



# Sompso Insurance (Hong Kong) Co., Ltd.

19/F., Lincoln House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong.  
Telephone: (852) 2831 9980 Fax: (852) 2573 2072 Website: www.sompso.com.hk

## MOTOR INSURANCE PROPOSAL FORM

### 車輛保險投保書

**N.B.:** You are to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

**注意:** 請將閣下所知或應知之事實完全忠實列出否則影響本保單之有效性。

Please complete this proposal clearly. (Please tick the appropriate box.) 請清楚寫填寫此投保書 (請在適當位置)

| PARTICULARS OF THE PROPOSER 投保人資料                                          |  | GENERAL QUESTIONS 一般問題                                                                                                                                                                                      |  |
|----------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name<br>姓名                                                            |  | (a) Has the vehicle been installed any additional Hi-Fi or equipment other than manufacturer's standard specification? 該車是否有原廠標準以外之音響器材?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>是 否 |  |
| Business Nature/Employer's Name & Position Held<br>業務性質/僱主名稱及職業            |  | (b) Has the vehicle been modified from standard specification? 該車機器或其他部分是否有改裝?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>是 否                                                           |  |
| Address<br>地址                                                              |  | (c) Will the vehicle be used 該車會否用作以下用途?<br>i) for the carriage of passengers or goods for hire & reward? 租賃載客或載貨用途?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>是 否                     |  |
| Contact Tel. No.<br>聯絡電話                                                   |  | ii) for the carriage of dangerous goods? 運載危險品?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>是 否                                                                                          |  |
| H.K.I.D. Card No. / Business Registration No.<br>香港身份證號碼 / 商業登記號碼          |  | (d) Has the vehicle been installed any anti-theft alarm? 該車是否裝有任何防盜系統設備?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>是 否                                                                 |  |
| Hire Purchase Finance Company 「分期付款」財務機構名稱                                 |  | If 'yes', please give full details 若「是」, 請詳述之                                                                                                                                                               |  |
| Period of Insurance 保險期限<br>From 由 To 至<br>(Both dates inclusive 首尾兩天包括在內) |  |                                                                                                                                                                                                             |  |

| PARTICULARS OF VEHICLE TO BE INSURED 投保車輛資料    |                                                                                                                                                                                               | REGULAR DRIVER'S PREVIOUS DRIVING PARTICULARS 經常駕駛者以往駕駛資料                                                                                                                                                                                                                                                                                               |                             |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Coverage<br>投保類別                               | <input type="checkbox"/> Third Party Only 第三者險<br><input type="checkbox"/> Comprehensive 綜合險<br>Sum Insured 投保額                                                                               | Have you or any of the regular drivers<br>閣下或經常駕駛上述車輛之駕駛者                                                                                                                                                                                                                                                                                               |                             |
| Vehicle Type<br>車輛類別                           | <input type="checkbox"/> Private Car 私家車 <input type="checkbox"/> Goods Vehicle 貨車 <input type="checkbox"/> Motor Cycle 電單車<br><input type="checkbox"/> Others (please give details) 其他 (請說明) | (a) been convicted of any motoring offence (other than parking offence) during the last 5 years or of any prosecutions pending? 在過去五年內, 曾否觸犯交通條例而被判罰 (違例泊車除外) 或正待檢控?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>是 否                                                                                                                 |                             |
| Registration No.<br>車牌號碼                       | Make and Model<br>牌子及型號                                                                                                                                                                       | (b) been disqualified from driving? 曾否被罰停牌?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>是 否                                                                                                                                                                                                                                          |                             |
| Type of Body<br>車身類別                           | Cubic Capacity and Tons<br>汽缸容量及噸數                                                                                                                                                            | (c) had defective vision or hearing (not corrected by spectacles or hearing aid) or suffered at any time from diabetes, epilepsy, heart disease or any other disease or infirmity which may impair your ability to drive?<br>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?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>是 否 |                             |
| Seating Capacity (incl. Driver)<br>座位數目 (包括司機) | Year of Manufacture<br>製造年份                                                                                                                                                                   | (d) ever been declined insurance or have your motor insurance been cancelled or renewal been refused by any insurer?<br>曾否被保險公司拒絕投保, 取消或拒絕續保汽車險?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>是 否                                                                                                                                     |                             |
| Chassis No. 底盤號碼                               | Engine No. 引擎號碼                                                                                                                                                                               | If 'yes', please give full details 若「是」, 請詳述之                                                                                                                                                                                                                                                                                                           |                             |
|                                                |                                                                                                                                                                                               | (e) had any accident, loss or claim in connection with the use of a motor vehicle during the last 5 years?<br>曾在最近五年駕車遇事或要求賠償?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>是 否                                                                                                                                                       |                             |
|                                                |                                                                                                                                                                                               | Year<br>年份                                                                                                                                                                                                                                                                                                                                              | Insurance Company<br>保險公司名稱 |
|                                                |                                                                                                                                                                                               | Policy No.<br>保單號碼                                                                                                                                                                                                                                                                                                                                      | Claim Amount<br>賠償金額        |
|                                                |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                         |                             |
|                                                |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                         |                             |

| PREVIOUS INSURANCE PARTICULARS & CLAIM RECORD 以往保險資料及索償記錄                                                                                                                                                                     |                                         |                           |                       |                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------|-----------------------|--------------------------------------------------------------|
| Are you or have you ever been insured in respect of any motor vehicle? If "Yes", please state the name of last insurer.<br>閣下現在/曾否有車輛受保? 如"是", 請列明最後投保保險公司名稱:<br>YES 是 <input type="checkbox"/> NO 否 <input type="checkbox"/> |                                         |                           |                       |                                                              |
| How many consecutive years do you have no claim record with your previous insurer(s)? 閣下與過往各保險公司投保連續多少年沒有索償記錄?                                                                                                                |                                         |                           |                       |                                                              |
| No. of consecutive years<br>連續年數                                                                                                                                                                                              | Last Vehicle Registration No.<br>最後車牌號碼 | Last Policy No.<br>最後保單號碼 | Expiry Date<br>保單屆滿日期 | N.C.B. Entitled % (Provide N.C.B. Proof)<br>現享有「無索償折扣」(提供證明) |
|                                                                                                                                                                                                                               |                                         |                           |                       |                                                              |

## PARTICULARS OF NAMED DRIVERS 記名駕駛人資料

**N.B.:** additional Premium is not required for the first 2 named drivers. Unless specially agreed, drivers aged below 25 or have less than 2 years of driving experience will normally not be accepted by Sompo Insurance (Hong Kong) Co., Ltd.

**注意：**首兩名駕駛人毋須另加保費。本公司通常不接受二十五歲以下或正式駕駛經驗不足兩年之駕駛人，經本公司特別認可除外。

| Full Name of Driver<br>駕駛人姓名 | H.K.I.D. Card No.<br>香港身份證號碼 | Age<br>年齡 | Occupation<br>職業 | Year of Driving Experience<br>駕駛經驗 | Relationship to Proposer<br>與投保人關係 |
|------------------------------|------------------------------|-----------|------------------|------------------------------------|------------------------------------|
| 1.                           |                              |           |                  |                                    |                                    |
| 2.                           |                              |           |                  |                                    |                                    |

## IMPORTANT NOTES 重 要 事 項

|                                                                                                                                                                                                                                                                                               |                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 1. The Company is not on risk until a Policy or an official Cover Note has been issued to and premium has been paid by the Proposer.                                                                                                                                                          | 1. 本公司在未發給投保人正式保險單或臨時保單及投保人未支付保費前，保險並不生效。                                |
| 2. Failure to disclose all materials facts (facts which would influence the Company's acceptance and assessment of this proposal) in the proposal form or in any reply to the company's written enquiries may entitle the company to void the policy that may be subsequently issued.         | 2. 投保人對所填之投保書及本公司之書面詢問均應據實說明，如有隱匿任何事實足以變更或影響本公司對投保之接納及估計者，本公司得解除達成之保險契約。 |
| 3. If the proposer is in any doubt about facts considered materials, such facts should be disclosed.                                                                                                                                                                                          | 3. 如投保人懷疑某些事實是否會影響本公司對投保之接納及估計，該等事實知也應該明確說出。                             |
| 4. 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. 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。                                  |
| 5. A copy of the completed proposal form will be supplied on request within a period of three months after its completion.                                                                                                                                                                    | 5. 已填寫或遞交後三個月內向本公司申請索取副本。                                                |
| 6. 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. | 6. 汽車綜合保險之保費乃根據被保車輛之投保額釐訂。而被保車輛損毀之最高賠償額將為被保車輛損毀當天之市場價值或投保人所選之投保額兩者中之較低者。 |

## **Personal Information Collection Statement ("PICS")**

(Version 022019)

- 1. Purpose:** Sampo Insurance (Hong Kong) Co., Ltd. (the "Company") is committed to protecting the personal data of our customers. The Company is also committed to the implementation of the data protection principles set out in Schedule 1 of Personal Data (Privacy) Ordinance ("the PDPO")(Chapter 486 of the laws of Hong Kong). From time to time it is necessary for you to supply the Company personal data of you, insured and beneficiary under the insurance policy which may be used, stored, processed, transferred, disclosed or shared by the Company for the following purposes:
- (a) processing and evaluating your application or request for and any alterations, variations, cancellation, renewals and reinstatements of any insurance products and / or services offered by the Company;
  - (b) administering your insurance policy and providing services in relation to your insurance policy;
  - (c) any purposes in connection with any claims made by or against or otherwise involving you in respect of any products and / or services provided by the Company, including processing and / or investigating any claims and detect / prevent fraud;
  - (d) invoicing and collecting premiums and / or outstanding amounts from you;
  - (e) exercising any right of subrogation, if applicable;
  - (f) conducting statistical analysis;
  - (g) contacting you for any of the above purposes;
  - (h) meeting the requirements to make disclosure (i) under any law binding on the Company; or (ii) under any applicable rules, regulations, codes or guidelines or to assist in law enforcement purposes, investigation by police or other government or regulatory authorities; or (iii) for complying with any requirements, policies or measures for using data and information within Sampo Holdings Group ("the Group") in accordance with any Group-wide programmes from time to time for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities / misconducts;
  - (i) other purposes directly related to any of the above purposes.
- For using the personal data provided by you for promotional / marketing purposes, please refer to the section titled **"Use of Personal Data in Direct Marketing"**.
- The failure of providing the Personal Data by you may result in the Company being unable to provide products and services, assess your policy application, process claims under insurance policies issued by us, or process any other requests, enquiries, or complaints from you, or any of the purposes listed above.
- 2. Transfer:** The Company may disclose your personal data to the following transferees in Hong Kong or overseas, including transferring into and out of the European Economic Area, for the above purposes:
- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist the Company to carry out the above purposes (including medical service providers, hospitals, emergency assistance service providers, mailing houses, IT service providers and data processors);
  - (b) in the event of a claims, loss adjusters, claims investigators and medical advisors;
  - (c) in the event of default, debt collectors and recovery agents;
  - (d) insurance reference bureaus or credit reference bureaus;
  - (e) reinsurers and reinsurance brokers;
  - (f) financial services intermediaries that are authorized by the Company for the distribution of products and services provided by the Company including your insurance agents, intermediaries or brokers, if applicable;
  - (g) legal and professional advisors of the Company;
  - (h) The Group and any associated companies of the Company;
  - (i) the policyholder, when none of the insured person(s) of that policy is the policyholder, for the purpose of policy application, administration, renewal and / or claims administration (if applicable);
  - (j) relevant industry association and federation that exists or is formed from time to time;
  - (k) the fraud prevention database or registers (and the operators) and any participating parties of the database including other insurance companies and service providers handling claims for them;
  - (l) governments and authorities within or outside HKSAR as required or permitted by law. The Company may also use and disclose your personal data otherwise with your consent;
  - (m) any third party in connection with a transfer or potential transfer of all or part of the business of the Company that some of the transferees may be located within or outside of HKSAR.
- 3. Access:** You have the right to ascertain what type of personal data the Company holds, whether the Company holds your personal data and, if so, the right to request access to and to request correction of any personal data concerning you held by the Company. Such request can be made to the Data Protection Officer, Sampo Insurance (Hong Kong) Co., Ltd, 19/F, Lincoln House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. The Company reserves the right to charge a reasonable fee for processing a request to access your personal data access request.

### **Use of Personal Data in Direct Marketing**

Apart from the aforementioned purpose, the Company may also use your name, contact details, demographic information, policy details, products and services portfolio information, transaction pattern and behavior, and financial background held by the Company to contact you with direct marketing communications regarding financial and insurance products by mail, email, telephone, facsimile or SMS. The Company may also provide your name, contact details, demographic information, policy details, products and services portfolio information, transaction pattern and behavior, and financial background held by the Company to the following transferees: (I) third party financial institutions, insurers, banks, credit card companies, securities and investment services providers; (II) third party reward, loyalty, privileges programme providers or merchants; and (III) charitable or non-profit making organizations for gain who may send you direct marketing communications regarding (1) insurance, banking, credit card, financial, provident fund scheme and related products and services; (2) reward, loyalty or privileges programmes and related products and services; and (3) donations and contributions for charitable and / or non-profit making purposes by mail, email, telephone, facsimile or SMS. Before using your personal data for contacting you with direct marketing communications, the Company must obtain your written consent, and only after having obtained written such consent, the Company may use your personal data for any direct marketing purpose.

You may in future withdraw your consent to the use of your personal data for direct marketing purposes by the Company or the transferees and thereafter the Company shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please inform the Company by writing to the Data Protection Officer, Sampo Insurance (Hong Kong) Co., Ltd, 19/F, Lincoln House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong.

## Amendment to the PICS

The Company reserves the right at anytime, with or without notice, amends this PICS which will be found in our website or in writing to notify you how the Company will collect, use and transfers your personal data. Should there be any amendment to this PICS in the future, such amendment will become effective with immediate effect.

### 個人資料收集聲明

(022019 版本)

- 目的：**日本財產保險（香港）有限公司（“本公司”）致力於保障本公司顧客的個人資料。本公司亦致力遵守《個人資料（私隱）條例》（“《條例》”）（香港法律第 486 章）附表 1 列明的保障資料原則。閣下可能因下列各項目的需要不時向本公司提供閣下、保單受保人及保單受益人的個人資料而供本公司使用、儲存、處理、轉移、披露或共享該等個人資料：
  - 處理和評估閣下就本公司所提供的產品及／或服務的申請或要求，或作任何更改、變更、取消、續期和復效；
  - 執行閣下保單的行政工作及提供與閣下保單相關的服務；
  - 與就本公司提供的任何產品及／或服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索償任何目的，包括處理及／或索償調查及偵查／防止欺詐行為；
  - 發出繳交保費通知及向閣下收取保費及／或欠款；
  - 行使任何代位權，如適用；
  - 進行統計分析；
  - 就以上用途聯絡閣下；
  - 與根據 (i) 對本公司有約束力的任何法律的規定；或 (ii) 作出任何適用規則、規例、守則或指引所要求的披露或協助警方或其他政府或監管機構執法及進行調查；或 (iii) 為遵守根據集團方案於 Sompo Holdings Group（“集團”）內使用資料及資訊的任何要求、政策或措施，而該集團方案乃為符合制裁或預防或偵測清洗黑錢、恐怖分子融資或其他非法活動／不當行為的目的而不時被制定的；
  - 與上述任何目的直接有關的其他目的。就本公司使用閣下提供的個人資料作宣傳或市場推廣用途，請參閱「**使用個人資料作直接促銷用途**」一節。  
未能提供所需的個人資料可能導致本公司無法為閣下提供產品及服務、評估閣下的保單申請、處理保單索償、或處理任何閣下提出的要求、查詢或投訴、或任何上述用途。
- 轉移：**本公司亦可因應上述用途披露閣下的個人資料予下列位於香港或海外地方的受讓人，包括轉入及轉出歐洲經濟區：
  - 就上述用途，向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問（包括：醫療服務供應商、醫院、緊急救援服務供應商、郵寄服務商、資訊科技服務供應商及數據處理服務商）；
  - 處理索償個案的理賠師、理賠調查員及醫療顧問；
  - 追討欠款的收數公司或索償代理；
  - 保險資料服務公司及信貸資料服務公司；
  - 再保公司及再保經紀；
  - 獲本公司授權以分銷本公司所提供之產品及服務的金融服務中介團體包括閣下的保險顧問、代理及經紀（如適用）；
  - 本公司的法律及專業顧問；
  - 集團及本公司的聯繫公司；
  - 保單持有人（而該保單的所有受保人均非保單持有人），以執行該保單的投保、行政、續期及／或處理索賠（如適用）；
  - 現有或不時成立的相關行業協會及聯會；
  - 上載往偵查／防止欺詐的數據庫或登記冊（及其營運者）及參與的第三方公司包括其他保險公司及為其處理索償個案的第三方代理；
  - 法例要求或許可的政府機關。經閣下同意，本公司可能會以其它方式使用及披露閣下的個人資料；
  - 與本公司業務的轉讓或擬議轉讓有關的任何第三方，當中部分受讓方或位於香港境內或境外。
- 查閱：**閣下有權查明本公司持有個人資料的類別、本公司是否持有閣下的個人資料，如持有，閣下有權要求查閱本公司持有涉及閣下的個人資料以及要求對該等資料作出更正。閣下可向本公司的資料保障主任提出要求，地址為香港鰂魚涌英皇道九七九號太古坊林肯大廈十九樓。本公司有權為處理閣下的個人資料查閱要求而收取合理費用。

### 使用個人資料作直接促銷用途

除上述提及的使用用途，本公司可能將本公司持有閣下的姓名、聯絡資料、人口統計資料、保單資料、產品及服務組合資料、交易模式及行為、及財務背景通過書信、電郵、電話、傳真或短訊與閣下聯絡，提供金融及保險產品的直接促銷通訊。此外，本公司可能將本公司持有閣下的姓名、聯絡資料、人口統計資料、保單資料、產品及服務組合資料、交易模式及行為、及財務背景給下列受讓人：(I) 第三者金融機構、承保商、銀行、信用卡公司、證券及投資服務供應商；(II) 第三方獎賞、長期客戶或優惠計劃供應商或商號；(III) 及慈善或非牟利機構。受讓人可以通過書信、電郵、電話、傳真或短訊與閣下聯絡，提供 (1) 保險、銀行、信用卡、財務、公積金計劃及相關的產品及服務；(2) 獎賞、長期客戶或優惠計劃及相關的產品及服務；及 (3) 為慈善及／或非牟利用途的捐款及捐贈的直接促銷通訊。

就直接促銷用途向上述受讓人提供閣下的個人資料前，我們必先取得閣下的書面同意，並僅會在取得有關書面同意後方可使用閣下的個人資料作直接促銷用途。

閣下將來可以撤回閣下對個人資料作本公司及第三方直接促銷用途的同意書；此後，本公司會在不收取任何費用的情況下停止使用該等資料作直接促銷之用。如閣下欲撤回以上同意，閣下可向本公司的資料保障主任提出要求，地址為香港鰂魚涌英皇道九七九號太古坊林肯大廈十九樓。

### 個人資料收集聲明的修訂

本公司保留權利可隨時且在無須通知的情況下，修訂本聲明，本公司亦可在本公司的網站或以書面形式知會閣下，閣下因而能得悉本公司如何收集閣下的個人資料、如何使用該資料及轉移該資料的情況。任何有關修訂將在刊登後即時生效。

I acknowledge and confirm that I have read and understood the PICS. I confirm that I have been advised to read carefully the PICS, and I have read it carefully about its effect and impact in respect of my personal data collected or held by Sompo Insurance (Hong Kong) Co., Ltd. I hereby give my acknowledgement and agree to the use and transfer of my personal data by Sompo Insurance (Hong Kong) Co., Ltd in accordance with the PICS, including the use and provision of my personal data for the purpose of direct marketing.

本人確認本人已閱讀並明白本聲明。本人確認本人已被通知本人須詳細閱讀本聲明，而本人已詳細閱讀本聲明對日本財產保險（香港）有限公司所收集或持有之本人的個人資料的影響。本人特此確認並同意日本財產保險（香港）有限公司根據本聲明使用及轉移本人的個人資料，包括在直接促銷中使用及將本人個人資料提供予上述的受讓人。

**[Important: If you do not agree to the use and provision of your personal data for direct marketing as set out in the PICS, please tick the box below and we will not use your personal data for the purpose of direct marketing.]**

**[重要通知：如閣下不同意根據本聲明使用和轉移閣下的個人資料作直接促銷用途，請在下列方格內填上剔號（“√”），本公司將不會使用閣下的個人資料作為直接促銷用途。]**

☐ Please tick if you do not consent to receive direct marketing communications from us. 若閣下反對接收本公司的直接促銷通訊，請在方格內填上「√」。

☐ Please tick if you do not consent to receive direct marketing communications from any transferees specified in the PICS. 若閣下反對接收本聲明中提及的受讓人的直接促銷通訊，請在方格內填上「√」。

#### DECLARATION 聲明

- 1) I/We understand I/We shall refer to the policy document of this Plan for the details of the insurance coverage, exclusion clauses and terms and conditions, and I/we have read the related policy document. 本人/吾等明白所有保障項目、不承保事項、條款及細則概以此計劃保單為準，並聲明已細閱有關保單文件。（Applicable to renewals only 只適用於續期）
- 2) I/We have read and agree to be bound by the PICS and understand that my/our failure to provide all data requested will result in the failure to process my/our application by the Company. 本人/吾等已細閱並同意受個人資料收集聲明的約束及本人/吾等明白未能提供所需資料會導致貴公司未能處理本人/吾等的申請。
- 3) I/We declare and agree that to the best of my / our knowledge and belief the information and answers given on this form are true and complete in every respect. 本人/吾等聲明及同意上述填寫之資料及答案均為真實及事實的全部。
- 4) I/We declare and agree that the information and answers given on this form are filled in by me/us or by any other person under my/our full instruction. 本人/吾等聲明及同意上述之資料及答案均屬本人/吾等填寫或經本人/吾等授意填寫。
- 5) I/We declare and 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 Sompo Insurance (Hong Kong) Co., Ltd. 本人/吾等聲明及同意本投保為本人/吾等與 Sompo Insurance (Hong Kong) Co., Ltd. 訂立此保險契約及以後續約之根據。

Signature of Proposer with Company Chop (If applicable) 投保人簽署及公司蓋印（如適用者）

Date 日期