



三聯保險

Trinity General Insurance

汽車保險投保書 Motor Insurance Proposal Form

投保人資料 Particulars of the Proposer

投保人姓名 Proposer		
職業 Occupation	年齡 Age	駕駛經驗 Driving Experience
身份證/商業登記號碼 I.D.No./B.R.No.		手提電話 Mobile No.
通訊地址 Correspondence Address		電話 Tel No.

投保項目 / 投保汽車資料

Type of Cover Required/Particulars of Vehicle to be Insured

<input type="checkbox"/> 私家車 Private Car	<input type="checkbox"/> 貨車 / 客貨車 Commercial Vehicle / Van
車牌號碼 Vehicle No.	車身類型 Body Type
廠名 Make	款式 Model
製造年份 Year of Manufacture	乘客座位限額 Passengers Capacity
汽缸容量 Cylinder Capacity	總重量 Gross Vehicle Weight
機件號碼 Engine No.	
車身底盤號碼 Chassis No.	
保險期限 Period of Insurance	由 from 至 to
<input type="checkbox"/> 第三者責任險 Third Party Liability Only	
<input type="checkbox"/> 綜合全險 Comprehensive	車輛估值 * 港元 Estimate Value * HK\$.....
分期付款/租賃公司 H.P.Co./Lessor	

* 若受保汽車因損毀及損失而索償，本公司所提供之賠償額將限制於受保汽車損毀及損失時之合理市價 或 閣下所提供之車輛估值、以金額較低者為準。
* 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 Estimate Value you select, whichever is the lower amount.

記名司機資料 Particulars of the Named Driver(s)

1	姓名 Name		年齡 Age
	職業 Occupation	香港駕駛執照號碼 HK Driving Licence No.	駕駛經驗 Driving Experience
			年 月 YY MM
2	姓名 Name		年齡 Age
	職業 Occupation	香港駕駛執照號碼 HK Driving Licence No.	駕駛經驗 Driving Experience
			年 月 YY MM
投保人或記名司機過往三年有否要求任何賠償/牽涉交通意外/被扣分? Has any claim made/ traffic accident involved/ driving offense convicted for the last 3 years by the Proposer / Named Driver(s)? <input type="checkbox"/> 否 NO <input type="checkbox"/> 有 YES [如“有”，請提供詳細資料。If “YES”, please gives details.]			

「從未賠償」折扣 No Claim Discount

<input type="checkbox"/> 無「從未賠償」之折扣 Without 'No Claim Discount'	
<input type="checkbox"/> 享有之「從未賠償」折扣為 Entitled to a 'No Claim Discount'	%
保險公司名稱 Name of Insurer	
保單號碼 Policy No.	車牌號碼 Vehicle No.
過往十二個月，此投保汽車在投保人名下有否牽涉交通意外或賠償事宜? Has the Vehicle of your ownership involved in any traffic accident or any claim during the past twelve months? <input type="checkbox"/> 否 NO <input type="checkbox"/> 有 YES [如“有”，請提供詳細資料。If “YES”, please give details.]	

TGI Use	Terms	Initial	
Agent Code	C/N Serial No.	Cover Note No.	Remarks

特約代理商 / 經紀行 Authorized Agents / Brokers
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投保人聲明 Proposer's Declaration

本人/本公司謹聲明投保書內一切填報之資料皆真實無訛，更絕未作任何事實之隱瞞，一切有關估計承險事項均已提供，而投保之車輛亦屬完整宜於道路行駛。
To the best of my/our knowledge and belief, I/we declare that (i) all particulars and statements in this Proposal are true and correct (ii) all material particulars affecting the assessment of the risk have been disclosed and (iii) the vehicle proposed for insurance is in a sound and roadworthy condition.

本人/本公司謹承認本投保書為本人/本公司與三聯保險有限公司訂立此保險契約及以後續約之根據，並願接受保單上所刊載一切條款，並同意上述資料及所答各項若有經由他人繕寫均屬已經本人/本公司認可及授權。
I/We agree that all particulars and statement in this Proposal and the Declaration shall be the basis of the contract between me/us and Trinity General Insurance Company Limited and shall be deemed to be incorporated in such contract, and any renewal thereof which may be agreed, subject to the terms and conditions of the policy issued by the Company. If any particular or answer has been written by anyone other than myself/ourselves, such person shall for the purpose be deemed to be my/our agent and not the agent of the Company.

本人/本公司謹同意三聯保險有限公司將本人/本公司提供之資料作其相關保險業務之用；亦同意三聯保險有限公司運用所提供之資料作以下用途：(i) 任何有關保險服務，包括更改投保資料，取消保險單或續保等；(ii) 任何索償及其分析事宜；本人/本公司並同意三聯保險有限公司可能轉介投保資料至其關連公司、其他保險公司、再保險公司、或其他相關保險服務提供者如中、理賠服務、調查機構；或至保險業聯會或協會。

I/We agree that the information provided to and held by the Company is collected to enable the Company to carry on insurance business and may be used for the purpose of (i) any insurance related product or service or any alteration, variation, cancellation, or renewal of them and (ii) any claim or analysis of it, and may be transferred to any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation or other service providers providing services relevant to insurance business or any association or federation of insurance companies.

.....
 投保人簽署 Signature of Proposer 日期 Date
 (請勿在空白投保書內簽署 Don't sign on a blank form)

請投保人保存向本公司提供之一切投保資料副本以作紀錄。
The Proposer is requested to keep a record of all Information supplied for the purpose of this Proposal.

Trinity General Insurance Company Limited

三聯保險有限公司

1001 Hong Kong Plaza, 10th Floor, 186-191 Connaught Road West, Hong Kong.
香港干諾道西186-191號香港商業中心10樓1001室

Tel 電話: 3413 0988 Fax 傳真: 2559 3971 Web-site 網址: www.tgi.com.hk



啟豐保險經紀有限公司

KAI FUNG INSURANCE BROKERS LIMITED

A Member of Professional Insurance Brokers Association
香港專業保險經紀協會會員

Date :

TO WHOM IT MAY CONCERN

Dear Sirs,

Subject : Letter of Appointment (保險中介人聘請書)

I/We have appointed Kai Fung Insurance Brokers Limited as my/our Insurance Intermediary with immediate effect, including obtaining insurance quotation and arranging placement.

I/We understand and consent that for the purpose of carrying out and completing the service sought/requested by me/us as aforesaid, Kai Fung Insurance Brokers Limited may require assistance from other associated or independent insurance agent/broker.

I/We understand that any premium payable shall be paid to Kai Fung Insurance Brokers Limited and not to any other company or individual.

I/We hereby confirm that I/we have read and agreed to accept the terms and conditions set out in the "Letter of Appointment" hereto in appointing Kai Fung Insurance Brokers Limited as my/our insurance broker.

本人/本公司現正式聘請啟豐保險經紀有限公司為本人/本公司之保險中介人，包括保險報價及安排保險。

本人/本公司明白及同意啟豐保險經紀有限公司有可能需要與任何有聯繫或獨立的保險中介人/獲授權保險經紀合作為本人/本公司提供報價及安排保險。

本人/本公司知道所有應付保險費只可直接給予啟豐保險經紀有限公司而不應給予任何其他公司或人士。

本人/本公司現確認已曾閱讀及同意接受《委聘條款》內所列出委聘啟豐保險經紀有限公司作為本人/本公司之保險經紀的條款。

Yours sincerely,

Signature of Insured (with company chop if it is in the name of company)

Name :

Vehicle Registration No. :

Contact Tel No. :

Contact Fax No.:

重要事項

- 啟豐保險經紀有限公司，包括轉介經紀及該等任何有聯繫或獨立的保險中介人/獲授權保險經紀(簡稱「該公司」)藉向保險公司收取的佣金，作為其所提供服務的酬金。閣下同意進行是項保險交易，即構成閣下同意該公司收取佣金。
- 啟豐保險經紀有限公司明白就代閣下安排保險事宜根據個人資料(私隱)條例(香港法例第486章)收集、持有、處理使用和/或轉移個人資料承擔有關責任。閣下同意進行是項保險交易，即構成閣下同意《收集個人資料聲明》。
- 有關於《委聘條款》及《收集個人資料聲明》之詳情，可以在本公司網頁 <http://www.kaifung.com/forms/KFL201310001.pdf> 下載。

Important Notice

- Kai Fung Insurance Brokers Limited, including producing broker and such other associated or independent insurance agent/broker (the "Company") is remunerated for its services by the receipt of commission paid by insurers. Your agreement to proceed with this insurance transaction shall constitute your consent to the receipt of commission by the Company.
- Kai Fung Insurance Brokers Limited recognize its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486). Your agreement to proceed with this insurance transaction shall constitute your consent to the "Personal Information Collection Statement".
- The full version of the "Letter of Appointment" and the "Personal Information Collection Statement" can be downloaded from our web site <http://www.kaifung.com/forms/KFL201310001.pdf>

KFL/201310/001

總行: 新界元朗大棠路 11 號光華廣場 3 樓 309 室
分行: 新界荃灣沙咀道 289 號恆生荃灣大廈 21 樓全層
電話 Phone: (852) 2473 6655(總行) (852) 2473 6060 (分行)
電子郵件 E-Mail Address : info@kaifung.com

Room 309, Kwong Wah Plaza, 11 Tai Tong Road, Yuen Long, N.T.
21/F, Hang Seng Tsuen Wan Building, 289 Sha Tsui Road, Tsuen Wan, N.T.
傳真 Fax : (852) 2473 6866
網址 Web Site : <http://www.kaifung.com/>