

PROPOSAL FORM FOR MOTOR
VEHICLE INSURANCE

Proposer Details 投保人資料

 Full name of Proposer 投保人全名	 Date of Birth (DD/MM/YYYY) 出生日期	 Driving Experience 駕駛年資
 HKID No./ Business Reg. No. 香港身份證號碼/商業登記號碼	 Occupation/Business Nature 行業 / 商業性質	 Mobile 手提電話
 Email 電郵		
 Address 地址		

Type of Cover 計劃種類

☐ Comprehensive (Comfort) 標準綜合保	☐ Comprehensive (Deluxe) 尊貴綜合保	☐ Own Damage extension in Guangdong Province 附加廣東省內汽車自身損毀	☐ Third party only 第三者責任保	1 year policy to commence from 保單生效日期由	DD MM YYYY
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Car Details 投保汽車資料

Car Details (Please submit the copy of Vehicle Registration Document) 投保汽車資料 (請附上車輛登記文件副本)

● Registration No. 車牌號碼		● Year of Manufacture 製造年份		Body Type 車身類別	
● Make and Model 製造廠及類型		● Cubic Capacity / 汽缸容量		Gross Vehicle Weight / 車輛總重	
● Chassis No. 底盤號碼		● Seating capacity (including driver) 座位數目(連司機計算)			
● Engine No. 引擎號碼		● Estimated Value including accessories 市值連附件	HK\$		

Named Driver Details 記名駕駛者資料

 Name of drivers 駕駛者姓名	 Occupation/Position 行業/職位	 Driving License No. 駕駛執照號碼	 Date of Birth DD/MM/YYYY 出生日期	 Driving Experience 駕駛年資
01				
02				
03				
04				

No Claim Discount 無索償折扣

Are You entitled to a "No Claim Discount (NCD) from previous Insurers?
投保人是否享有「無索償折扣」?☐ Yes 是 ☐ No 否Name of Insurer
保險公司名稱Present Policy Number
有效保單號碼Registration Mark
車輛登記號碼NCD (%)
無索償折扣記錄

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Questions 問題

Q1 – Please state the use of vehicle 請列明投保汽車之用途:

☐ For Social, domestic and pleasure purpose 社交、家庭和遊樂用途	☐ For commercial use or for use by employees 商業用途或供員工使用	☐ Others, please specify 其他, 請註明
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Q2 – Will passengers or goods be carried for hire, reward, car-sharing or ride-sharing services (including but not limited to UBER or GOGOVAN or LALAMOVE)? 投保汽車有否以出租或收取報酬形式接載乘客或運載貨物或作汽車共享或乘車共享服務(包括但不僅限於UBER或GOGOVAN或LALAMOVE)?

☐ Yes 是	☐ No 否	If Yes, please give details 如有, 請詳述:
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Q3 – Has the vehicle been modified in any way? 投保汽車有否曾作出任何形式的改裝或修飾?

☐ Yes 是	☐ No 否	If Yes, please give details 如有, 請詳述:
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Q4 – Have you or the above named driver(s) been declined, refused to renew or cancelled the motor vehicle insurance by any insurers? 投保者或以上記名駕駛者有否被任何保險公司拒絕投保、到期不允續保或取消保單?

☐ Yes 是	☐ No 否	If Yes, please give details 如有, 請詳述:
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Q5 – Have you or any person who to your knowledge will drive been convicted or disqualified or accumulated more than 12 driving offence points during the past 3 years of any offence in connection with the driving of any motor vehicle? 投保者或任何經常駕駛者於三年內有否被法庭因駕駛過失被罰, 吊銷執照或記錄違例駕駛分數超過十二分?

☐ Yes 是	☐ No 否	If Yes, please give details 如有, 請詳述:
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Q6 – Have you or the above named driver(s) ever been involved in any motor accident and/or made a claim under any Motor Vehicle Policy during the past 3 years? 投保者或以上記名駕駛者於三年內有否交通意外或要求賠償?

☐ Yes 是	☐ No 否	If Yes, please give details 如有, 請詳述:
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Q7 – Is the vehicle under a hire purchase agreement? If Yes, please give details. 投保汽車是否用分期付款方式購入?

☐ Yes 是	☐ No 否	If Yes, please give details 如有, 請詳述:
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WARNING: This Policy does not operate when the vehicle is used for hire or reward (including but not limited to UBER or GOGOVAN OR LALAMOVE or any car-sharing or any ride-sharing activities). Any use of the vehicle for hire or reward during the Policy period and/ or any non-disclosure or any misrepresentation of such material facts will render this Policy voidable. This means that the Policy will be deemed not valid, and no claims will be entertained. We reserve the rights to repudiate this Policy and reject any claims thereunder. Please read "Duty of Disclosure" and "Non-Disclosure and Misrepresentation" below.

警告: 投保汽車以出租或收取報酬形式接載乘客或運載貨物或作汽車共享或乘車共享服務(包括但不僅限於UBER或GOGOVAN或LALAMOVE), 本保單概不適用。在保單期間, 以出租或收取報酬形式使用投保汽車和/或就此類重大事實不予披露或作出虛假陳述, 即可使本保單無效。這意味著本保單將被視為無效, 並且不會受理任何索賠。我們保留推翻本保單的權利, 並拒絕其中的任何索賠。請細讀下面有關「披露責任」及「不披露和虛假陳述」的信息。

Policyholder's Duty of Disclosure

Under the insurance principle of "Utmost Good Faith", a proposer / policyholder is under a duty to disclose truthfully to Allianz Global Corporate & Specialty SE (incorporated in the Federal Republic of Germany with limited liabilities) Hong Kong Branch (the "Company" or "we" or "us") all material facts relevant to the Company's fair assessment of the risk of insurance that you know, or could reasonably be expected to know. The duty of the proposer / policyholder to provide updated information remains a continuing duty throughout the policy period. Any changes in circumstances should be notified immediately by the proposer / policyholder to the Company.

Non Disclosure and Misrepresentation

If the foregoing particulars or declaration or any part thereof is untrue, inaccurate or omitted in any material way thereby affecting the risk of this Policy or if any renewal thereof is obtained through any misstatement, misrepresentation or suppression or if any claim made shall be fraudulent or exaggerated or if any false declaration or statement shall be made in support thereof then in any of these cases this Policy shall be void. This means that the policy will be deemed not valid, and no claims will be entertained.

Personal Information Collection and Use Statement

The Company may use the personal data we collect about you for the following purposes:

- processing and evaluating your insurance application and any future insurance application you may make;
- administering your insurance policy and providing services in relation to your insurance policy;
- investigating, processing and paying claims made under your insurance policy;
- invoicing and collecting premiums and outstanding amounts from you;
- reinsurance purposes;
- statistical research, data matching and/or verification purposes;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes; and
- complying with applicable laws, regulations or any industry codes or guidelines or requests.

Such personal data may be disclosed, shared, divulged, supplied or otherwise transferred, within or outside Hong Kong, to:

- any of our related or associated companies, third party service providers, intermediaries, professional advisers and/or vendors in relation to any of the aforesaid purposes; and
- any association, federation or similar organization of insurance companies and/or other business participants in the insurance industry that exists or is formed from time to time for the benefit and interest of the insurance industry or any members thereof or for regulating the insurance companies or other business participants or any other individual/organization/third party as we may consider necessary or desirable in our discretion; and
- any regulator or government body or authority.

If you do not agree to the provision of the personal data requested on the form or the use of such data for the above purposes, we may not be able to process your application.

Direct Marketing

With your consent, we may

- use your personal information, including your name, contact details, products and services portfolio information, demographics data and/ or policy details, held by us from time to time for direct marketing;
- conduct direct marketing in relation to insurance, financial services or other related products and services provided by us, our affiliates, our co-branding partners, our business partners and/or our intermediaries; and/or
- provide the data described in 1 above to all or any of the persons described in 2 above for use by them in marketing those products and services.

Before using your personal information as set out in Direct Marketing statement above, we must obtain your consent.

☐ I/We do not agree with the use and provision of my/our personal data for direct marketing purposes as set out above in the Personal Information Collection Statement and do not wish to receive any promotional and direct marketing materials.

You may in future withdraw your consent to the use and provision of your personal data for Direct Marketing or your consent to the Personal Information Collection Statement by contacting our Data Privacy Officer.

You may seek access to and request correction of any personal data we hold about you by contacting our Data Privacy Officer at Suites 403-11, 4/F, 12 Taikoo, Wan Road, Taikoo Shing, Hong Kong

Declaration

I/We declare that:

- All information and answers provided in this proposal form, which shall form the basis and become part of any insurance contract issued hereunder, are complete and true.
- To the best of my/our knowledge and belief, any facts that may affect acceptance or assessment of the insurance cover have been disclosed hereunder, and I/we understand and agree that any failure to disclose such information may affect the insurance cover requested or invalidate the policy altogether.
- I/We have read and agreed to all of the declarations, policy wording and Personal Information Collection Statement.

Date 日期: DD/MM/YYYY

Authorized Agent - 特許代理

披露責任

根據「最高誠信」的保險原則，投保人/保單持有人有責任向安聯環球企業及專項保險 - 香港分公司（於德意志聯邦共和國註冊成立之有限公司）（「本公司」或「我們」）真實披露閣下知悉或可以合理地預期知悉，並與本公司風險評估相關的所有重大事實。在保單期間，投保人/保單持有人有責任持續提供最新信息。如有任何情況變更，投保人/保單持有人應立即通知本公司。

不披露和虛假陳述

如果上述細節或聲明或其任何部分為不真實的、不準確的或有所遺漏，從而影響本保單的風險，或通過任何錯誤陳述，虛假陳述或抑制獲得任何續保，或任何索賠為欺詐或誇大的，或以任何虛假聲明或陳述以資證明，則在任何上述情況下，本保單均屬無效。這意味著本保單將被視為無效，並且不會受理任何索賠。

收集個人資料的聲明

本公司可就我們收集有關您的個人資料作以下用途：

- 處理及評估您的保險申請及您未來作出之任何保險申請；
- 辦理保單文件及提供有關您保單之服務；
- 調查、處理及償付您保單之索償；
- 處理發票及向您收取保費及未付之費用；
- 再保用途；
- 統計研究、資料配對及/或調查之用；
- 就以上任何用途與您聯絡；
- 其他與以上用途直接有關之輔助用途；及
- 符合適用之法例、規則或任何業內守則或指引或要求。

這些個人資料可披露、分享、透露、提供或轉移至香港境內或境外的：

- 任何與上述目的有關的相關或相關聯公司、第三方服務供應商、代理、專業顧問和/或供應商；及
- 任何保險業協會、聯會、保險公司及/或業務參與者為業界利益不時成立的組織，任何為了規範保險公司或其他業務參與者的成員或任何我們認為必須的個人/組織/第三方；及
- 任何監管機構，政府或官方機構。

如果您不同意為了上述目的而提供表格上要求的個人資料，我們將無法處理您的申請。

直接促銷

在您同意下，我們可

- 使用我們不時持有的個人資料，包括您的姓名，聯絡資料，產品及服務組合資料，人口統計數據及/或保單資料作直接促銷
- 就我們、我們的關聯公司、品牌合作夥伴、業務夥伴及/或代理提供的保險，金融服務或其他相關產品和服務而進行直接促銷；及/或
- 將1)所述的資料提供予2)所述的全部或任何人士，以供他們在促銷產品及服務之用。

使用您的個人資料作上述直接促銷用途前，我們必須獲得您的同意。

☐ 本人/我們不同意貴公司根據“收集個人資料的聲明”使用和轉移本人/我們的個人資料作直接促銷用途及並不願意接收任何貴公司的推廣及直接促銷的材料。

您日後可撤回您給予我們有關使用您的個人資料作直接促銷或收集個人資料的允許，如您欲撤回有關同意，請聯絡我們的資料保護主任。

要查閱及更正我們所持有您的任何個人資料，可投寄至香港太古城，太古灣道12號，403-11室，與我們的資料保護主任聯絡。

聲明

本人/吾等聲明：

本投保書內所載問題的資料及答覆，均為全部正確無訛，而此等資料及答覆均會成為項下保險合約的基礎及其部份。

- 在本人/吾等盡所知所信範圍內，已提供所有有關會影響接納或釐定此保單保障條文的重要事實，而本人/吾等明白並同意若未能提供此等資料，將可能影響所需保障的提供，或導致此保單無效。
- 本人/吾等已細閱並同意所有聲明、保單條款及收集個人資料的聲明。

Signature / 簽署

(with company chop for corporate applicant)
(機構投保人請附上公司蓋章)