



日本興亞保險(亞洲)有限公司 NIPPONKOA INSURANCE COMPANY (ASIA) LIMITED

19th Floor, Tai Tung Building, 8 Fleming Road, Wanchai, Hong Kong.

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汽車保險投保書

SAMPLE

MOTOR VEHICLE INSURANCE PROPOSAL FORM

投保類別 OPERATIVE INSURANCE COVER REQUIRED		<input type="checkbox"/> 綜合保險 Comprehensive	<input checked="" type="checkbox"/> 第三者責任保險 Third Party Legal Liabilities	
投保期限 Period of Insurance	由 From	01.07.2006	至 To	30.06.2007

投保人資料 PARTICULARS OF PROPOSER				
投保人 Insured / Proposer	先生/太太/小姐 Mr / Mrs / Miss	Chan Tai Man	Age 年齡	40
投保人職業 Insured's Occupation	Trading Co.	職位 Position	Manager	
通訊地址 Correspondence address	Rm. 1111 Tai Lee Building, 234 Wanchai Rd., Hong Kong.			
住宅電話 Home Tel.	2345 4567	日間聯絡電話 Daytime Tel.	2345 6789	
如屬分期付款, 請註明貸款公司名稱 Hire Purchase Owner (if any)	N/A			

投保汽車之資料 PARTICULARS OF MOTOR VEHICLE TO BE INSURED					
車牌號碼 Registration Mark	車輛製造商 Vehicle Make	車輛型號 Vehicle Model	車身類型 Type of Body	引擎號碼 Engine Number	車身底盤號碼 Chassis Number
YY1234	Honda	Civic	Saloon	ABC-123456	JHMEC1234-0000001
汽缸容量 (c.c.) Cylinder Capacity (c.c.)	製造年份 Year of Manufacture	車輛總重量 Gross Vehicle Weight	座位數 (連司機) Seating Capacity (incl. Driver)	防盜警報系統 (型號/價格) Anti-Theft Alarm System (Model / Value)	
1234	2000	---	5	---	
汽車連配件之現時估價 (綜合保險之投保額) Estimated Value of the Motor Vehicle including Accessories (Sum Insured)					---
請詳述所有非原廠安裝之附加配件 (價值少於 HK\$2,000.00 之配件除外) Please detail all accessories that are not factory-fitted (except item that cost less than HK\$2,000.00):					---

駕駛人資料 PARTICULARS OF THE DRIVERS					
駕駛人姓名 Full Name of Driver	年齡 Age	與投保人關係 Relationship with Proposer	職業 Occupation	身份證號碼 HK ID Card Number	駕駛經驗 Years of driving experience
(1) Chan Tai Man	40	Owner	Trading Co., (Manager)	A123XXX(X)	10 Years
(2)					

投保汽車之用途 - 請在適當方格內加上"✓" 號 USE OF THE MOTOR VEHICLE - Please "✓" more than one if applicable	
<input checked="" type="checkbox"/> 私家用途 For social domestic and pleasure purposes	<input type="checkbox"/> 教授駕駛用途 For driving instruction purposes
<input type="checkbox"/> 商業用途 For business professional use or for use by employees	<input type="checkbox"/> 租賃或收費載客 For hire or reward

NKD/MV/06

請繼續填寫背頁
P.T.O.

請從下列問題選出正確答案—請在適當方格內加上"✓" 號 PLEASE "✓" CORRECT ANSWERS TO FOLLOWING QUESTIONS		
1.	上述投保之汽車會否經過任何改裝或裝置非原裝標準機件? Has the Motor Vehicle been modified in any way from manufacturers' standard specifications?	<input type="checkbox"/> 是 Yes <input checked="" type="checkbox"/> 否 No
2.	在過往三年內，閣下或任何有可能駕駛此汽車人士曾否涉及交通意外? Have you or has any person who to your knowledge may drive the Motor Vehicle been involved in any traffic accident during the last 3 years?	<input type="checkbox"/> 是 Yes <input checked="" type="checkbox"/> 否 No
3.	過往三年內，閣下或任何有可能駕駛此汽車人士，曾否被判超速駕駛、不小心駕駛、危險駕駛、或在酒精影響下駕駛? Have you or has any person who to your knowledge may drive the Motor Vehicle been convicted of any of the following driving offences during the last 3 Years: speeding, careless driving, dangerous driving, or driving whilst under the influence of alcohol?	<input type="checkbox"/> 是 Yes <input checked="" type="checkbox"/> 否 No
4.	在汽車保險方面，閣下或任何有可能駕駛此汽車人士曾否被任何保險公司拒絕受保、拒絕續保、取消未到期之保險、或附加特別之強制條款於保單內? In respect of Motor Insurance, have you or has any person who to your knowledge may drive the Motor Vehicle been declined such application, or been refused renewal, or been terminated such insurance, or been imposed special terms on your/his/her policy by any insurance company?	<input type="checkbox"/> 是 Yes <input checked="" type="checkbox"/> 否 No
5.	閣下或任何有可能駕駛此汽車人士，有否視覺不靈或任何身體部份殘缺或神智不正常? Do you or does any person who to your knowledge may drive the Motor Vehicle suffer from defective vision or hearing or from any physical or mental infirmity?	<input type="checkbox"/> 是 Yes <input checked="" type="checkbox"/> 否 No
以上第 (1) 至 (5) 項問題中，若答案“是”者，請詳加說明 If the answer to any of the above questions (1) to (5) is "YES", please give details		

現正享有“無賠款記錄折扣”(NCD)之汽車保險資料—請出示證明文件 DETAILS OF PRESENT MOTOR INSURANCE "NO CLAIM DISCOUNT" (NCD) – Please supply documentary evidence				
車輛登記號碼 Registration Mark of Motor Vehicle	NCD 折扣 NCD(%)	保險公司名稱 Name of Insurer	有效保單編號 Present Policy Number	是否將 NCD 折扣轉移到此投保汽車 Transfer the NCD to the Motor Vehicle proposed here?
YY1234	60	ABC Insurance Co. Ltd.	ABCD/12345	<input checked="" type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

聲明 DECLARATION

本人/本公司擬向日本興亞保險(亞洲)有限公司投保上述汽車並謹此聲明如下:

I/We desire to insure with NIPPONKOA Insurance Company (Asia) Limited ("the Company") in respect of the Motor Vehicle as detailed herein and hereby declare that:

- 投保汽車性能良好;
the Motor Vehicle is in good condition;
- 投保汽車將不會給予非持有有效駕駛執照或已被吊銷駕駛執照之人士駕駛;
the Motor Vehicle will not be driven by any person who to my/our knowledge does not hold a full valid driving licence or has been disqualified from holding such driving licence;
- 此投保書內所述各項資料全屬無誤，本人/本公司並無隱瞞事實或虛構;
the particulars given in this Proposal Form are true and nothing materially affecting the insurance risk has been concealed by me/us;
- 本人/本公司同意此投保書及聲明將作為本人/本公司與日本興亞保險(亞洲)有限公司訂立契約之根據;
I/We hereby agree that this Proposal and Declaration shall be incorporated in and taken as the basis of the proposed contract between me/us and the Company; and
- 本人/本公司同意接受日本興亞保險(亞洲)有限公司所發給慣用之汽車保險單。
I/We agree to accept a policy in the Company's usual insurance policy form for this class of insurance.

投保人簽署 Proposer's Signature	日期 Date	保險公司填寫 The Company Uses only
	15.06.2006	

- 重要提示: Important Notices**
- 投保人填寫此投保書時，務必如實作答，並告知本公司所有和投保風險有關的重要資料，任何虛報或隱瞞事實，會導致保單失效。
Failure to supply true answers to this Proposal Form or inform the Company of all material information about your insurance proposal may render the insurance policy invalid.
 - 投保人請出示有關文件副本：(a) 車輛登記證；(b) 車主身份證及駕駛執照；(c) 指定駕駛人之身份證及駕駛執照。
Please attach copy of (a) Vehicle Registration Document; (b) Owner's ID Card and Driving Licence; (c) Named Drivers' ID Card and Driving Licence.
 - 本投保書在未經保險公司接受承保或投保人未付清全數保費之前不生效。
The insurance will not commence until this proposal has been accepted by this company and the first premium paid.