

## 私家車保險 投保書 PRIVATE CAR INSURANCE PROPOSAL FORM

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

代理編號  
Agent No.

投保人資料 Proposer Details (必須年滿18歲 Must be 18 years old or above)

姓名 Full Name		性別 Sex <input type="checkbox"/> 男 M <input type="checkbox"/> 女 F	
香港身份證 / 護照號碼 HKID Card / Passport No.	出生日期 (日/月/年) Date of Birth (dd/mm/yyyy)	職業及職位 Industry & Position	
通訊地址 Correspondence Address <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT			
聯絡電話 Contact No.	電郵地址 Email	婚姻狀況 Marital Status: <input type="checkbox"/> 單身 Single <input type="checkbox"/> 已婚 Married <input type="checkbox"/> 離婚 Divorced	
你及配偶擁有私人車總數 No. of Private Car Owned by You and Spouse			
投保類別 (請加 <input checked="" type="checkbox"/> ) Type of Cover (Please tick) <input type="checkbox"/> 綜合保險 Comprehensive <input type="checkbox"/> 第三者保險 Third Party Only		倘您需要獲得下列各項額外保障如自負額、罷工、暴動及內亂和因危險駕駛而引起該殺訴訟費保障，請聯絡世聯Allied World If you wish to include the risks such as Voluntary Excess, Strike, Riot & Civil Commotion and Legal Expenses (Manslaughter), please contact Allied World for details.	

### 保險期限 Period of Insurance

本保單之生效日期由 Policy is Effective From	/	/ 20	(日/月/年) (dd/mm/yyyy)	起一年內有效 for one year	本保單所提供的保障，必須在本公司確定接納投保及收妥保費後，才能正式生效。 The liability of the Company does not commence until this proposal has been accepted by the Company and the premium is received.
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車輛細節 Motor Car Particulars 請附上香港車輛登記文件影印本 Please attach a copy of Hong Kong Vehicle Registration Document.

款式及型號 Make and Model	車型(例如房車、跑車等) Type of Body (e.g. Saloon, Sports, etc)		汽缸容量 Cubic Capacity	c. c.
座位數目包括司機位 Number of Seats including Driver's	座位 Seats	製造年份 Year of Manufacture	行車里數 Mileage	
晚間停泊區域 Which district is your Motor Car parked at night <input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 九龍 Kowloon <input type="checkbox"/> 新界 New Territories			車輛註冊人名稱 Name in which the Motor Car is Registered	
車牌、引擎號碼及底盤號碼 Registration Mark, Engine Number and Chassis Number			/ /	
車輛估計價值，包括附件和備件 (請參考「投保人須知」) 港幣(元) Estimated Motor Car Value including accessories and spare parts (see Important Note to Proposer) HK\$			您的車輛是否裝有防盜系統? 如有，請附上發票副本。 Is your car fitted with an anti-theft device? If "Yes", please attach a copy of the suppliers' invoice.	
如以「分期付款」買入，請填報該貸款公司名稱 Name of Hire Purchase Company if the Motor Car is subject to a Hire Purchase Agreement.				

### 投保人須知 Important Note to Proposer

您在本投保書中所申報之車輛估計價值，將被用作計算綜合保險之保費。此外，在意外索償時，本公司將依據本保單之條款及有關之自負金額計算賠償金額，惟該金額將不超過  
The Estimated Motor Car Value you supply in this proposal form will be used for premium calculation for comprehensive insurance. In the event of a claim for loss or damage to the Motor Car, 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

1. 受保車輛在意外時之合理市價，或 the reasonable market value of the Motor Car at the time of its loss or damage; or  
2. 您在本投保書中所填報之車輛估計價值並以較低者為準。 The Estimated Value of the Motor Car that you supply in this proposal form whichever is the lesser amount.

### 最近之承保資料 Latest Insurance Details

您現在或過往曾否向其他保險公司投保汽車保險? Are you currently, or have you ever been, insured in respect of any motor car? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	您是否享有「無索償折扣」? Are you entitled to a No Claim Discount? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
受保公司 Name of Insurer	保單號碼 Policy Number(s)
承保期由 Period of Insurance from	車牌號碼 Registration Mark(s)
/ / (日/月/年) (dd/mm/yyyy)	至 To / / (日/月/年) (dd/mm/yyyy)
無意外年數 Number of years free of claims	無索償折扣 No Claim Discount (請附上「無索償折扣」證明書) (Please attach evidence of entitlement)

駕駛者資料 Drivers' Information 請填上經常駕駛上述車輛之駕駛者資料 (包括閣下在內) Details of regular drivers including yourself 請分別填寫每名駕駛者的資料 Complete separately for each driver

駕駛人姓名 Full Name	性別 Gender	婚姻狀況 Marital Status	出生日期 Date of Birth	行業及職位(例如: 投資、經理) Trade and Occupation (e.g. Investment, Manager)	駕駛執照號碼 Driving License No	香港駕駛執照首次簽發日期 First Issue Date of your HK Driving License	與投保人關係 Relationship to Proposer
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						/ /	
						/ /	
						/ /	

若超過兩名駕駛者，每位加收保費百分之拾。 For any additional driver in excess of 2, an additional premium of 10% is charged for each driver.

## 駕駛經驗 Driving Experience

下列問題如答「是」，請另加紙張列明詳細資料。 Please give full details by attaching separate sheet if the answer is "Yes".  
閣下或任何指定駕駛者或任何已知將會駕駛該車輛者： Have you or has any Named Driver or any person who to your knowledge will drive the motor vehicle

	是 Yes	否 No
1. 曾否患心臟病、糖尿、癲癇或其他生理或精神病？ ever suffered from any heart complaint, diabetes, epilepsy or any other physical or mental infirmity?	<input type="checkbox"/>	<input type="checkbox"/>
2. 曾否在最近三年內被扣駕駛分數或觸犯交通規則或正被檢控？ incurred any driving-offence points or ever been convicted of any offence in connection with a motor car or has any such prosecution pending in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
3. 曾否在最近三年內駕駛車輛遇事？ been involved in any accident or suffered any loss in connection with a motor car in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
4. 曾否在最近三年內被法院勒令停牌或吊銷駕駛執照？ been suspended or disqualified the driving license by a court in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
5. 曾否在最近三年內被保險公司拒絕投保、增收保費、附加特別條款、取消保單或拒絕續保？ ever been declined insurance or quoted an increased premium or imposed with special terms or had motor insurance cancelled or renewal refused by any insurer during the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>

## 聲明 Declaration

- 本人謹此聲明，根據本人所知及所信，本投保表格上所填之資料均屬實無訛，並同意本投保書和聲明將成為保險合約的基礎。  
I declare to the best of my knowledge and belief that the information given is true in every respect, I also agree that this proposal and declaration shall be the basis of the insurance contract between Allied World Assurance Company, Ltd and myself.
  - 本人已閱讀、明白及同意隨本投保書附上的個人資料收集聲明。 I have read, understood and agreed to the Personal Information Collection Statement attached to this proposal form.
- 本人不願接收任何貴公司的其他產品、服務或優惠之市場推廣資料和最新消息。  
I do not want to receive any promotion materials or updates on other products, services or offers of Allied World.

投保人簽署  
Proposer's Signature

日期 (日/月/年)  
Date (dd/mm/yyyy)

Underwritten by 承保公司：Allied World Assurance Company, Ltd 世聯保險有限公司 (incorporated in Bermuda with limited liability)

## 繳付保費方法 Premium Payment Method

<input type="checkbox"/> 支票 Cheque	抬頭：世聯保險有限公司 payable to <b>Allied World Assurance Company, Ltd</b>	支票號碼 Cheque No.
<input type="checkbox"/> 本人授權 世聯保險有限公司 Allied World Assurance Company, Ltd 從本人信用卡戶口內支取有關保費。 I hereby authorise Allied World Assurance Company, Ltd to charge the relevant premium to my credit card account for this insurance policy.		港幣(元) HK \$
簽發銀行 Issuing Bank		信用卡 Credit Card <input type="checkbox"/> <b>VISA</b> <input type="checkbox"/> <b>MasterCard</b> <input type="checkbox"/> <b>AMERICAN EXPRESS</b>
信用卡號碼 Credit Card No.		信用卡有效期 (月/年) Credit Card Expiry Date (mm/yy)
持卡人姓名 Cardholder's Name		
持卡人簽署 Cardholder's Signature		日期 (日/月/年) Date (dd/mm/yyyy)

簽署必須與上述信用卡戶口簽署式樣相同。 Signature should correspond to the specimen signature of the above credit card account.

AF-PC0816PF  
修訂日期為 2016年8月 Revised in Aug 2016



**東茂保險代理(國際)有限公司**

Regional Insurance Management (International) Limited

Unit 2604 26/F 9 Chong Yip Street Kwun Tong Kowloon

Tel: 2861 3122 Fax: 3016 9813 E-mail: info@regional.com.hk

## Personal Information Collection Statement

### **Purpose of Collection**

Allied World Assurance Company, Ltd ("Allied World") may collect and use your personal data to enable it to carry on its insurance business and to serve the purposes of:

- Processing your insurance application;
- Arranging a contract of insurance with you and administering the policy issued;
- Claims handling, investigation and analysis;
- Designing products and/or services for customers;
- Promoting, improving and furthering the provision of products and/or services by Allied World and its group companies; and
- Complying with any legal or regulatory requirements applicable to Allied World.

In general it is voluntary for you to provide Allied World with your personal data. However, if you do not provide sufficient information, Allied World may not be able to provide insurance services to you.

### **Transferee**

Data held by Allied World relating to you will be kept confidential but Allied World may, for the purposes set out above, transfer your personal data to:

- Allied World's group companies;
- Reinsurers;
- intermediaries including insurance brokers and insurance agents;
- claims investigators, loss adjusters and other professional advisors;
- Allied World's other appointed service providers, including for the following services: telecommunications, information technology, administration, data processing, payment processing, emergency assistance, legal, and medical;
- any insurance industry association or federation and their respective members; and
- any other person necessary to comply with applicable legal or regulatory requirements, or orders of competent authorities, in each case both within and outside of the Hong Kong Special Administrative Region.

### **Marketing and Promotion**

Treating you as a valued customer, Allied World and its group companies may use the personal data, including name and contact details, collected from you for the purposes of direct marketing of Allied World and its group companies' general insurance products, services or offers and for sending you the promotional materials or updates of such products, services or offers when they become available.

Allied World may not use your personal data for direct marketing if you have indicated objection to such use by ticking the box next to the statement above the proposer's signature block in the proposal form. You may also, at any time, request Allied World to cease the use of your personal data for direct marketing purposes, by informing Allied World's Compliance Officer at the contacts set out below.

### **Access Requests and Corrections**

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Allied World. Requests can be made to the Compliance Officer of Allied World Assurance Company, Ltd by mail to 22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong or fax to +852 2968 5111, or email to [hkcompliance@awac.com](mailto:hkcompliance@awac.com).

## 個人資料收集聲明

### **資料收集目的**

Allied World Assurance Company, Ltd 世聯保險有限公司(「本公司」)可能收集並使用閣下的個人資料，作為營運其保險業務及下列目的之用途：

- 處理閣下的保險申請；
- 安排保險合約及管理已發出的保單；
- 索償處理、調查及分析；
- 為客戶設計產品或服務；
- 推廣、改善及進一步提供本公司及其集團公司的產品、服務；及
- 遵守適用於本公司的法律或規則要求。

一般而言，閣下向本公司提供個人資料屬自願性質。如閣下未能給予足夠的資料，本公司可能無法提供所需保險服務。

### **資料轉移**

本公司持有的客戶資料將予保密，但本公司可能會把閣下的個人資料提供給下列各方作上述用途：

- 本公司的集團公司；
- 再保險公司；
- 中介人包括保險代理人及保險經紀；
- 索償調查者、公證行及其他專業顧問；
- 本公司其他指定服務提供者，提供包括以下服務：電訊、資訊科技、行政、數據處理、付款處理、緊急援助、法律及醫療；
- 任何保險業組織或聯會及其成員；及
- 任何必要人士以符合任何相關的法律或規則要求，或監管機構之命令，

以上各項適用於香港特別行政區境內及境外。

### **市場推廣**

貴為本公司的重要客戶，本公司及其集團公司可能會透過閣下所提供的個人資料如姓名及聯絡方法，向閣下推廣本公司及其集團公司的一般保險產品、服務或優惠，及為閣下提供該等產品、服務或優惠的市場推廣資料和最新消息。

如閣下已於投保書勾選位於投保人簽署上方的空格表示不願接收任何市場推廣資料和最新消息，本公司將不會使用閣下的個人資料作直接推廣用途。閣下亦可隨時要求本公司停止使用閣下的個人資料作直接推廣用途。屆時請按照下述聯絡方式通知本公司的條例事務主任。

### **資料查閱要求及更改**

閣下有權要求查閱及更改本公司所持有的任何有關您之個人資料。有關申請可循下列途徑向本公司之條例事務主任提出：

郵寄至香港鰂魚涌太古坊華蘭路18號港島東中心22樓，或傳真至+852 2968 5111，或電郵至[hkcompliance@awac.com](mailto:hkcompliance@awac.com)



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