

Commercial Vehicle Insurance

To run a fleet of commercial vehicles and meet the statutory requirements, you need flexibility in motor insurance to cater your needs. You can now just sit back, relax and enjoy our value adding proposal.

商用車輛保險

營運商用車隊時，閣下既要符合法例要求，也需要具有靈活性的汽車保險以滿足相關需求。現在，閣下可以輕鬆安坐下來，享受我們為您增值的商用車保險方案。



Commercial Vehicle Insurance



Your fleet management team needs an insurance partner to provide you hassle free services which can free your precious time from handling motor insurance annual renewal and motor claims.

Third Party Cover:
To protect your company against legal liabilities for damages consequent upon

accidental death or bodily injury to the third parties and the loss of or damage to the property of the third parties arising out of negligence of your employed driver.

Comprehensive Cover:
In addition to the third party liability risks, the cover protects you against loss of or damage to your motor vehicles resulting from any causes, such as collision, fire, theft and other accidental losses.

商用車輛保險

貴公司的車隊管理團隊需要一個保險合作夥伴，為您提供免除繁瑣的商用車保險服務，令您毋須花費寶貴時間去辦理汽車續保和索賠事宜。

第三者保障：保障貴公司因受僱司機使用車輛時的疏忽而引致第三者傷亡或財物損毀，需要承擔法律責任之賠償。

綜合保障：除保障第三者責任外，更為您提供有關閣下之自有車輛損毀的保障，例如碰撞、火災、盜竊及各種意外事故所引致的損失。

Product Highlights

- Dedicated team to customize your annual program of motor insurance
- Extend insurance services to your contractors and sub-contractors
- Professional advice on dealing with accident, motor claim and recovery
- Relieve your administration burden
- Comprehensive cover provides an option for an extended coverage for loss of or damage to vehicles in China

產品亮點

- 專業團隊為您籌劃汽車保險年度計劃
- 保險服務可擴展至您的承包商和分包商
- 專業意見協助處理意外事故、車保索賠和責任索償
- 減輕您的管理負擔
- 綜合汽車保險可選購車輛在中國內地遇到損失或損害之保障



汽車投保書

MOTOR VEHICLE INSURANCE PROPOSAL FORM

投保者姓名 Full Name of Proposer _____ 年齡 Age _____

香港身份證號碼 HKID Card No. / 商業登記證號碼 Business Registration No.: _____

地址 Address _____

職業 Occupation _____ 電話號碼 Tel. No. _____

傳真 Fax. No. _____ 手提電話 Mobile _____ 電子郵件 E-mail _____

保險生效日期由 Policy to commence from _____ 至 to _____

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1. 該車用途為何 For what purpose will the vehicle be used? \_\_\_\_\_

2. 如汽車是「分期付款」方法買入請填寫有關公司之名稱  
If the vehicle is being acquired under a Hire Purchase Agreement, please state the name of the interested company.

#### 3. 投保汽車資料 PARTICULARS OF VEHICLE TO BE INSURED

| 車牌號碼<br>Registered number | 車名/機器號碼<br>及底盤號碼<br>Make /Engine No. and<br>Classis No. | 車身款式<br>Type of Body | 汽缸容量<br>Cubic capacity | 何年製造<br>Year of<br>Manufactur<br>e | 載重噸位<br>(如屬貨車者)<br>Goods carrying<br>capacity | 座位乘客限額<br>(司機除外)<br>Seating Capacity<br>(Excluding driver) | 價值若干<br>Proposer's<br>estimate of Present<br>value including<br>accessories |
|---------------------------|---------------------------------------------------------|----------------------|------------------------|------------------------------------|-----------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------|
|                           |                                                         |                      |                        |                                    |                                               |                                                            |                                                                             |

4. 請註明欲保何種險：  
Please state the type of cover required:

☐ 綜合險      ☐ 綜合險附加廣東省內汽車自身損毀      ☐ 第三者責任險  
☐ Comprehensive      ☐ Comprehensive extends to cover Own Damage Guangdong Province      ☐ Third Party only

5. 投保人或任何其他駕駛此車之人士 NAMED DRIVERS : i.e. The Insured or any other person named to drive the vehicle.

| 姓 名 Name | 關係 Relationship | 駕駛牌照號碼 Driving Licence Number | 年齡 Age | 駕駛年數 Driving Experience |
|----------|-----------------|-------------------------------|--------|-------------------------|
| A.       |                 |                               |        |                         |
| B.       |                 |                               |        |                         |
| C.       |                 |                               |        |                         |
| D.       |                 |                               |        |                         |

是 Yes      否 No

6. 投保者或以上記名駕駛者以前曾否遭受任何保險公司拒絕投保，續保或取消投保者或以上記名駕駛者之保單？Have any previous Insurers ever declined to accept you or the above named driver(s), refused to renew or cancelled you or the above named drivers policy? ☐      ☐

如是，請述詳情 If so, please give particulars \_\_\_\_\_

7. 投保者或任何將會駕駛該投保車輛者在過去五年內可曾被判任何觸犯交通條例而被扣分？Have you or any person who will drive the vehicle been convicted of any traffic offence that involving deduction of driving offence points during the last five years? 如是請述詳情 If so, please give particulars ☐      ☐

如是，請述詳情 If so, please give particulars \_\_\_\_\_

8. 投保者是否獨自擁有該投保車輛？Are you the sole owner of the vehicle? 如否，請述詳情 If so, please give particulars ☐      ☐

如是，請述詳情 If so, please give particulars \_\_\_\_\_

9. 投保者或駕駛者眼耳或其他器官有殘缺否？Do you or any person who to your knowledge will drive suffer from defective vision physical or hearing or from any physical infirmity? 如是，請述詳情 If so, please give particulars ☐      ☐

投保者或以上記名駕駛者在以往三年內曾否遇事？或曾否要求賠償？Have you or the above named driver(s) ever made any accident for the last 3 years? Or any claim under Motor Insurance Policy? 如是，請述詳情 If so, please give particulars. ☐      ☐



10. 投保者如享有“從未賠償”折扣，請附續保通知書？Are you entitled to a “No Claim Discount” from your last Insurer?

If so, please attach Renewal Notice.

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重要事項：本表格並非保單，有關保單條款細則及不承保範圍，請投保人參閱接納投保書後或在投保人索取時提供的保單。

IMPORTANT NOTE: This form is not a policy of insurance. Please refer to the policy wordings including the applicable terms, conditions and exclusions which will be issued to applicant upon acceptance of this proposal or upon applicant's request.

### 聲明 DECLARATION

本人 / 吾等聲明，本人 / 吾等已填報一切必要的資料，絕對正確，並無隱瞞或保留。本人 / 吾等明白本人 / 吾等提供的資料為泰山保險顧問有限公司提供保險業務所需，並可能使用於下列目的：i) 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；ii) 任何索償，或該等索償的調查或分析；iii) 行使任何代位權；及可能移轉予任何有關的公司，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。

I / We declare that the Statements and particulars given in this application are true and that I / We have not withheld any material information. The information provided by me / ourselves to Taishan Insurance Brokers Ltd. is collected to enable Taishan Insurance Brokers Ltd. to carry on insurance business and may be used for the purpose of: i) any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service; ii) any claim or investigation or analysis of such claim; and iii) exercising any right of subrogation; 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 for any of the above or related purposes.

### 支付經紀佣金 PAYMENT OF BROKER COMMISSION

泰山保險顧問有限公司（「該公司」）藉向保險公司收取的佣金，作為其所提供服務的酬金。閣下同意進行是項保險交易，即構成閣下同意該公司收取佣金。

Taishan Insurance Brokers Limited is remunerated for its services by the receipt of commission paid by insurers. Your agreement to proceed with this insurance transaction shall constitute your consent to the receipt of commission by the Company.

本人 / 投保人亦明白泰山保險顧問有限公司必須取得本人 / 投保人以上的同意，才可以處理本人 / 投保人之保險申請。

I / Proposed insured further understand that the above agreement is necessary for Taishan Insurance Brokers Limited to proceed with the application.

日期 Date

保戶簽署 Signature of Insured

聯絡人 Person to Contact:

姓名 Name:

電話 Telephone No.:

電郵 Email Address: