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A Member of MS&AD INSURANCE GROUP

For Agent Use Only

H56AG

Private Motor Car Insurance Proposal Form
私家車保險投保書

Please complete the following section in ENGLISH using BLOCK LETTERS and tick ✓ the box(es) as appropriate.
請以英文正楷填寫下列部份，並於適當的空格內加上 ✓ 號。

FOR OFFICE USE ONLY 只供內部使用	
Account No.帳戶號碼	Policy No. 保單號碼

Proposer's Information 投保人資料 (*Please delete if not appropriate *請刪除不適用項目)

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

Date of Birth _____ / _____ / _____ HKID No.
出生日期 (Day日/Month月/Year年) 香港身份證號碼 _____ ( )

CI No.
公司註冊證號碼 _____ Gender : ☐ Male 男
性別 : ☐ Female 女

Mailing Address _____
通訊地址 _____

Occupation _____ Industry _____
職業 (e.g. Accountant Clerk, Sales Manager 例如：會計文員、營業經理) 行業 (e.g. Banking, Trading 例如：銀行、貿易)

Contact No. _____ Email Address _____
電話號碼 電郵地址

Period of Insurance : From _____ / _____ / _____ to _____ / _____ / _____
投保期限 由 (Day日/Month月/Year年) 至 (Day日/Month月/Year年)

Basic Cover Required 基本保障類別

☐ Third Party Legal Liability Insurance 第三者保險 ☐ Comprehensive Insurance with extra benefits 綜合保險及額外保障

Method of Premium Payment 繳付保費方式

Credit Card No. & Expiry Date for payment 用作付款之信用卡號碼及有效日期：_____ (/) (MM月/YY年)

Issuing Bank 發卡銀行 _____ Cardholder Name 持卡人姓名 _____

Particulars of Motor Vehicle to be Insured 投保車輛詳情：

Registration No.
車牌號碼 _____

Make & Model
製造廠及型號 _____

Type of Body
車牌類型 _____

Year of Manufacture
製造／出廠年份 _____

Chassis No.
車身底盤號碼 _____

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 _____

Seating Capacity (Excluding Driver)
座位限額（司機除外） _____

Price Paid (HK$)
買入時車價（港幣／元）_____

Date of Purchase
購買日期 _____ / _____ / _____

Estimated Value of the Motor Car (Including Accessories & Spare Parts)(HK$)
投保價值（包括附加設備及零件，請詳述）（港幣／元） _____

Estimated Value of Accessories (HK$)
附加設備價值（港幣／元）

AV Equipment
影音設備 _____

Alarm System
防盜設備 _____

Others
其他 _____

Important Notes

The "Estimated Value of the Motor Car" 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 Car, 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 Car at the time of its loss or damage; or
(b) the Estimated Value of the Motor Car that you supply in this Proposal Form whichever is the lesser amount

重要事項

您在此投保書上所提供的「投保車輛價值」將會用作計算所投保的綜合保險保費。如投保車輛遭損毀，本公司之最高賠償額將依據保單上的條文及條款及賠償自負額計算，惟以不超過：

(一) 投保車輛損毀當時的合理市價；或
(二) 在此投保書上填報的投保車輛價值，並以兩者中數額較低者為準

Named Drivers' Information[1] 駕駛者資料[1]：

For those who will regularly drive the Motor Car (if the Proposer is inclusive, please state) *If more than 2 drivers are insured, additional premium will be required.
經常駕駛投保車輛之各人姓名：（如包括投保人，請列明）如投保超過兩名駕駛者，將需另繳付保費。

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[2] 持有駕駛執照年份[2]				
HKID No. 香港身份證號碼				
Occupation 職業				
Industry 行業				
Full Details of Motor Accident / Motor Insurance Claims & Demerit Point in the past three (3) years (If Yes, please give details) 詳列於過去三年內曾發生之交通意外／汽車保險索償記錄及駕駛車輛違扣分紀錄（如有，請詳述）				

1. Are you, or is any person who to your knowledge will drive the Motor Car, aware of or suffering from loss of use of limbs or sight of eye, defective vision or hearing or from any physical defect, heart, diabetic, epileptic or mental condition? If "Yes", 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傷殘、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。	☐ Yes 是 ☐ No 否
2. In the past 3 years, have you, or has any person who to your knowledge will drive the Motor Car, 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 "Yes", please 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. 是否曾於過去三年內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、任何違例記錄、駕駛執照停牌記錄或控罪性質。	☐ Yes 是 ☐ No 否
3. In the past 3 years, has any insurance 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 the Motor Car to which this proposal applies declined your application or renewal of your policy or required any special terms or imposed any special conditions? If "Yes", please give details. 是否曾於過去三年內被其他保險公司拒絕接受汽車保險投保或續保，或附加任何特殊條款？如作答「是」，請詳述。	☐ Yes 是 ☐ No 否
4. 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 vehicle owned or driven by you or any person who to your knowledge will drive the Motor Car. If "not", please state "No". 在過去三年內，閣下或閣下所知將會駕駛投保車輛之人士是否曾涉及任何交通意外、索償或損失，包括汽車失竊（不論承擔責任與否）？如未曾涉及任何交通意外或損失，請答「否」。	☐ Yes 是 ☐ No 否
5. Will the Motor Car be used solely for pleasure purposes and person business use? 投保車輛會否只作為消閒及個人業務之用？	☐ Yes 是 ☐ No 否
6. Will the Motor Car be used for the carriage of goods of explosive, inflammable or volative nature? 投保車輛會否用作裝載易燃、爆炸或危險性物品的用途？	☐ Yes 是 ☐ No 否
7. Please give details of alterations different from maker's standard specifications, if any. 投保車輛是否已經改裝？如作答「是」，請詳述。	☐ Yes 是 ☐ No 否
8. Are you now, or have you been insured in respect of any Motor Car? If so, please 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）_____	
9. Are you entitled to a no claim discount? (This will be shown on your most recent motor insurance renewal document) 閣下是否享有無索償折扣？(有關資料將顯示於閣下最新的汽車保險續保通知書) Note: Documentary proof (original copy) of No Claim Discount is mandatory and must accompany this proposal. 注意： 無索償折扣之證明文件（正本）必須與此申請書一併提交。	☐ Yes 是 ☐ No 否 If Yes, please state: 如是，請詳述： 1. The number of entitlement 享有年期 _____ 2. Current Insurer & Policy Number 現時承保的保險公司名稱及保單號碼 3. Policyholder & Registration Numbers 保單持有人及車牌號碼 _____ * Our No Claim Discount rating system uses years to measure the discount provided. 我們的無索償折扣以年份釐定所提供的折扣率。 No. of Claim-Free Years 無索償年期 — No Claim Discount 無索償折扣 1 year 一年 — 20% 2 consecutive years 連續兩年 — 30% 3 consecutive years 連續三年 — 40% 4 consecutive years 連續四年 — 50% 5 or more consecutive years 連續五年或以上 — 60%

Note: If the Proposer is in any doubt whether any factors other than those disclosed on this proposal form are material, the Proposer should disclose them since failure to disclose all material facts by the Proposer will be a ground for voiding the policy.
注意：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。若投保人隱瞞任何重要事實，保單將被視為無效。

Declaration 聲明

I/We desire to effect the insurance specified herein and declared that I/We:

- 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 application.
- agree that MSIG Insurance (Hong Kong) Limited ("MSIG") reserves its right to reject my/our application.
- warrant that the information given and answers to questions herein are true and correct to the best of my/our knowledge and that the motor vehicle(s) described are and shall be maintained in an efficient condition.
- have not withheld facts likely to influence assessment of this application.
- agree that this application, declaration and other information provided shall form the basis of the contract and agree to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the policy/policies and/or as modified or extended by any endorsements thereon.
- undertake that the motor vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused by any motor insurance or the continuance thereof.
- agree to authorise MSIG to transmit the motor insurance data to Transport Department for reference only.

本人（等）特此聲明：

- 保證倘若本申請書為他人代書，該等代書人士均為本人（等）填寫本申請書之代表。
- 同意三井住友海上火災保險（香港）有限公司（「三井住友保險」）保留其不受理本人（等）申請書的權利。
- 保證所填報資料及對所載問題的回答，據本人（等）確信，均為正確無訛，並且承諾保持投保車輛之性能良好。
- 並未隱瞞可能影響本申請書評估的事實。
- 同意本申請書、聲明及所提供的其他資料作為合約基礎，並同意接受本保單所載及／或其任何修訂或擴充的條款、限制、不承保事項、條件、條文及保證。
- 保證該投保車輛將不會由任何根據本人（等）所知曾經被拒絕投保汽車保險或續保的人士駕駛。
- 同意授權三井住友保險將車輛保險資料傳送予運輸署作參考之用。

PRIVACY POLICY

MSIG Insurance (Hong Kong) Limited ("**MSIG**", "**we**" or "**us**") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone for any purposes. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agent, contractor or third party who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purposes. If you have any questions or inquiries regarding our privacy policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the 'Privacy Policy' link on our website homepage at msig.com.hk. You should check the Privacy Policy regularly for changes.

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 documents in relation to the Product or any claim made under the Product.

Your personal data may be used for **obligatory purpose** or **voluntary purpose**. If personal data are to be used for an obligatory purpose, you MUST provide your personal data to MSIG if you want MSIG to provide the Product. Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The **obligatory purposes** for which your personal data may be used are as follows:-

- processing and evaluating your insurance application and any future insurance application you may make;
- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- invoicing and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings;
- exercising any right of subrogation by us;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes;
- complying with applicable laws, regulations or any industry codes or guidelines; and
- detecting and preventing fraud (whether or not relating to the policy issued in respect of this application).

The **voluntary purposes** for which your personal data may be used are any sales, marketing, promotion of other general insurance services and products provided by MSIG. The personal data we intend to use for voluntary purposes are your name, your address, your phone number and email address.

If you do not wish MSIG to use your personal data for the voluntary purposes listed above, you should tick the box on the right and send us a copy of this Notice at the address listed below together with the required information which are necessary for us to process your opt-out request. You may also notify us by filling in the General enquiry form - Opt-out from direct marketing activities on our website at msig.com.hk. In your notification, you must supply the same required information as listed below. ☐

To enable us to process your opt-out request, please provide us below information.
Full Name:
Contact Number:
HKID Number: *(for identification purpose)*
Policy / Certificate / Acknowledgement Number *(if you have one)* :
NOTE: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.

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

- third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance broker;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- the Insurance Complaints Bureau and similar industry bodies;
- government agencies and authorities as required or permitted by law;
- fraud prevention organizations;
- other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph);
- the police; and
- databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

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 correction of your personal data held by us. If you wish to exercise these rights, please write to our Data Protection Officer at
9/F 1111 King's Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at (852) 3122 6922.

私隱政策
三井住友海上火災保險（香港）有限公司（下稱「**三井住友保險**」、「**我們**」或「**本公司**」）請您仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異，將以英文版本為準。

三井住友保險極為重視您的私隱。為了保障您的個人資料，我們以有關法例及規例為準則，向公司內部傳達並執行我們定立之私隱及保障指引。三井住友保險採取預防措施以保障您的個人資料免遭受遺失、盜竊、誤用，以及在未經許可之情況下被取用、洩露、更改及破壞。此外，我們均不會出售您的個人資料給任何人。三井住友保險嚴格執行認可管制，只容許獲授權之職員在必需要的情況下，取用或處理您的個人資料。我們會向職員定期提供培訓，確保他們知悉任何有關私隱法律及規例的新發展。

我們只會在法律容許並必需用於業務及稅務用途之情況下，保留您的個人資料作為我們的業務記錄。我們會向以本公司之名義提供行政或其他服務之代理、承辦商或第三者，要求他們遵循本政策保護有可能收到的個人資料。本公司不會容許他們使用有關資料於任何其他目的。如您對我們的私隱政策有任何疑問，歡迎聯絡我們查詢。

我們可能不時修改此範本。修改後的範本可於本公司網頁msig.com.hk下載。您應定期查閱此範本所修改的內容。

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別人士之數據。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保單產品（下稱「保單」）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保單有關之文件上或任何透過保單索償上所載之個人資料。

您的個人資料可被用於**強制性**或**自願性用途**。如個人資料是用於強制性用途，而您希望三井住友保險提供有關保單，則您必須向三井住友保險提供有關個人資料，否則三井住友保險將不能向您提供有關保單。

您的個人資料可被用於以下**強制性之用途**：
- 處理及審批您的保險申請或您將來提交的保險申請；
- 向您提供與保單及核保相關之日常運作及行政用途；
- 保單之更改、取消或續保用途；
- 發出繳交保費通知及向您收取保費及欠款；
- 評估及處理透過保單索償及任何繼後法律訴訟之用途；
- 由本公司行使代位權利之用途；
- 就以上用途聯絡您；
- 其他與上述用途有直接關係的附帶用途；
- 遵循適用法律，條例及業內守則及指引；及
- 偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的目的。

而**自願性用途**則指任何三井住友保險提供的其他一般保險服務及保單產品之銷售、市場營銷及推廣。用作自願性用途之個人資料則為您的姓名、地址、電話號碼及電郵地址。

如您不欲 三井住友保險將您的個人資料用作上述自願性用途，您應於右列方格加上剔號並將此通告之副本連同您要求拒絕服務所必須提供的資料（詳情如下）郵寄至下列地址。
您亦可填妥本公司網頁msig.com.hk的一般查詢表格 — 拒絕直銷活動。 ☐

為讓我們能夠處理您以上提出的拒絕服務之請求，請提供以下資料。
姓名：
聯絡電話：
香港身份證號碼： *(作識別之用)*
保單號碼 / 證書編號 / 確認編號 *(如適用)*：
附註：此拒絕服務要求將會取代您先前給予三井住友保險一切關於直接促銷的指示。

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：
- 向我們提供行政、通訊、電腦、付款、保安及其他服務的第三方代理、承包商及顧問（包括:醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商）；
- 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- 再保公司及再保經紀；
- 您的保險經紀；
- 我們的法律及專業業務顧問；
- 我們的關連公司（以《公司條例》內的定義為準）；
- 香港保險業聯會（或同類的保險公司聯會）及其會員；
- 保險投訴局及同類的保險業機構；
- 法例要求或許可的政府機關；
- 防欺詐組織；
- 其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；
- 警察；及
- 保險業就現有資料而對所有提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）。

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。

根據有關法例及規例，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。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9樓三井住友海上火災保險（香港）有限公司，通知本公司的資料保護主任。

如您對此個人資料收集聲明有任何疑問或須協助，請致電 (852) 3122 6922與我們聯絡。

DATE
日期 _____

SIGNATURE OF PROPOSER
投保人簽署 _____