



# Motor Supersurance Proposal Form

## 汽車超級保險投保書

Please complete in BLOCK LETTERS and tick the appropriate box 請以英文正楷填寫及於適當位置加上✓號。

### Application Details 申請人資料

Name in which vehicle is registered (Please fill in English) 汽車牌照上的登記名稱(請以英文填寫)

Mr. 先生      Mrs. 太太      Miss 小姐      Ms. 女士      In the name of a company 公司名義

HKID Card No./ Company Registration No. 香港身分證號碼/ 公司登記號碼

Age 年齡		Year of Driving Experience 駕駛經驗 (年)	
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Home / Business Address 住宅/公司地址	
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Address where the vehicle is usually kept (if different from above) 通常該車放置地址 (如與上述不同)

Email Address 電郵地址		Contact Tel No. 聯絡電話	
Mobile Phone 流動電話		Occupation 職業	
Employer's Business/Nature 僱主業務/業務性質			

### The Vehicle 投保車輛資料

Vehicle Registration No. 車牌號碼		Make & Model 牌子及型號	
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Insured Value (Present Value including accessories like audio) 投保價 (現值, 包括配置之音響之類的配置)

Anti-theft devices were installed in the vehicle 該車裝有防盜裝置

Type of Body 車身類別		Year of Manufacture 製造年份	
Cubic Capacity/ Carrying Capacity 汽缸容量/載重噸數		Seating Capacity (Including Driver) 座位數目 (包括司機)	
Chassis No. 底盤號碼		Engine No. 引擎號碼	

Is it under Hire Purchase? 車輛是否仍在供款期內?

Yes 是      No 否

If 'Yes', please provide hire purchase company name. 如「是」, 請填寫財務公司名稱。

Has the vehicle been altered / modified in any way? 該車是否經過任何改裝或修飾?

Yes  
是

No  
否

If 'Yes', please provide further details. 如「是」, 請詳列之。

### Use of the Vehicle 投保汽車用途

Will the vehicle be used SOLELY for social, domestic, pleasure, and by the proposer in person for business use?  
該車是否只會用於投保人私人事務及普通用途?

Yes  
是

No  
否

If 'No', please tick the intended use(s). 如答「否」, 請✓有關用途。

Carrying passengers or goods for hire and reward  
租賃載客或載貨

In connection with motor trade  
與銷售車輛有關用途

Driving instruction  
教授駕駛

Please provide further details: 詳情:

### Cover Required 投保需要

Period of Insurance:  
投保期限:

From 由

DD 日

MM 月

YY 年

To 至

DD 日

MM 月

YY 年

Cover Type 險種

Comprehensive 綜合保險

(Optional) Extension to Guangdong Province  
廣東省延伸保險 (選購項目)

Third Party Only 第三者保險

### No Claim Discount 無賠償折扣

Do you hold Insurance in your own name?  
閣下現時有否為車輛投保?

Yes  
有

No  
否

If 'Yes', please specify: 如答「有」請提供:

Name of Previous Insurer 以往保險公司名稱

Policy No. 保單號碼

Expiry Date 到期日

DD 日

MM 月

YY 年

Register No. (If  
different from the  
vehicle) 車牌號碼  
(如與投保車輛不同)

Percentage of NCD  
entitled 現享有「無賠  
償折扣」

%

Have you ever made a claim under any motor vehicle insurance policy?  
你曾否向保險公司索償?

Yes  
曾

No  
不曾

If 'Yes', please give details and amount of claim. 如答「曾」, 請述詳情及賠償數目。

## Drivers 駕駛人資料

	Unless specified here, applicant shall be taken as Driver 1 of the policy 除非在此註明，否則申請人會自動成為保單的駕駛人(一)			
	Driver 1 駕駛人 (一)	Driver 2 駕駛人 (二)	Driver 3 駕駛人 (三)	Driver 4 駕駛人 (四)

Full Name of Driver  
駕駛人姓名

ID Card No. 身分證號碼

Age 年齡

Year of Driving Experience  
駕駛經驗 (年)

Occupation 職業

Relationship to Proposer  
與投保人關係

### Remarks:

- The basic premium for a private car comprehensive policy accounts for two named drivers. The policy may be extended to include up to four named drivers on payment of an additional premium.

### 備註:

- 私家車綜合保險之基本保費已包括兩位記名駕駛人。如需包括更多記名駕駛人，保單可在收取額外保費的條件下增添至最多四位記名駕駛人。

## Driving and Medical History 駕駛及健康狀況

ALL regular driver(s) of the proposed vehicle have:

- NOT been involved in any motor accident or loss during the last three years;
- NO recorded traffic conviction nor pending prosecutions during the last three years;
- NEVER been disqualified from driving;
- NEVER had motor insurance proposal declined, policy cancelled or renewal refused;
- MEETING the requirement for physical fitness for driving as specified by law regarding vision, hearing, mental and physical health.

所有經常駕駛受保車輛的人士:

- 在過去3年內沒有遭遇交通意外;
- 在過去3年內沒有交通違例判罪記錄或未決檢控;
- 從未被停牌;
- 從未被拒絕投保、取消保單或拒絕續保;
- 達到法例對駕駛者體格的要求，包括視力、聽力、精神以及身體狀況等。

Please provide further details if any of the above are not met. 如不符合以上任何一項條件，請詳細說明:

## Declaration and Signature 聲明及簽署

1. I/We, the owner of the proposed vehicle, declare that to the best of my / our knowledge and belief the foregoing answers are true and complete in every respect. I/We agree that this Proposal and Declaration shall be the basis of and be deemed to be incorporated in the contract of insurance, including any renewal thereof, between me / us and QBE Hongkong & Shanghai Insurance Ltd.  
本人/吾等，為投保車輛之車主，謹此聲明所有資料提供，均就本人/吾等所知，據實呈報。本人/吾等同意本投保書，將會作為本人吾等與昆士蘭聯保保險有限公司訂立保險契約之根據。
2. I/ We confirm that I / we have read and agreed the QBE Hongkong & Shanghai Insurance Limited's Personal Information Collection Statement ("Notice"). I/We acknowledge and agree that the personal data and information with respect to me / us which are provided by me/us in our application may be held, used, processed or disclosed to such parties for the purposes as set out in the Notice.  
本人/吾等確認本人/吾等已細閱並同意昆士蘭聯保保險有限公司之收集個人資料聲明(通知)，於是次申請由本人/吾等所提供的有關本人/吾等的個人資料及其他資料，將可能被持有、使用、處理或披露予有關方面以作「通知」所載的用途上。

### If the intermediary who serves you is an Insurance Broker, please read this:

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by QBE Hongkong & Shanghai Insurance Limited, QBE Hongkong & Shanghai Insurance Limited will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to QBE Hongkong & Shanghai Insurance Limited that he or she is authorised to do so.

The applicant further understands that the above agreement is necessary for QBE Hongkong & Shanghai Insurance Limited to proceed with the application.

### 如為你服務的中介人為保險經紀，請閱讀下文：

申請人明白、確知及同意，昆士蘭聯保保險有限公司會就申請人購買及接受其簽發的保單，於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向昆士蘭聯保保險有限公司確認他/她已獲該法人團體授權。

申請人亦明白昆士蘭聯保保險有限公司必須取得申請人以上的同意，才可以處理其保險申請。

Signature of Applicant 投保人簽署	Date 日期

## Important Note 重要事項

- The Limit of Indemnity (Policy Section I) you select in this Proposal Form will be used for premium calculation for 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 Limit of Indemnity (Policy Section I) that you select in this Proposal Form whichever is the lesser amount.  
汽車綜合保險之保費乃根據所選擇之賠償限額釐訂。保單條文規定，被保車輛損毀之最高賠償額將為被保車輛損毀當天之市場價值，或賠償限額兩者中之較低者扣除自負額之淨值。
- The Proposer should disclose all facts even he is in doubt as to whether any facts are construed as material.  
投保人應明確提出所有重要事實，即使對此等事實之重要性有所懷疑，亦應確實說明。
- Should the proposer fail to disclose in the proposal form all material facts that may influence the Company's acceptance and assessment of this proposal, the proposer's rights under the policy to be issued may be prejudiced.  
如投保人未能在本投保書內提供足以影響本公司對投保之接納及估計的重要事實，投保人在保單內之權益將受影響。
- It is advisable for the proposer to keep records (including copies of letters) of all information supplied to the Company for the purpose of application for this insurance.  
投保人應保留所有曾呈交本公司的資料紀錄，包括書信之副本。

**For Office Use Only 本公司專用**

Account No. 帳戶號碼 \_\_\_\_\_

Policy No. 保單號碼 \_\_\_\_\_

## Personal Information Collection Statement

In relation to the personal data collected by QBE Hongkong & Shanghai Insurance Limited ("QBE HK"), I/we agree and acknowledge that:

- a) The personal data requested is necessary for QBE HK to process your application for insurance or claim and any such data not provided may mean this application or claim cannot be processed.
- b) The personal data collected in this form may be used by QBE HK for the purposes stated in its Privacy Policy found at <https://www.qbe.com/hk/en/privacy-policy>. These include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, claim processing, investigation, payment and subrogation and any related purposes).
- c) QBE HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (b) above:
  - i. third parties providing services related to the administration of my/our policy (including reinsurance).
  - 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. another member of the QBE group (for all of the purposes stated in (b)) in any country; or
  - v. other parties referred to in QBE's Privacy Policy for the purposes stated therein.
- d) I/we may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), via email or post at:  
**QBE Hongkong & Shanghai Insurance Limited**  
**Address: 33/F, Oxford House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong**  
**Email: info.hk@qbe.com.hk**
- e) That where I/we are providing personal data on behalf of another person to QBE HK, I/we have obtained consent from the other person who have agreed that their personal data will be released to QBE HK in accordance with paragraphs (a), (b) and (c) above.
- f) That in the event of differences between the English and Chinese, the English version shall prevail.

關於昆士蘭聯保保險有限公司("昆士蘭保險")收集之個人資料, 本人/我等同意並承認:

- a) 索取之個人資料對於昆士蘭保險處理本人/我等之保險或索償申請乃屬於必需。若未提供此類資料, 可能導致無法處理此項申請或索償。
- b) 昆士蘭保險可以將此表格所收集的個人資料用於其網頁<https://www.qbe.com/hk/zh-hk/privacy-policy>所載私隱政策當中表明之目的, 其中包括承保和管理本人/我等正在申請之保險(包括獲得再保險、承保續期、理賠、調查、付款、代位索償以及各種相關目的)。
- c) 昆士蘭保險可為以上(b)項指明之目的, 將個人資料轉交以下無論是在香港還是在海外之各類人士:
  - i. 提供與本人/我等的保險(包括再保險)之管理有關的服務的第三方;
  - ii. 為處理此項申請並獲得保單付款, 將個人資料轉交金融機構;
  - iii. 在發生索償時, 將個人資料轉交有關的損失理算師、評估師、第三方管理人員、緊急服務提供者、法律服務提供者、零售商、醫療服務提供者和旅行社;
  - iv. 昆士蘭保險集團不論位於任何國家或地區的另一成員(為以上(b)項所述各種目的而提供該個人資料);
  - v. 為昆士蘭保險私隱政策所指的各種目的, 將個人資料提供予該私隱政策提及的其他人士。
- d) 本人/我等可以查閱或要求更正自己的個人資料(在這兩種情況下均需支付一筆合理費用)提出有關要求, 可經電郵或郵遞方式向以下地址發信:  
**昆士蘭聯保保險有限公司**  
**地址:香港鰂魚涌英皇道979號太古坊濠豐大廈33樓**  
**電郵:info.hk@qbe.com.hk**
- e) 若本人/我等乃代表另一人士向昆士蘭保險提供個人資料, 本人/我等已徵得該人士表示同意根據以上(a)、(b)、(c)款將其個人資料發放給昆士蘭保險。
- f) 若本文件之中、英文版之間意義有分歧, 應以英文版本為準。

Remarks: This brochure is only a summary. Please refer to the policy for full terms and conditions.

注意:此小冊子只供作參考之用, 所有條款及細則概以保險單為準。

## Company Profile 公司簡介

QBE Hongkong & Shanghai Insurance Limited (QBE Hong Kong), part of the QBE Insurance Group, offers a comprehensive range of general insurance products. QBE has had a presence in Hong Kong since 1920 and its customers include individuals, small to mid-sized businesses, large companies and multinational corporations.

QBE Insurance Group is a leading global general insurance and reinsurance company with operations in key insurance markets. Tracing its origin back to 1886, QBE Insurance Group is listed on the Australian Securities Exchange and is headquartered in Sydney.

昆士蘭聯保保險有限公司屬昆士蘭保險集團一份子, 提供全面的一般保險方案。昆士蘭保險香港成立於1920年, 其客戶包括個人, 中小型企業, 大型公司和跨國公司。

昆士蘭保險集團為一家全球領先的一般保險和再保險公司, 於主要保險市場營運業務。昆士蘭保險集團的起源可追溯至1886年, 於澳洲證券交易所上市, 總部位於悉尼。

