保險

Commercial Vehicle Insurance

完美保險財務顧問有限公司
Perfect Insurance & Finance Advisers Limited
Tel : 2384 0099 Fax : 2384 0101
Email : info@perfectins.com.hk

請以英文正楷填寫，並在適當的空格內填上 ☒ Please fill in this form in English block letters and tick the boxes where appropriate ☒

投保人資料 PROPOSER DETAILS

投保人姓名 / 公司名稱 Name of Proposer / Company Name			性別 Sex
香港身份證號碼 / 公司註冊號碼 HKID Card No / Company Registration / Certificate of Incorporation No	出生日期 (日 / 月 / 年) Date of Birth (dd/mm/yyyy)	行業或職業 Business / Profession	
通訊地址 Correspondence Address			<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT
公司聯絡人 Contact Person for Company	聯絡電話 Tel No	傳真號碼 Fax No	電郵地址 Email

投保細則 INSURANCE COVER

* 本保單由 Policy to commence on	日 dd / 月 mm / 年 yyyy / / 起一年內有效 for one year	<input type="checkbox"/> 綜合保險 (簡稱全保) Comprehensive Insurance <input type="checkbox"/> 第三者責任保險 Third Party Legal Liabilities Insurance	附加操作責任保障 Liability for Tool of Trade Operation 每年最高賠償額 : HK\$1,000,000 Limit per year <input type="checkbox"/> 升降尾板責任 Tailgate Liability <input type="checkbox"/> 起重機責任 Crane Liability
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投保汽車資料 VEHICLE DETAILS

車輛登記號碼 Registration No	廠名 Make	型號 Model	汽缸容量 Cylinder Capacity	車身類型 Type of Body
引擎號碼 Engine No	出廠年份 Year of Manufacture	座位限額 (司機除外) Seating Capacity (excluding driver)	許可車輛重量 Permitted Gross Vehicle Weight	
底盤號碼 Chassis No	估計附加設備市值 Accessories Estimated Value		<input type="checkbox"/> 尾板 / 吊機 Tailgate / Crane HK\$ <input type="checkbox"/> 凍櫃 Freezer HK\$	
附加許可證 Special Permits	<input type="checkbox"/> 運載特長貨物許可證 Long Load Permit <input type="checkbox"/> 運載特闊貨物許可證 Wide Load Permit	車輛市值估計，包括附件、備件、升降尾板和起重機 Estimated Vehicle Value (including accessories, spare parts, tailgate and crane) HK\$		
閣下的汽車有否裝置任何防盜設備？ Has a theft alarm system been installed in the vehicle?		<input type="checkbox"/> 有 Yes <input type="checkbox"/> 否 No	若選擇「有」，請註明牌子及型號 If "Yes", please state make and model	
投保汽車是否曾作任何形式的非法改裝？ Has the Insured Vehicles been illegally modified?		<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	若選擇「是」，請詳述 If "Yes", please specify	
閣下是否此汽車的車主？ Are you the owner of the vehicle?		<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	若選擇「否」，請詳述 If "No", please give full details	
投保汽車是否用分期付款方式購入？(本公司會提供多一份保單以便閣下轉交按揭公司) Is the vehicle under a hire purchase agreement? (An extra copy of the policy will be sent to you for forwarding to your hire purchase company)		<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	若選擇「是」，請註明 購車分期付款公司 If "Yes", please specify Hire Purchase Owner	

汽車用途 VEHICLE USE

投保汽車是否會接載乘客或貨物而作租用或取酬用途？ Will passengers or goods be carried for hire or reward?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	若選擇「是」，請詳述 If "Yes", please specify
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「無賠償折扣」 NO CLAIM DISCOUNT

投保者是否享有「無賠償折扣」？ Are you entitled to a "No Claim Discount" from previous insurers?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	若選擇「是」，請詳述 If "Yes", please specify
無賠償折扣 NCD	到期日 Expiry Date	前次承保的保險公司 Name of previous Insurer
車牌 Registration No	保單號碼 Policy Reference	

主要駕駛者資料 MAIN DRIVERS DETAILS

請列明所有經常操作此車輛之駕駛者。 Please specify all drivers who regularly operate the vehicle.

	姓名 Full Name	香港身份證號碼 HKID Card No	出生日期 Date of Birth	職業 Occupation	與投保人關係 Relationship to Proposer	實際駕駛年數 No. of Years Actual Driving
1	Mr / Ms		DD/MM/YY			
2	Mr / Ms		DD/MM/YY			

以上列名的駕駛者，是否曾在過去 24 個月內被吊銷執照或被記錄違例駕駛分數超過 12 分？若有此記錄者，請詳述
Have any of the above drivers ever been disqualified or accumulated more than 12 driving offence points in the last 24 months?
If “Yes”, please give full details

☐ 是
Yes ☐ 否
No

以上列名的駕駛者，是否曾在過去 3 年內因汽車意外而向保險公司作出索償？若有此記錄者，請詳述
Have any of the above drivers made a motor claim in the last 3 years? If “Yes”, please give full details

☐ 是
Yes ☐ 否
No

投保人聲明 DECLARATION

請細閱下列各項條文及投保人須知，然後在指定空位內簽署。本人聲明

Please read the following statements and Important Notes to Proposer carefully and sign in the space provided. I declare that

- 據本人所知悉範圍內，所有曾被拒絕投保或續保汽車保險的人士，或因駕車而引致有索償個案或被定罪的人士，或身體有缺陷或體弱有病的人士，將不會駕駛本車。
The vehicle will not be driven by any person who to my knowledge has been refused motor insurance, or continuance thereof, or has had any claims or convictions in connection with any motor vehicle, or who suffers from any physical defect or infirmity.
- 本人從未遭受任何保險公司拒絕受理投保、續保或取消本人的保單或要求提高保費及附加特別條件始允承保。
No insurer has ever cancelled, declined, refused to renew or imposed special terms or conditions on any policy held by myself.
- 本人已填報一切重要的有關資料，絕無隱瞞或保留，並同意將本投保書和聲明作為與安盛保險有限公司和本人所訂合約的根據，並以保單上各條款為準則。
I have not withheld any material information and accept that this proposal form and declaration shall be the basis of, and be incorporated in, the contract between AXA General Insurance Hong Kong Limited and myself.

投保人簽署 Proposer's Signature
(請勿於空白投保書上簽署 Do **not** sign a blank form)

日期 Date
(日 / 月 / 年 dd/mm/yyyy)

* 此保單提供的保障，必須在本公司確定接納投保後，及收受保費後，才能正式生效。有本公司曾簽發的暫保單者則除外。
The liability of the Company does not commence until this proposal form has been accepted by the Company and the premium is received, except as provided by any official certificate issued by the Company.

注意：請閣下隨投保書附上汽車登記文件及所有駕駛者的駕駛執照副本。
N.B. Please provide us with copies of the Vehicle Registration Document, the Driving Licences and Identity Cards of all Drivers.

投保人須知 Important Notes to Proposer

- 在意外索償時，本公司將依據本保單之條件及有關之「自負金額」計算賠償金額，惟該金額將不超過投保汽車在意外時之「合理市值」。
In the event of a claim for loss of or damage to the vehicle, the maximum amount of our payment, subject to the terms and conditions of the insurance policy, and including any claims excesses that may apply, is limited to the reasonable market value of the vehicle at the time of its loss or damage.
- 閣下必須在其知悉範圍內提供所有有關會影響保險公司於接納或釐定此保單條文的資料，如對應應披露的資料有任何疑問，請即向本公司或閣下的保險代理 / 經紀查詢。我們建議閣下將有關的資料作記錄 (包括信件副本)，以備日後作參考之用。為確保閣下的利益，閣下應如實呈報所有有關資料，否則此保單將可能無法提供閣下所需的保障，甚至可能會導致此保單無效。
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 ask us or your insurance agent / broker. We recommend you keep a record (including copies of letters) for your future reference of any additional information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.
- 收集個人資料聲明
閣下提供的資料，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、或該等索償的調查或分析；及
 - 行使任何代位權任何續領車輛牌照；
及可能轉移予：
 - 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，以達到任何上述或有關目的；
 - 現存或不時成立的任何保險公司的協會或聯會或類同組織 (「聯會」)，以達到任何上述或有關目的，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；及
 - 或透過「聯會」轉移予任何「聯會」的會員，以達到任何上述或有關目的。此外，在此授權安盛保險有限公司由「聯會」從保險業內收集的資料中查閱及 / 或核對閣下任何資料。
閣下有權查閱及要求更正由本公司持有有關閣下的個人資料，如有需要，可向本公司的個人資料(私隱)條例監察主任提出。
Personal Information Collection Statement
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 financial related product or service or any alterations, variations, cancellation or renewal of such product or service;
 - any claim or investigation or analysis of such claim; and
 - exercising any right of subrogationand 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 provider providing services relevant to insurance business or Transport Department, for any of the above or related purposes;
 - 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; and
 - any members of the "Federation" by the "Federation" for any of the above or related purposes.Moreover, AXA General Insurance Hong Kong Limited is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right to obtain access to and to request correction of any personal information concerning yourself held by our Company. Requests for such access can be made to our Personal Data (Privacy) Ordinance Compliance Officer.
- 本公司致力發展及改良產品的質素，務求滿足閣下個人保險上的需要。作為本公司的寶貴客戶，我們會時刻為閣下提供新產品及服務的最新消息。倘若閣下日後不希望收到此等資料，請來信通知本公司。
Our Company is committed to developing products to meet your personal insurance requirements. As you are a valued customer of our Company, we will keep you informed of new products and services when they become available. If you do not want to receive this information either now or in the future, please write and tell us.

[註：本中文簡譯，概以英文原文為準]