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A Member of **MS&AD** INSURANCE GROUP

M 59

MOTOR VEHICLE INSURANCE PROPOSAL 汽車保險投保書

Proposer's Information 投保人資料

Name of Proposer (Mr/Mrs/Miss) _____
投保人姓名(先生/女士/小姐)

Date of Birth _____ / _____ / _____
出生日期 (Day 日/Month 月/Year 年)

Correspondence Address _____
通訊地址

Occupation _____
職位 (e.g. Accounts Clerk, Sales Manager / 例如: 會計文員, 營業經理)

Tel. No. (Home) _____ (Office) _____ (Mobile) _____
電話(住宅) (辦公室) (手提電話)

Fax No. _____ E-mail Address _____
傳真 電郵地址

Period of Insurance From Inception Date _____ To Expiry Date _____
投保期限 由 起保日期 (Day 日/Month 月/Year 年) 至 到期日 (Day 日/Month 月/Year 年)

OFFICE USE	
Account No. _____	
Policy No. _____	

Gender (Male/Female) _____
性別(男/女) ()

Macau ID No. _____
身份證號碼

Nature of Business _____
就職行業性質 (e.g. Banking, Trading / 例如: 銀行, 貿易)

Cover Required 投保類別 (Please tick the appropriate box 請在適當處加 "✓")

- Comprehensive 全保
 Third Party Indemnity, Fire & Theft 第三者責任險附加火災及盜竊
 Third Party Indemnity Only 第三者責任險
 Third Party Indemnity Required (MOP) _____
 第三者責任保險所需賠償額(澳門幣)

Particulars of the Motor Vehicle to be insured 投保車輛詳情

Registration No. _____
車牌號碼

Type of Body _____
款式

Chassis No. _____
車身底盤號碼

Seating Capacity (Excluding Driver) _____
可載人數(司機除外)

No Claim Discount (NCD) _____ %
無索償折扣

Price Paid HK\$ _____
買入時車價(港幣/元)

Make & Model _____
製造廠及型號

Year of Manufacture _____
製造/出廠年份

Engine No. _____
引擎號碼

Cylinder Capacity _____
汽缸容量

Hire Purchase Owner (If any) _____
如屬分期付款銀主為

Date of Purchase _____
購買日期 (Day 日/Month 月/Year 年)

Important Notes

The "Estimated Value of the Motor Vehicle" you supply in this Proposal Form will be used for Premium calculation for the Comprehensive Insurance. In case of a claim for loss of or damage to the Motor Vehicle, the maximum amount of our payment, subject to the terms and conditions of the insurance policy including any claims excesses that may apply, is limited to:
 (a) the reasonable market value of the Motor Vehicle at the time of its loss or damage; or
 (b) the Estimated Value of the Motor Vehicle that you supply in this Proposal Form
 whichever is the lesser amount.

重要告示

你在此投保書上所提供的投保估值將會用作計算所投保的綜合保險保費。如投保車輛遭損毀而要求賠償, 本公司最高賠償額將依據保單上的條文、條款及賠償自負額計算, 惟不超過:
 (a) 投保汽車損毀當時的合理市價; 或
 (b) 在投保書上填報的汽車投保估值
 並以兩者中數額較低者為準。

Please specify the Estimated Value of the Motor Vehicle (Including Accessories and Spare Parts) _____
投保估值(包括附加設備及零件, 請詳述)

Named Drivers' Information 駕駛者資料

For those who will regularly drive the Motor Vehicle (if the Proposer is inclusive, please state)
經常駕駛此車輛之駕駛人姓名(如包括投保人, 請列明)

Drivers' Information 駕駛者資料	Driver 1 駕駛者 1	Driver 2 駕駛者 2	Driver 3 駕駛者 3	Driver 4 駕駛者 4
Name of Drivers 駕駛者姓名				
Gender (Male/Female) 性別(男/女)				
Year of Birth 出生年份				
Year of Holding Full Licence 持有駕駛執照年份				
Macau ID No. 身份證號碼				
Occupation 職業				
Full details of all Previous Motor Accidents/Motor Insurance Claims 詳細列明以前曾發生交通意外/汽車保險索償之記錄				

Continued Overleaf 請繼續填寫背面

1. Are you or is any person who to your knowledge will drive the Motor Vehicle, aware of or suffering from loss of limb(s) or sight of eye(s), visual or hearing problem or any physical disability, heart disease, diabetes, epilepsy or mental illness? If so, please give details. 閣下或閣下所知將會駕駛投保車輛之人士是否肢體殘廢、失明、視力或聽覺功能不健全或有任何身體缺陷、患有心臟病、糖尿病、癲癇症或精神病？如作答「是」，請詳述。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
2. Have you, or has any person who to your knowledge will drive, been convicted of any offence in connection with any Motor Vehicle? Is any Police prosecution pending? (Other than parking offences) Has any traffic infringement fine been paid? If so, give particulars of the nature of conviction, date and amount of fine and whether licence endorsed or suspended or the nature of any impending prosecution. 閣下或閣下所知將會駕駛投保車輛之人士是否曾因涉及使用任何車輛時發生事故而被定罪或起訴(違例泊車除外)或須交付罰款？如作答「是」，請詳述判罪詳情、罰款金額及日期、任何違例紀錄、駕駛執照停牌紀錄或控罪性質。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
3. Are you now, or have you been insured in respect of any Motor Vehicle? If so, give particulars of name and policy number of your last insurer. (Documentary proof must be provided by the Proposer) 請填報現時承保閣下車輛或過去閣下曾投保的保險公司名稱及保單號碼。(請將保單副本一併提交)	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
4. Has any company or underwriter in respect of any motor insurance proposed or effected by or for you or for any person who to your knowledge will drive to which this proposal applies declined your application of renewal of your policy or required any special terms or imposed any special conditions? If so, please give details. 閣下或閣下所知將會駕駛投保車輛之人士是否曾被其他保險公司拒絕接受汽車投保或續保，或附加任何特殊條款？如作答「是」，請詳述。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
5. Please give details of any accidents, claims or losses including Motor Vehicle being stolen (whether to blame or not) during the past three (3) years in connection with any Motor Car owned or driven by you or any person who to your knowledge will drive the Motor Vehicle. (If not, please state "No") 閣下或閣下所知將會駕駛投保車輛之人士在過去三年內曾否涉及任何交通意外或損失，不論該駕駛人士有過失與否(包括汽車失竊)？如未曾涉及任何交通意外或損失，請答「否」。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
6. Will the Motor Vehicle be used solely for pleasure purposes and personal business use? 投保車輛會否只作為消閒及個人業務之用	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
7. Will the Motor Vehicle be used by other persons in the employment of the Proposer in connection with the business. If so, please give details. 投保車輛會否用於投保人之僱員作業務上用途。如作答「是」，請詳述。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
8. Will the Motor Vehicle be used for the carriage of goods of explosive, inflammable or volatile nature? 投保車輛會否作裝載易燃、爆炸或危險性物品的用途？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
9. Will the Motor Vehicle let out on hire? 投保車輛會否被租用？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
10. Please give details of alterations different from maker's standard specifications, if any. 投保車輛會否已經改裝，如作答「是」，請詳述。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
11. Do you want to include the extended coverage of Malicious Damage? (Applicable to Comprehensive Cover only) 閣下是否需要購買惡意破壞附加保障？(只適用於購買全保之保障)	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	

Personal Information Collection Statement

Personal Information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any document in relation to the Product or any claim made under the Product.

Your personal data may be used for the purpose of:

- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- any sales, marketing, promotion of other general insurance service and products provided by us;
- variation cancellation or renewal of the Product;
- assessing and processing claims in relation to the Product and any subsequent legal proceeding; or
- exercising any right of subrogation by us.

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- our related subsidiary or affiliated companies within the MSIG Group or MS&AD Insurance Group in or out of Macau;
- any other company carrying out insurance or reinsurance related business in or out of Macau;
- any association or federation of insurance companies that exists or is formed from time to time; or
- any agent, contractor or third party who provides administrative, claims handling or other services relating to the Product to MSIG or any member of the MSIG Group or MS&AD Insurance Group.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the relevant laws and regulations, you have the right to request access to and to request connection of your personal data held by us, and to request to opt out from receiving any direct marketing communication from us. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong (for Hong Kong customers) or at Avenida Da Praia Grande No. 693, Edif Tai Wah 13 Andar A&B, Macau (for Macau customers).

Nothing in this statement shall limit your rights under the relevant laws and regulations.

個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個人人士之數據，貴為我們的客戶，您須向我們不時供給與我們提供之一般保險服務及產品(下稱「產品」)相關的個人資料，讓我們可向您提供客戶服務及改善服務質素。

當中包括但不限於您在申請表填寫或任何與產品有關之文件上或任何透過產品索償上所載之個人資料。

您的個人資料可被用於以下用途：

- 向您提供產品及設施相關之日常運作及行政用途；
- 任何我們提供的其他一般保險服務及產品之銷售，市場銷售及推廣用途；
- 產品變動、取消或更新用途；
- 評估及處理透過產品索償及任何繼後法律訴訟之用處；或
- 由本公司行使代位權利之用途。

就任何上述的用途，我們所收集的個人資料可能會被轉移至：

- 在三井住友保險集團或MS&AD保險集團內，在澳門或海外與本公司有關之機構、子公司或附屬公司；
- 任何其他在澳門或海外經營有關保險或再保險業務之公司；
- 任何現存或不時成立的協會或保險公會；或
- 任何提供行政服務、索償處理或其他與三井住友保險集團或MS&AD保險集團成員相關產品服務之代理、承辦商或第三者。

為了確保您的個人資料之準確性，您同意授權本公司查閱並核實任何由保險業界內保險公司聯會所收集有關您的個人資料。

根據相關法例及規例，您有權查閱及更正本公司所持的任何載有您的個人資料之記錄，以及要求選擇拒收任何本公司的直銷通訊。如您欲行使以上權利，可以書面形式投寄至香港太古城英皇道1111號太古城中心第一期9樓三井住友海上火災保險(香港)有限公司(適用於香港客戶)；或澳門南灣大馬路693號大華大廈13樓A-B座三井住友海上火災保險(香港)有限公司澳門分公司(適用於澳門客戶)，通知本公司的資料保護主任。

此聲明所述之條文並不限制您就相關法例及規例可行使之權利。

Note: 1. If the Proposer is in any doubt whether any factors other than those disclosed on this proposal form are material facts, the Proposer should disclose them since failure to disclose all material facts by the Proposer will be a ground for avoiding the policy.
2. The named drivers must be holding a valid Macau Driving Licence when driving the Motor Vehicle. Otherwise the policy may be invalid.

注意: 1. 除於本投保書上所填報的資料外，倘若投保人懷疑尚有其他與投保有關之重要事實，請將該等事實詳情向本公司申報。應隨任何重要事實，本公司有權拒絕賠償。
2. 駕駛者於駕駛投保車輛時必須持有有效的澳門駕駛執照，否則本保單可當作失效。

Declaration 聲明

I/We warrant that the above statements are true in every respect and no material facts have been withheld or suppressed and that the motor car(s) described are and shall be maintained in an efficient condition AND I/We further warrant that if such statements and particulars are in the writing or any person other than the undersigned such person shall be deemed to have been my/our agent for the purpose of filling in the same and that I/We agree that this declaration shall form the basis of the contract between me/us and the Company, and to accept a policy subject to the terms, exceptions and conditions prescribed therein. I/We undertake that the motor car(s) to be insured shall not be driven by any person who to my/our knowledge has been refused any motor insurance or the continuance thereof.

本人(等)茲保證上述各項聲明均屬確實無誤，同時本人並無隱瞞任何重要事實，並且承諾保持投保車輛之性能良好。本人(等)亦認同倘若本投保書為他人代書，該等代書人士均為本人(等)填寫本投保書之代表。本人(等)並同意本投保書為本人(等)與貴公司訂立契約的根據，並遵守保單內所載之條文規定，本人(等)保證投保車輛將不會由任何根據本人所知曾經被拒絕投保汽車保險或續保的人士駕駛。

I/We hereby confirm that this vehicle does not possess a license for use in Mainland China. I further agree that this policy will automatically be converted into a local compulsory insurance the moment such vehicle receives a license to enter Mainland China.

本人(等)謹此聲明上述之車輛並沒有取得在中國內地行車証。本人同意倘在保險期內獲得以上牌照，上述車輛之保險將自動轉換為適用於本地區強制性部份。

Date _____
日期 (Day日/Month月/Year年)

Proposer's Signature _____
投保人簽署