新印度保險有限公司
THE NEW INDIA ASSURANCE CO., LTD.

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汽 車 投 保 書
MOTOR VEHICLE INSURANCE PROPOSAL FORM

投保人姓名
Full Name of Proposer: _____ 香港身份證/商業登記證號碼 H.K.I.D./B.R.No.: _____ 年齡 Age: _____

地址 (請以英文正楷填寫)
Address: (in English Block Letters) _____

行業或職業
Business or Profession: _____ 電話 Tel No.: _____

保單生效日期由
Policy to Commence from _____ 至 to _____ 購車分期付款公司 Hire Purchase Owner (if any) _____

車輛屬於 Vehicle Status: ☐ 行貨車 Sole Agent ☐ 水貨車 Parallel Import

投保項目 Cover Required: ☐ 綜合險 Comprehensive ☐ 第三者責任險 Third Party

投保汽車詳情 PARTICULARS OF VEHICLE TO BE INSURED:

車輛登記號碼 Registration Mark	廠名及車身類型 Make and Type of Body	車身底盤及引擎號碼 Chassis/Engine No.	汽缸容量(c.c.) Cylinder Capacity (c.c.)	車輛總重 Gross Vehicle Weight	製造年份 Year of Manufacture	門數 Door(s)	座位限額(司機除外) Seating Capacity (excluding driver)	投保人對車輛的估值(包括配件) Proposer's Estimate of present value including accessories	何時購入 Date of Purchase

汽車保險單內之記名司機資料 PARTICULARS OF DRIVER(S) TO BE NAMED IN THE MOTOR INSURANCE POLICY:

	駕駛人姓名 Name of Drivers	關係 Relationship	職業 Occupation	年齡 Age	駕駛執照號碼 Driving Licence No.	駕駛經驗年數 Driving Experience
1.						
2.						

請回答以下問題。 Please answer the following questions.

1. 該車用途為何？ For what purpose will the vehicle be used? ☐ 私家用途 For private use ☐ 商業用途 For commercial use ☐ 其他 Other _____

2. 在過往三年內，閣下或任何可能駕駛此投保汽車之人仕曾否涉及交通意外？ Have you or any person who to your knowledge may drive the Motor Vehicle been involved in any traffic accident during the last 3 years? ☐ 是 Yes ☐ 否 No

3. 在過往三年內，閣下或任何可能駕駛此投保汽車之人仕曾否觸犯交通條例？ Have you or any person who to your knowledge may drive the Motor Vehicle been convicted of motoring offense during the last 3 years? ☐ 是 Yes ☐ 否 No

4. 以前曾否遭受任何保險公司拒絕閣下投保、續保或取消閣下之保單？ Have any previous Insurers ever declined to accept your proposal, refused to renew or cancelled your policy? ☐ 是 Yes ☐ 否 No

5. 閣下或任何可能駕駛此投保汽車人仕，有否視覺不靈或任何身體部份殘缺或神智不正常？ Do you or any person who to your knowledge may drive the Motor Vehicle suffer from defective vision or hearing or from any physical or mental infimity? ☐ 是 Yes ☐ 否 No

6. 閣下是否享有“無索償折扣”？若然，請提供投保資料 Are you entitled to a “No Claim Discount” from your last Insurers? If so, please give particulars ☐ 是 Yes ☐ 否 No

(a) 公司 Company: _____

(b) 保單號碼 Policy No.: _____

(c) 車輛登記號碼 Registration Mark: _____ (d) 無索償折扣% NCD % _____

* 注 以上第2至5項問題中，如答“是”請述詳情
Note: If answer “Yes” to any the above questions 2 to 5, please give details _____

本人聲明在本要保書內填報的聲明和資料，根據本人所知及所信，為確實及完全者。本要保書應作為本人與新印度保險有限公司保險合約的基礎。本人同意有關保險須在該公司接受本要保書後才生效，除非有正式暫保單除外。

I declare that the statements and particulars given in this proposal are, to the best of my knowledge and belief, true and complete and that this proposal shall form the basis of my contract with THE NEW INDIA ASSURANCE COMPANY LIMITED. I agree that the insurance will not be in force until the proposal has been accepted by the Company, except to the extent of any official cover note which may be issued.

日期 Date _____ 投保人簽名 Signature of Proposer _____

本公司專用 For Office Use Only

Policy No. _____	Excess:	Loading _____
Agent _____	Y & I _____	Others:
Cover Note No. _____	TPPD _____	
	Unnamed _____	

轉後頁 P.T.O.