

Commercial Vehicle Insurance Proposal Form

Chartis Insurance Hong Kong Limited
46/F, One Island East
18 Westlands Road, Island East
Hong Kong
Tel : 3666-7033 Fax : 2832-9514

www.chartisinsurance.com.hk



PLEASE COMPLETE ALL SECTIONS. INCOMPLETE PROPOSAL WILL BE REJECTED

Registered Owner	Home Phone No.	Year Employed with Company
Name of Company/Employer	Nature of Business	Office Phone / Fax No.
Home Address	Office Address	Mobile Phone No.
		Mail Policy to <input type="checkbox"/> Home Address <input type="checkbox"/> Office Address

PARTICULARS OF THE VEHICLE TO BE INSURED				
Registration No.	Make	Model	Carrying Capacity	Year of Mfg.
Cylinder Capacity	Body Type	Seats Excl. Driver	Engine Number	Chassis Number
Date of First Registration	Equipment attached for loading and unloading goods or other accessories			

DRIVER'S INFORMATION (Detail ALL Driver's including the Registered Owner if he/she will also drive the above vehicle)							
Full Name	Relationship to the Insured	Driving License No.	Date of Birth (DD/MM/YY)	Driving Exp.	Occupation & Position	Marital Status	Sex
			/ /				
			/ /				
			/ /				

1) Have any of the above listed drivers :

Please provide details to "Yes" answers

a) Been involved in any car accident or motor claim in the past 3 years? No Yes _____

b) Been declined motor insurance, had a motor insurance policy cancelled or extra terms imposed for any reason? No Yes _____

c) Suffered from any physical or mental infirmity that may affect his/her ability to drive? No Yes _____

d) Any conviction for careless, reckless driving, driving under the influence of drink or drugs in the past 2 years? No Yes _____

e) Ever been disqualified or accumulated more than 8 driving offence points in the past 2 years? No Yes _____

2) Carrying any goods which are inflammable, corrosive or of explosive nature? No Yes _____

3) Will the Vehicle be driven frequently by a driver, who is under the age of 25 and/or less than 2 years driving experience? No Yes _____

4) What will the Vehicle be used for & what kinds of goods will the Vehicle carry? _____

Hire Purchase Owner (if any)		
Previous Insurance Company	Policy No.	Lic. No.
"No Claim Discount (NCD)" Entitlement (%) if "No", please state reason		
Is your Vehicle fitted with any accessories other than those factory installed? <input type="checkbox"/> No <input type="checkbox"/> Yes, if "Yes", please provide details		

Coverage (Tick as required) <input type="checkbox"/> Comprehensive Estimated Market Value : HK\$ _____ <input type="checkbox"/> Third Party Only	Policy Period (MM/DD/YY) From / /	Date of purchase of the above Vehicle (MM/YY) /
	To / /	How many vehicles have you owned previously?

DECLARATION

(A) I/we do hereby declare that the vehicle described is and shall be kept in good condition. It is understood and agreed that all answers to all questions, all particulars and statements given herein, are to the best of my/our knowledge and belief, true and complete and that all answers to the questions of this proposal shall form the basis of the contract between Chartis Insurance Hong Kong Limited (hereinafter called "Chartis Hong Kong"), and myself/ourselves. I/we hereby agree that no insurance will be in force until the proposal has been accepted by Chartis Hong Kong.

(B) I/we agree to the personal data collected in this Proposal Form being used by Chartis Hong Kong for the purposes stated in its Data Privacy Policy summarized as follows: (i) underwriting and administering the insurance policy being applied for (including underwriting renewals, data matching, claim processing and investigation) and 2) promoting and advising me/us of other products and services provided by the Chartis group that may be of interest. I/we acknowledge and agree that Chartis Hong Kong may also transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified: i) third parties providing services related to the administration of my/our policy; ii) financial institutions for the purpose of processing this application and obtaining policy payments; iii) in the event of a claim, loss adjusters, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers; iv) for the purposes of direct marketing, marketing companies and companies (within the categories shown on our website) with whom Chartis Hong Kong embarks on joint promotion programs (only name and contact details will be transferred for this purpose); v) another member of the Chartis or AIG groups of companies (for all of the purposes identified); or vi) other parties referred to in Chartis Hong Kong's Data Privacy Policy for the purposes stated therein. I/we understand that I/we may gain access to, or request correction of my/our personal data, or opt out of my/our personal data being used for direct marketing at any time, by writing to Chartis Hong Kong at GPO Box 456 or cs.hk@chartisinsurance.com. The full version of Chartis Hong Kong's Data Privacy Policy can be found at www.chartisinsurance.com.hk.

Signature(s) of Proposer	Date
Producer Name	Producer Code

Note: (1) This proposal will not be considered unless this Proposal Form is completed in its entirety and signed by the proposer.
(2) It is advisable to disclose all material facts affecting the acceptance and assessment of the proposal requested. Failure to disclose may affect or invalidate the insurance cover you require. If you are doubtful about what should be disclosed, please contact us, or your insurance representative.
(3) In the event of differences between the English and Chinese version of this Proposal Form, the English version shall prevail.
(4) This insurance plan is underwritten by Chartis Insurance Hong Kong Limited.

PLEASE ATTACH A PHOTOCOPY OF THE VEHICLE REGISTRATION DOCUMENT AND YOUR HKID CARD WITH THIS PROPOSAL FORM

商業汽車保險 投保表格

美亞保險香港有限公司
香港港島東華蘭路18號
港島東中心46樓
電話：3666-7033
傳真：2832-9514

www.chartisinsurance.com.hk



(為方便將資料輸入電腦，請用英文正楷正確填寫下列資料) 請填報全部資料，如有錯漏，投保將被拒絕。

註冊車主姓名	住宅電話號碼	受僱日期
公司或僱主名稱	業務性質	辦公室電話 / 傳真號碼
住宅地址	辦公室地址	手提電話號碼
		郵寄保單至 <input type="checkbox"/> 住宅地址 <input type="checkbox"/> 辦公室地址

投保車輛資料				
登記號碼	廠名	型號	載重量	出廠年份
汽缸容量	車身類型	坐位限額(司機除外)	引擎號碼	車身底盤號碼
首次登記日期	用作上落貨物附有機械的其他配件			

駕駛者資料 (請列明所有駕駛者資料包括車主在內，如須駕駛此車)							
全名	與投保人關係	駕駛執照號碼	出生日期(日/月/年)	駕駛年數	職業及職位	婚姻狀況	性別
			/ /				
			/ /				
			/ /				

1) 上述駕駛者是否：
a) 最近三年曾發生汽車意外或賠償？ 否 是 如“是”者，請說明 _____
b) 曾被拒絕投保、取消保單或加以特別條件始允承保？ 否 是 _____
c) 因生理或精神上影響閣下之駕駛能力？ 否 是 _____
d) 最近兩年曾涉及不小心或魯莽駕駛、酒後或藥後駕駛？ 否 是 _____
e) 曾在過去2年內被吊銷執照或被記錄違例駕駛分數超過8分？ 否 是 _____
2) 所載貨物為易燃、腐蝕性或爆炸性物品？ 否 是 _____
3) 所投保之車輛是否經常由年齡少於25歲及/或駕駛經驗不足兩年者駕駛？ 否 是 _____
4) 投保車輛所運載之貨物類型及作何用途？ _____

如屬分期，請述財務公司名稱		
過往投保保險公司名稱	保單號碼	車牌號碼
是否有無索償折扣(%)	如“否”者，請述原因	
上述車輛除原廠裝置外，是否有其它裝置？	<input type="checkbox"/> 否 <input type="checkbox"/> 是	如“是”者，請說明

投保類別 <input type="checkbox"/> 全保險 估計市值：HK\$ _____ <input type="checkbox"/> 第三保險	保單期限(日/月/年) 由 / / 至 / /	購買上述車輛之日期 (月/年) / 以往曾擁有車輛之數目？
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聲明
(A) 本人/吾等謹此聲明所有填報事項全屬正確，所投保車輛目前繼續維持良好之保養。此外亦同意投保表格內各項資料將成為美亞保險香港有限公司(以下簡稱「美亞保險」)保險合約之根據，在未經美亞保險正式接受投保前保險並不生效。
(B) 本人/吾等同意美亞保險可按列於其私隱政策的用途使用此投保表格所收集之個人資料，其用途摘要如下：(1)核保及管理所申請的保單(包括核保續訂之保單、資料配對、處理索賠及調查)，及(2)向本人/吾等介紹及推銷可能感興趣的其他由美亞保險集團所提供之產品及服務。本人/吾等確認及同意美亞保險亦可向以下類別的人士(不論在香港或海外)轉交這些個人資料，用作所列明之用途：(i)提供有關本人/吾等保單管理服務的第三者；(ii)財務機構，作處理此申請及收取保費用途；(iii)公證人、調查員、第三者管理人、緊急支援服務提供者、法律服務提供者、零售商、醫療提供者、及交通工具機構，以處理索賠事宜；(iv)市場推廣公司及與美亞保險集團聯合推廣計劃的公司(其業務類別載於美亞保險的網站)，作直銷用途(唯只有姓名及聯絡資料方會轉交作此用途)；(v)其他美亞保險集團或AIG集團之成員公司，作所有列明之用途；或(vi)其它於美亞保險私隱政策所列明的人士，作於私隱政策列明之用途。本人/吾等明白到本人/吾等可隨時致函到美亞保險(地址：香港郵政信箱456號或電郵：cs.hk@chartisinsurance.com)查閱、或要求修改本人/吾等的個人資料，或選擇不將本人/吾等的個人資料用作直銷用途。美亞保險私隱政策的全文載於www.chartisinsurance.com.hk。

投保人簽署	日期
業務代表姓名	業務代表編號

備註：(1) 如未經投保人填妥及簽署之投保表格，本公司恕不接受投保。
(2) 請據實填報，隱瞞或虛報事實均可能引致拒絕接受投保或被再行評估，甚至取消合約。如有未能明瞭事項，請向本公司或閣下之業務代表查詢。
(3) 如遇任何爭議，一概以英文版本為準。
(4) 此保障計劃由美亞保險香港有限公司承保。

請附上車輛登記文件及身份証之副本。

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Island East, Hong Kong

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PAYMENT AUTHORIZATION FORM 付款授權書

I hereby authorize and request Chartis Insurance Hong Kong Limited to charge my VISA / Master Card account for the premium stated on the schedule.

本人茲授權並要求美亞保險香港有限公司從本人之VISA / Master咭戶口內支付保單表內所列明之保險費用。

Credit Card Type :
信用咭類型 :

-  VISACard VISA咭
-  Master Card 萬事達咭

Policy No. 保單號碼:	Policy Premium 保險費用:
Cardholder Name 信用咭持有人姓名:	
Card Number 信用咭號碼:	Expiry Date 有效日期:

Cardholder's Signature
信用咭持有人簽署

Date
日期