PIONEER

NAVIGATOR
Insurance Brokers Ltd.

Unit 8E, Golden Sun Centre, 223 Wing Lok St, Sheung Wan, Hong Kong
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MOTOR VEHICLE INSURANCE PROPOSAL FORM
汽車保險投保申請書

Full name of Proposer 投保人姓名 _____ Age 年齡 _____

Address 地址 _____

Occupation / Business 職業/行業 _____ Tel. No. (Off.) 公司電話 _____ (Res.) 住宅電話 _____

Period of Insurance from 保險期限 由 _____ To 至 _____

PARTICULARS OF VEHICLE TO BE INSURED 要保汽車詳情

Registration Number 車牌號碼	Make 汽車牌子	Type of Body 車身類別	Cubic Capacity/ Carrying Capacity 引擎容量/ 載重	Year of Manufacture 製造年份	Passengers 座位數目	The Limit of Indemnity * 賠償限額
	Engine No. 引擎號碼					
	Chassis No. 底盤號碼					

1. State which type of Insurance Cover required?
請註明投保下列何種保險
☐ Comprehensive 全保 ☐ Third Party Legal Liabilities 第三者法律責任保險

2. State the name of the Hire Purchase Owners, if any
如屬分期付款，請註明貸款公司名稱

3. For what purposes will the Vehicle be used?
該汽車作何種用途
☐ Social, Domestic & Pleasure 交際自用及娛樂
☐ Carriage of goods for hire of reward 載貨及出租
☐ Others 其他 _____

4. Have you ever made a claim under any Motor Vehicle Policy? If so, please give details.
曾否因遇事請求賠償？如有請詳述之

5. Are you now or have you been insured in respect of any Motor Vehicle? If so please state name of Insurers, Policy Numbers and the Vehicle Registration Numbers.
閣下曾否或現以投保汽車保險？如有請詳述該保險公司名稱，保單號碼及車牌號碼

6. Are you entitled to a "No Claim Bonus" from your last Insurers? If so, please attach Renewal Notice.
閣下是否或享有 無賠償折扣" ？如有請將該保險公司最近之續保通知書附上

7. Have any previous Insurers ever declined to accept a proposal, refused to renew cancelled your policy or imposed special conditions? If so, please give details.
曾否有保險公司拒絕閣下投保，拒絕續保、取消保單或增加附加特別條款？如有請詳述之

8. Geographical Area Covered: 保險地區範圍 ☐ a. Hong Kong Only 香港 ☐ b. Hong Kong & Guangdong Province China. 香港及中國廣東省內

信孚保險有限公司
Pioneer Insurance & Surety Corporation
Member: Pioneer Group
2701 Shun Tak Centre, West Tower, 200 Connaught Road Central, Hong Kong
Tel. : (852) 2559 4011 Fax : (852) 2858 1640 E-mail : info@pioneerinsurance.com.hk

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9. Drivers specifically named in the Policy 保單內需要署名承保之駕駛人

Full Name and Occupation 姓名及職業	Age 年齡	Driving Licence Number 駕駛執照號碼	Date full driving licence obtained 獲得正式駕駛執照之日期	Details of all accidents or losses during the past 3 years 過去三年內所有意外損毀或損失之詳情
1.				
2.				
3.				
4.				

註： 私家車投保全險，以貳名指名駕駛人為限，如需增多壹名或貳名，則每增加壹名按原保費增收10%之保費，但每輛私家車最多以指名駕駛人四名為限。
Private car insured for Comprehensive terms, relates to two named drivers only. The Insured may extend to provide for up to two additional named drivers (a maximum of 4 named drivers in all) subject to payment of additional premium at rate of 10% of the Total Schedule Premium for each additional named drivers.

* 承擔有限度賠償：即投保車輛損失或毀壞時之合理市價，或保戶所選訂之賠償限額，但以最低數目為準。保費也是根據賠償限額而釐定。
The amount payable in the event of loss or damage to the insured motor car is limited to its market value at the time of its loss/damage or the Limit of Indemnity you select whichever is the lower amount. The Limit of Indemnity is also used for the calculation of insurance premium.

DECLARATION

I/We hereby declare that

1. I/We have not been convicted during the past five years of an offence in connection with a motor vehicle (other than parking offences.)
2. The vehicle will NOT be driven by any person who to my/our knowledge;
   a) has been convicted during the past five years of an offence in connection with a motor vehicle (other than parking offences) or whose licence has been suspended during past ten years.
   b) suffers from defective vision or hearing (not corrected by spectacles or hearing aid) or from any physicle or mental infirmity or disease.
   c) has been refused motor vehicle insurance or continuance thereof.
3. The vehicle will be used only for social domestic and pleasure purposes and by me/us in connection with my/our business or profession as indicated in the Proposal.
4. The particulars given in the Proposal are true and nothing materially affecting the risk has been concealed by me/us.

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 Insurers and I/We agree to accept a policy in the Insurers' usual form for this class of insurance.

Before signing this Proposal please read the Declaration carefully. Care should be taken to ensure that all questions on the Proposal are answered fully and accurately. If it is necessary to delete any part of the Declaration please indicate why.

聲 明 書

本人/吾等謹聲明

(一) 本人/吾等於過去五年內並無因駕車犯法而遭受判罪，(違例泊車除外)。

(二) 根據本人/吾等所知此車將不准下列人士駕駛：
   (甲) 於過去五年內曾因駕車犯法遭受判罪(違例泊車除外)，或於過去十年內曾受停牌處罰者。
   (乙) 聽覺或視覺不健全者(用眼鏡或助聽器矯正者除外)或任何身體上或精神上有缺陷者。
   (丙) 曾遭受保險公司拒絕接受汽車投保或續保者。

(三) 正如投保申請書所載該車祇作社交，娛樂及與本人/吾等職業有關之應用。

(四) 投保書內各項敘述均屬真實無訛並無隱蔽或虛偽陳述。

本人/吾等同意此投保書及聲明書所述各節作為本人/吾等與貴公司訂立契約之根據及接受貴公司所發之保險單。

簽署投保書前務請詳閱此聲明書各節。投保書內各項有關問題均需詳細答覆無誤。若尚需刪除此聲明書任何部份請詳述理由。

Date 日期 ..... Signature 投保人簽署 .....

The Company is NOT ON RISK until a Certificate of Insurance or a Temporary Cover Note has been issued to the Proposer.

本公司在未發給投保人正式保險單位或臨時按保單前，保險並不生效

For Office Use Only 保險公司自用紀錄	Policy No. 保單號碼	Agent 代理

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