

Agency No.

代理編號：

Policy No.

保單編號：

MOTORGUARD PROPOSAL FORM 車主樂投保書

(Please use English block letters 請用英文正楷填寫)

Proposer 投保人

Full Name 姓名：_____

Gender 性別： ☐ Male 男 ☐ Female 女

Date of Birth 出生日期：_____ Tel 電話: Home 住宅 _____

Mobile 手提 _____

(dd 日/mm 月/yy 年)

Office 辦公室 _____

HKID Card/ Passport/ Business Registration No. 香港身份證 / 護照 / 商業登記號碼：_____

Fax 傳真：_____ Email Address 電郵地址：_____

Address 地址：_____

Marital Status 婚姻狀況： ☐ Single 單身 ☐ Married 已婚 ☐ Divorced 離婚 No. of Private Car Owned by You and Spouse 你及配偶擁有私用車總數：_____

Period of Insurance 保險期: From 由 _____ To 至 _____ Occupation 職業: _____

(dd 日/mm 月/yy 年)

(dd 日/mm 月/yy 年)

Type of Cover 投保類別 (Please tick 請加 ☒): ☐ Comprehensive 綜合保險 ☐ Third Party Only 第三者保險

(If you wish to include the risks such as Voluntary Excess, Strike, Riot & Civil Commotion and Legal Expenses (Manslaughter), please contact Allied World / your Insurance Advisor for details.

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誤殺訴訟費保障，請聯絡世聯或您的保險顧問)

Motor Car Particulars 車輛細節

Please answer the following questions and attach a copy of Hong Kong Vehicle Registration Document.

請回答下列問題及附上香港車輛登記文件影印本

Make and Model 款式及型號：_____

Type of Body (e.g. Saloon, Sports, etc.) 車型 (例如房車、跑車等)：_____

Cubic Capacity 汽缸容量：_____ c.c.

Number of Seats including Driver's 座位數目包括司機位：_____ seats 座位

Year of Manufacture 製造年份：_____

Name in which the Motor Car is Registered 車輛註冊人名稱：_____

Registration Mark, Engine Number and Chassis Number

車牌、引擎號碼及底盤號碼：

Estimated Motor Car Value including accessories and spare parts

(see Important Note to Proposer)

車輛估計價值，包括附件及備件 (見「投保人須知」)

HK\$ 港幣 _____ 元

Is your car fitted with an anti-theft device?

If 'yes', please attach a copy of the suppliers' invoice.

您的車輛是否裝有防盜系統? 如有，請附上發票副本。

Name of Hire Purchase Company if the Motor Car is subject to a Hire Purchase

Agreement.

如以「分期付款」買入，請填報該貸款公司名稱

Important Note to Proposer 投保人須知

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. the reasonable market value of the Motor Car at the time of its loss or damage; or
2. the Estimated Value of the Motor Car that you supply in this proposal form whichever is the lesser amount.

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，惟該金額將不會超過：

1. 受保車輛在意外時之合理市價，或
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。

Previous Insurance Details 過往投保資料

Are you now, or have you ever been, insured in respect of any motor car?

您現在或過往曾否向其他保險公司投保汽車保險?

☐ No 否 ☐ Yes 是

Name of Insurer 受保公司 _____

Policy Number(s) 保單號碼 _____

Registration Mark(s) 車輛號碼 _____

Are you entitled to a No Claim Discount?

您是否享有「無索償折扣」?

☐ No 否 ☐ Yes 是

Number of years free of claims 無意外年數 _____

No Claim Discount 無索償折扣 _____ %

(Please attach evidence of entitlement 請附上「無索償折扣」證明書)

Particulars of Drivers 駕駛人資料

For cover of private car an excess automatically applies to drivers who are not named and an extra excess applies to drivers under 25 years of age or with less than 2 years of driving experience even if named

如車輛遇事時不記名駕駛人駕駛，自付額將自行提高，如駕駛人年齡不足二十五歲或持有駕駛執照少於兩年另增自負額

Details of regular drivers including yourself

論壇上經常駕駛上述車輛之駕駛人資料（包括閣下在內）

Complete a separate row for each driver 每名駕駛人須分別填寫在各欄上

For every driver in excess of 2, an additional premium of 10% is charged

駕駛者超過名額兩名，每位加收保費百分之十

Full Name 駕駛人姓名	Gender 性別	Marital Status 婚姻狀況	Date of Birth 出生日期	Trade and Occupation (e.g. Investment, Manager) 行業及職位 (例如：投資，經理)	Age 年齡	Driving Licence No. 駕駛執照號碼	Date of passing driving test in Hong Kong 在香港考獲駕駛執照日期 DD日 / MM月 / YY年	Relationship to Proposer 與投保人關係
1.							/ /	
2.							/ /	
3.							/ /	
4.							/ /	

Driving Experience 駕駛經驗

Please tick the appropriate box 請在適當方格加☐(If "Yes", please give full details. 若答「是」，請詳細列明)

Have you or has any Named Driver 您或已註明之駕駛者：

- ever suffered from any heart complaint, diabetes, fits or any other physical or mental infirmity?
曾否患心臟病、糖尿、癲癇或其他生理或精神病？ ☐ Yes 是 ☐ No 否
- 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?
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？ ☐ Yes 是 ☐ No 否
- been involved in any accident or suffered any loss in connection with a motor car in the past 3 years ?
曾否在最近三年內駕駛車輛遇事？ ☐ Yes 是 ☐ No 否
- been suspended or disqualified the driving license by a court in the past 3 years?
曾否在最近三年內被法院勒令停牌或吊銷駕駛執照？ ☐ Yes 是 ☐ No 否
- ever been declined insurance or had motor insurance cancelled or renewal refused by any insurer?
曾否被保險公司拒絕投保、取消保單或拒絕續保？ ☐ Yes 是 ☐ No 否

Declaration 聲明

1. I (Proposer) declare to the best of my knowledge and belief that the information given is true in every respect; the Motor Car is in a sound roadworthy condition; the Motor Car has not been modified nor altered in any way improve performance.
本人(投保人)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，而投保車輛亦屬完整及宜於道路上行駛及本投保車輛並未作出任何改裝或改變以增加車輛之性能。
2. I/We understand that the Motor Car to be insured shall not be driven by any person who to my/our knowledge has been refused insurance or continuance thereof.
本人/我們謹同意此車輛將不交由任何曾被拒受保險之駕駛者駕駛。
3. I understand that this proposal will not become effective until it has been accepted by Allied World Assurance Company, Ltd ("Allied World") and agree that this proposal and declaration shall be the basis of the insurance contract between me and Allied World.
本人明白本投保書被 Allied World Assurance Company, Ltd 世聯保險有限公司(「貴公司」)正式接納後，保險責任始正式生效。本人同意本投保書和聲明將成為保險合約的基礎。
4. Cover will be effective only with signature on this document and receipt of premium by Allied World or its authorised representative.
投保書需經貴公司或其授權代表簽署，並於收妥保費後，此保障計劃始正式生效。
5. IA Levy collected by the Insurance Authority has been imposed on this policy at the applicable rate. For further information on the levy, please visit <https://donline.alliedworldgroup.com.hk/file/IALeavy.pdf> or contact: (852) 2968 3000.
由保險業監管局收集的保費徵費已按照適用徵費率計算在這張保單內。欲了解更多保費徵費詳情，請登入 <https://donline.alliedworldgroup.com.hk/file/IALeavy.pdf> 或致電我們：(852) 2968 3000。
6. I have read, understood and agreed to the Personal Information Collection Statement attached to this proposal form.
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 do not want to receive any promotion materials or updates on other products, services or offers of Allied World.
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。

NAVIGATOR
Insurance Brokers Ltd.

Tel (852) 2530 2530 Unit 8E Golden Sun Centre
Fax (852) 2530 2535 59-67 Bonham Strand West
crew@navigator-insurance.com Sheung Wan, Hong Kong
www.navigator-insurance.com

Signature of Proposer

投保人簽署：

Date

日期：

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)

(Please tick the appropriate box ☐ or consult your agent/broker regarding methods of payment. 請在適當的空格內加 ☐ 或與您的保險代理諮詢付款方法。)

Cheque No. 支票號碼： _____

Credit Card No. 信用卡號碼：

I hereby authorise Allied World Assurance Company, Ltd to charge all relevant premium and levies to my credit card account, including any additional premium arising from policy endorsements. 本人授權 Allied World Assurance Company, Ltd 世聯保險有限公司從本人信用卡戶口內支取有關保單保費(包括批單保費)及保費徵費。

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

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.

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：

- 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。