



**招商永隆保險**  
CMB WING LUNG INSURANCE

招商永隆保險有限公司  
CMB Wing Lung Insurance Company Limited  
招商永隆銀行有限公司全資附屬公司  
A Wholly Owned Subsidiary of CMB Wing Lung Bank Limited  
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[www.cmbwinglungbank.com](http://www.cmbwinglungbank.com)

## 汽車保險投保書 Motor Vehicle Insurance Proposal Form

請以英文大楷填寫並在適當空格加上〔✓〕 Please complete in BLOCK LETTERS and tick the appropriate box

\*請刪去不適用者 Delete whichever is inapplicable

### 投保人 The Proposer

(Mr. / Ms. / Miss / Co.)

投保人 Name of Proposer : \*(先生/女士/小姐/公司) \_\_\_\_\_ (中文 Chinese)

\_\_\_\_\_ (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 Email : \_\_\_\_\_ #國籍 Nationality : \_\_\_\_\_

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

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

\*投保人補充資料(非必須資料) Proposer supplementary information (optional information)

### 投保詳情 Particulars of Insurance

投保類別 ☐ 第三者險 ☐ 綜合全保  
Cover Required Third Party Only Comprehensive

車輛類別 ☐ 私家車 ☐ 貨車  
Vehicle Private Car Good Vehicle  
☐ 電單車 ☐ 其他，請註明 \_\_\_\_\_  
Motor Cycle Other, Please Specify

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

「分期付款」財務機構名稱 (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 車身類別  
Registration No. \_\_\_\_\_ Make and Model \_\_\_\_\_ Type of Body \_\_\_\_\_

引擎號碼 底盤號碼 汽缸容量  
Engine No. \_\_\_\_\_ Chassis No. \_\_\_\_\_ Cubic Capacity \_\_\_\_\_ C.C.

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

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，每位須收百份之十之額外保費(只適用於綜合全保)。

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 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 HKID Card 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 / 否 Yes / 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 / 否 Yes / 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 / 否 Yes / No
ii) 運載危險品？ for the carriage of dangerous goods?	是 / 否 Yes / No
iii) 車輛涉及維修及買賣用途？ for any purpose in connection with motor trade?	是 / 否 Yes / 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 / 否 Yes / No

閣下如在上述任何一項回答「是」，請詳加說明。 If your answer is 'Yes' in any of the above, please give 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

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?	是 / 否 Yes / No
2)	過往曾否被罰停牌？ been disqualified from driving ?	是 / 否 Yes / No
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?	是 / 否 Yes / No
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)?	是 / 否 Yes / No
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?	是 / 否 Yes / No
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.	是 / 否 Yes / No

年份 Year	保險公司名稱 Insurance Company	保單號碼 Policy no.	賠償金額（HK\$） Claims Amount

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

此簡章僅為保險撮要，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.

公司專用 OFFICE USE .
保單號碼 Policy No.
中介人名稱 Intermediary's Name
賬戶編號 Account No.



### 重要事項投保人需知 Important Notes to Proposer

1. 此投保書在招商永隆保險有限公司（“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。
  4. 如中英文本有任何歧異，皆以英文為準。
1. The Insurance will not become effective until this proposal form has been accepted by CMB Wing Lung Insurance Company Limited (“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.
  4. In case of discrepancies between the English and Chinese version, the English version shall prevail.

### 聲明 Declaration

1. 本人/本公司謹聲明
  - i) 上列各節均屬無訛；
  - ii) 更絕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，招商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 CMB Wing Lung Insurance Company Limited 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/本公司與招商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/本公司認可及授意。  
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 CMB Wing Lung Insurance Company Limited. 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 CMB Wing Lung Insurance Company Limited.
4. 本人/本公司確認已閱讀並清楚明白《關於個人資料（私隱）條例致客戶的通知》。  
I / We confirm that I/We have read and understood the *Notice to Customers relating to Personal Data (Privacy) Ordinance*.

投保人簽署

Signature of Proposer \_\_\_\_\_

日期

Date \_\_\_\_\_