Blue Cross 藍十字
An AIA Company 友邦保險成員公司

收集個人資料聲明
Personal Information Collection Statement

聯絡我們
Contact Us

「汽車保險」申請表格 Motor Vehicle Insurance Application Form

請以英文正楷填寫本表格並於適當空格內加上「✓」號。Please complete this form in English BLOCK letters and tick where appropriate.

(I) 投保人資料 Details of Applicant (如投保人為個人 – 投保人必須年滿18歲或以上。If Applicant is an individual - The Applicant must be aged 18 or above.)

1. 投保人姓名（公司／個人）Name of Applicant (Corporate/Individual)
☐ 先生 Mr. ☐ 小姐 Miss ☐ 太太 Mrs. ☐ 女士 Ms.

2. 香港身份證／商業登記證號碼 HKID Card/BR Certificate No.

3. 香港通訊地址 Correspondence Address in Hong Kong

室 Flat _____ 樓 Floor _____ 座 Block _____ 大廈 Building _____

屋苑 Estate _____ 期 Phase _____

街道號數 Street No. _____ 街道名稱／地段 Street Name/Lot _____

地區 District _____ ☐ 香港 HK ☐ 九龍 KLN ☐ 新界／離島 NT/Outlying Islands

4. 電話號碼 Contact Telephone No. 住宅 Home 公司 Office 手提 Mobile
（請提供至少1個電話號碼 Please provide at least one telephone no.）

5. 傳真號碼 Fax No.

6. 電郵地址 Email Address

(II) 投保詳情 Policy Particulars

1. 保單生效日期 Policy Effective Date _____ 日 DD _____ 月 MM _____ 年 YY 有效期為1年 Valid for 1 year
（承保日期以藍十字審核為準）(Policy effective date is subject to the Company's underwriting acceptance)

2. 汽車類別 Type of Vehicle ☐ 私家車 Private Car ☐ 商業汽車 Commercial Vehicle ☐ 電單車 Motor Cycle

(IIA) 汽車資料 Details of Vehicle

1. 汽車登記號碼 Vehicle Registration No.	2. 廠名及型號 Make and Model	3. 車身底盤號碼 Chassis No.	4. 引擎號碼 Engine No.

5. 車身類型 Type of Body	6. 汽缸容量 Cylinder Capacity	7. 認可車輛總容量 Gross Vehicle Weight

8. 製造年份 Year of Manufacture	9. 座位數量（包括司機座位）No. of Seats including Driver	10. 購買日期（日／月／年）Purchase Date (DD/MM/YY)

11. 估計市值（包括其他裝置）Estimated Present Value including Accessories	12. 請列明附加裝置之種類及價值 Please state the type and value of any additional accessories	13. 無索償折扣率 No Claim Discount

14. 請選出所需投保類型 Please select the type of cover required ☐ 全保 Comprehensive ☐ 第三保 Third Party

15. 請列明該車輛之用途 Please state the usage of the vehicle ☐ 私人用途 Private use ☐ 商業用途 Business use

16. 如閣下選擇「全保」類型保障，請說明此車輛是否裝有防盜裝置？ If you the select the type of "Comprehensive" cover, please state the vehicle is fitted with an anti-theft device? ☐ 是 Yes ☐ 否 No

17. 是否只有閣下一個人駕駛此車輛？ Is the vehicle driven by yourself only? ☐ 是 Yes ☐ 否 No 若「否」，請提供及填寫(IIB)第二名駕駛者之資料。If "No", please provide and complete (IIB) Details of 2nd Driver

18. 若車輛是以「分期付款」方式購買，請說明該公司之名稱。If the vehicle is being acquired under a Hire Purchase Agreement, please state the name of the company providing such arrangement.

(IIB) 駕駛者資料 Details of Driver

（請填寫所有駕駛者之資料，包括閣下本人，並請附交汽車登記文件、車牌及身份證副本。）
(Please state all persons who will drive your vehicle including yourself and submit copy of vehicle registration documents, driving licenses and identity cards.)

	a. 姓名 Name	b. 年齡 Age	c. 駕駛執照號碼 Driving License No.	d. 駕駛經驗（年）Driving Experience (Years)	e. 職業 Occupation	f. 與投保人關係 Relationship with Applicant
1. 第一名駕駛者資料 Details of 1st Driver						
2. 第二名駕駛者資料 Details of 2nd Driver						

(III) 其他資料 General Information

1.	閣下曾否於申請汽車保險時被拒投保、拒絕續保，或續保時被附加特別條款？ Have you ever been declined, refused to renew or renewed but subject to special terms or conditions for motor insurance policy?	☐ 是 Yes ☐ 否 No
2.	閣下以前或現在是否有投保其他保險公司？ 若然，請列明受保保險公司名稱及保單編號。 Have you previously been or are you now insured with any other insurance company? If so, please state the name of the company and the policy number.	☐ 是 Yes ☐ 否 No
3.	閣下或上述駕駛人士是否曾經在過去5年內有任何觸犯交通條例或嚴重交通意外？ Have you or any of the above named driver(s) been convicted during the past 5 years of any offense in connection with the driving of any motor vehicle, or involved in serious accidents?	☐ 是 Yes ☐ 否 No
4.	任何上述駕駛人士是否有身體缺陷，視力或聽覺受損？ Has any of the above named driver(s) suffered from any physical defects or infirmities, impairment of vision or hearing?	☐ 是 Yes ☐ 否 No
5.	閣下曾否在過去5年內提出任何汽車保險索償？（如有，請提供詳細資料及列出獲得賠償的總金額） Have you ever made any claim under any motor insurance policy in the past 5 years? (If any, please provide details and state the total claimed amount)	☐ 是 Yes ☐ 否 No
6.	就閣下所知是否有年齡21歲以下及／或駕駛經驗少於1年人士可能駕駛此車輛？ To the best of your knowledge, is there any person age under age 21 and/or with driving experience less than 1 year likely to drive this vehicle?	☐ 是 Yes ☐ 否 No

如上述問題的答案為「是」者，請於另紙詳加說明，並附以簽署及日期。
If you answered "Yes" to any of the above questions, please provide details on a separate sheet which should be signed and dated.

(IV) 付款指示及授權書 Payment Instruction and Authorisation

1. ☐ 支票 Cheque （劃線支票抬頭人請填寫「**藍十字（亞太）保險有限公司**」）
支票號碼 Cheque No. _____ (Cheque should be crossed and made payable to "**Blue Cross (Asia-Pacific) Insurance Limited**")

2. ☐ 現金 Cash

3. ☐ 信用卡授權 Credit Card Authorisation

本人茲授權藍十字（亞太）保險有限公司從本人下列的信用卡賬戶扣除保單的應繳總額包括保險業監管局徵費。
I hereby authorise Blue Cross (Asia-Pacific) Insurance Limited to debit the grand total due including levy to the Insurance Authority from my credit card account specified below for the insurance policy.

☐ VISA ☐ Mastercard

持卡人姓名 Name of Cardholder _____	到期日（月／年） Expiry Date (MM/YY) _____	持卡人簽署 Signature of Cardholder _____
信用卡號碼 Credit Card No. _____	發卡銀行 Issuing Bank _____	簽署必須與上述信用卡背面之簽署式樣相同。 Your signature should match the signature on the back of the credit card specified herein.

(V) 選擇拒絕在直接促銷中使用個人資料 Opt-out from Use of Personal Data in Direct Marketing

為向你提供最新消息、優惠及推廣活動的資訊，以及進行直接促銷活動，藍十字（亞太）保險有限公司（「藍十字」）可能會按「收集個人資料聲明」（「該聲明」）所述使用你的個人資料作直接促銷及把閣下的個人資料提供予該聲明第(4)(iii)段的聯盟計劃合作夥伴作直接促銷，但在未經你同意的情況下，藍十字不能就此目的使用及提供你的個人資料。若你不希望藍十字在直接促銷中使用及提供你的個人資料，請在下列空格內劃上「✓」號。

1. **使用個人資料直接促銷**（除接收續保資訊外）
   ☐ 我不同意藍十字根據該聲明第(4)段使用我的個人資料作直接促銷（例如通過向我提供最新消息、優惠及推廣活動的資訊）（除接收續保資訊外）。
2. **接收續保資訊**
   ☐ 我不同意接收此保單的續保資訊。
3. **把個人資料提供聯盟計劃合作夥伴**
   ☐ 我不同意藍十字根據該聲明第(4)段把我的個人資料提供予聯盟計劃合作夥伴作直接促銷（例如通過向我提供最新消息、優惠及推廣活動的資訊），不論藍十字會否獲得金錢或其他財產的回報。

以上代表你目前就是否希望接受藍十字及聯盟計劃合作夥伴直接促銷的聯繫或資訊的選擇，並取代你在本申請前可能曾給予藍十字的任何選擇。請注意，你以上的選擇將適用於列在該聲明內作直接促銷的產品、服務、建議及／或標的。請同時參閱該聲明以知悉可能用作直接促銷的個人資料種類以及可能轉移有關個人資料作直接促銷的資料轉承人類別。

In order to provide you with the latest news, offers and promotions and to conduct direct marketing activities, Blue Cross (Asia-Pacific) Insurance Limited (Blue Cross) may use your personal data according to Blue Cross' Personal Information Collection Statement (the "Statement") and provide your personal data to its alliance program partners as set out in paragraph 4(iii) of the Statement for direct marketing but Blue Cross cannot use and provide your personal data for such purpose without your consent. Please tick "✓" in the box below if you do not wish Blue Cross to use and provide your personal data for direct marketing.

1. **Use of Personal Data in Direct Marketing** (except receiving renewal information)
   ☐ I do not agree to Blue Cross' use of my personal data for direct marketing (such as by way of providing me updates on latest news, offers and promotions) (except receiving renewal information) as set out in paragraph (4) of the Statement.
2. **Receiving Renewal Information**
   ☐ I do not agree to receive renewal information of this policy.
3. **Provision of Personal Data in Direct Marketing to Alliance Program Partners**
   ☐ I do not agree to Blue Cross' provision of my personal data to its alliance program partners for direct marketing (such as by way of providing me updates on latest news, offers and promotions) as set out in paragraph (4) of the Statement, whether or not for money or other property.

The above represents your present choice of whether or not to receive direct marketing contact or information from Blue Cross and its alliance program partners. This shall replace any choice you may have given to Blue Cross prior to this application. Please note that your above choice shall apply to the direct marketing of the products, services, advice and/or subjects as set out in the Statement. Please also refer to the Statement for the kinds of personal data which may be used for direct marketing and the classes of persons to which your personal data may be provided for them to use in direct marketing.

(VI) 聲明 Declaration

本人／我們，謹此聲明並同意：

1. 於此申請表格內所提供的資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人／我們所知及所信而作答的。本人／我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為此項保險合約之承保根據。本人／我們在此確認，如未能提供真實及準確無誤之資料或通知藍十字（亞太）保險有限公司（「藍十字」）任何有關此保險申請之重要資料，將可能導致藍十字不能接受或處理此保險申請或令本保單失效。
2. 一概保障必須在本申請獲接納後並已將應付保費繳交予藍十字後始可生效。
3. 確保投保車輛目前及往後之狀況將繼續維持良好。
4. 本人／我們已獲駕駛者（等）授權提供本申請所需之一切資料，並就本申請之相關事宜，與藍十字進行交涉，並向其接收或索取與駕駛者（等）有關之資料。本人／我們並確認駕駛者（等）已獲明確通知及同意，其個人資料將會轉介予藍十字作辦理本申請之用，亦已獲通知其在個人資料（私隱）條例下所享有的權利。
5. 本人／我們明白及同意當藍十字就本保單提供的保險（包括支付任何賠償或提供任何保障），將使藍十字面臨聯合國決議下或歐盟、英國、美國或適用於藍十字的任何司法管轄區的貿易或經濟制裁、法律或法規項下的任何制裁、禁制或限制，或承受該等風險時，則藍十字不得被視為就本保單提供保險（包括支付任何賠償或提供任何保障）。
6. **本人／我們明白及確認藍十字會就本人／我們購買及接受藍十字簽發的保單及其後續保該保單，向負責安排有關保單的獲授權保險經紀（如有）支付佣金。本人／我們若在此代表法人團體簽署，即同時確認本人／我們已獲該法人團體授權。本人／我們亦明白藍十字必須取得上述的同意，才可以處理有關保險申請事宜。**
7. 本人／我們確認已閱讀及明白隨本表格附上有關藍十字的收集個人資料聲明。
8. 適用於個人客戶
   #在投保此計劃時，投保人正身處香港。（#如不適用，請刪除）
   適用於公司客戶
   投保人乃#根據《公司條例》（香港法例第32章或第622章）成立或註冊的法人團體／#根據《商業登記條例》（香港法例第310章）登記的法人團體、合顆業務、獨資業務或會社，或其分行。（#請刪去不適用者）

I/WE, HEREBY DECLARE AND AGREE THAT:

1. The information and particulars provided on this application form are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Blue Cross (Asia-Pacific) Insurance Limited ("the Company") and me/us. I/We hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application or the insurance policy void.
2. The insurance coverage applied for shall only take effect when this application has been accepted by and the required premium has been paid to the Company.
3. The insured Motor Vehicle is and shall be kept in good condition.
4. I/We have obtained the authorisation from the driver(s) to provide the information requested in this application and to deal with and receive or request information concerning the driver(s) from the Company in relation to any matters arising from this application. I/We further acknowledge that the driver(s) has(have) been explicitly informed and agree(s) that his/her(their) personal data will be transferred to the Company for the purpose of this application and has(have) been informed of his/her(their) rights under the Personal Data (Privacy) Ordinance.
5. I/We understand and agree that the Company shall not be deemed to provide cover (including not to pay any claim or provide any benefit), when the provision of such cover would expose the Company to any, or any risk of, sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or any jurisdiction applicable to the Company.
6. **I/We understand and acknowledge that the Company shall pay the authorised insurance broker (if any) a commission for arranging the insurance policy, as a result of purchasing and taking up the policy issued by the Company as well as renewing the said policy thereafter. If I/we sign herein on behalf of a body corporate, I/we further confirm that I/we am/are authorised to do so. I/We further understand that the above agreement is necessary for the Company to proceed with the application.**
7. I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.
8. For individual customer
   #The applicant is physically present in Hong Kong as at the date of this application. (#delete if not applicable)
   For entity customer
   The applicant is #a body corporate that is formed or registered under the Companies Ordinance, Cap. 32 or Cap. 622 of the Laws of Hong Kong/ #a body corporate, partnership, sole proprietorship or club, or a branch of any of the aforesaid that is registered under the Business Registration Ordinance, Cap. 310 of the Laws of Hong Kong. (#delete as appropriate)

(VII) 簽署 Signature

投保人簽署 Signature of Applicant	日期（日／月／年） Date (DD/MM/YY)

藍十字專用 For Office Use Only

中介人姓名 Name of Intermediary	中介人編號 Intermediary's Code	保單號碼 Policy No.	批核人簽署 Underwriting Approval

本申請表格的中英文版本如有差異，以英文版本為準。
Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.