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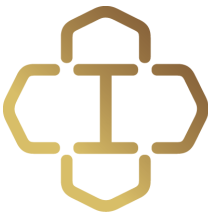
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汽車保險投保書

Motor Vehicle Insurance Proposal Form

Name of Applicant 投保人姓名				
HKID Card/Passport No. 香港身份證/護照號碼		Date of Birth 出生日期		Sex 性別
Tel No. 電話		Mobile No. 手提電話		Fax No. 傳真號碼
E-mail Address 電子郵箱		Occupation 職業		Job Nature 工作性質
Correspondence Address 通訊地址				
Period of Insurance 保險期		From 由		To 至
(Policy effective date subject to Company's underwriting acceptance 承保日期以本公司審核為準)				
Vehicle Details 汽車詳情				
	Private Car 私家車	Commercial Vehicle 商業汽車	Motor Cycle 電單車	Others, Please specify 其他，請註明
Vehicle Registration No. 車輛登記號碼			Make and Model 廠名及類型	
Type of Body 車身類型			Year of Manufacture 製造年份	
Chassis No. 車身底盤號碼			Engine No. 引擎號碼	
Cylinder Capacity 氣缸容量			Gross Vehicle Weight 認可車輛總重	
No. of seats (excluding driver) 座位數量(司機位除外)			Date of Purchase(dd/mm/yy) 購買日期(日/月/年)	
Estimate of present value including accessories 估計市值包括其他裝置			Please state the usage of the vehicle 請列明該車輛之用途	
Please state the make and value of any additional accessories 請列明等別或附加裝置之種類及價值				
Name of Previous Insurer 前保險公司名稱			No Claim Discount 無賠償折扣率 %	
Policy No. 保單號碼		Vehicle Registration No. 車輛登記號碼		Expiry date 到期日
If the Vehicle is being acquired under a Hire Purchase Agreement, please state the name of the interested company. 若車輛是以分期付款方式購買，請說明該公司之名稱。				
Please tick the type of cover required 請選出所需投保類型		Comprehensive Risk 全保		Third Party Risk 第三者
Extension : Own damage within Guangdong Province 附加險 : 在廣東省內之意外損毀				
Drivers Details 駕駛者資料				
(Please state all persons who will drive your vehicle including yourself and submit copy of Vehicle Registration Documents, Driving Licenses and Identity Cards.) (請填寫所有駕駛者之資料，包括閣下本人，並請附交汽車登記文件、駕駛牌照及身分證副本。)				
Name 姓名	Age 年齡	Driving License No. 駕駛牌照號碼	Relationship with the Applicant 與投保人關係	Driving Experience 駕駛經驗
Note; The Premium for comprehensive terms to two named drivers only. The policy may be extended to provided for up to two additional named drivers (maximum 4 named drivers) subject to payment of an additional premium at rate of 10% of				



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the total premium for each additional driver.

備註:全保之保額只包括兩位司機,此保單可增加兩位受保人(即最多四位),每增加一受保人須繳付額外10%之保費。

Insurance Details 保險詳情

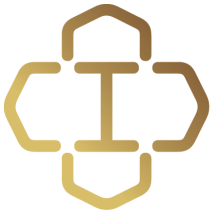
Have any Insurer in respect of the Insurance of any Motor Vehicle 上述汽車之投保人是否曾被任何保險公司	a) declined to insure you? 拒絕承保?	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
	b) refused to renew your insurance? 拒絕續保?	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
	c) cancelled your policy? 取消保單?	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
Have you or any of the above named drivers been convicted during the past 3 years of motoring offence in connection with the driving of any Motor Vehicle, or involved on a motor accident? 閣下或上述駕駛人是否曾經在過去三年內觸犯交通條例或涉及交通意外?		<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
Have you ever made a claim under any Motor Vehicle Policy in past 3 years? 閣下是否曾經於過去三年內索取任何汽車保險賠償? If yes, please give details 如是,請詳細列明		<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
Do you or any of the above named drivers suffer from defective vision or hearing or from any physical infirmly? 閣下或上述駕駛人是否有任何眼疾、耳病或身體缺陷?		<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否

Payment Instruction and Authorisation 付款指示及授權書

<input type="checkbox"/> Cash 現金	<input type="checkbox"/> Cheque - payable to "California Insurance Co Ltd" 支票 - 收款人為“加州保險有限公司”	Credit Card Account No. 信用卡賬戶號碼	Expiry Date 信用卡到期日
<input type="checkbox"/> Credits Card(s) 信用卡	<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard		
I hereby authorise California Insurance Co Ltd to debit the required and subsequent renewal premiums from the credit card account specified herewith for the insurance policy, until further written notice is given. 本人茲授權加州保險有限公司從本人指定的信用卡賬戶扣取應繳及續保保費,直至本人發出書面通知為止。		Name of Cardholder 持卡人姓名	Signature of Cardholder 持卡人簽署

Declaration 聲明

- I / We declare that to the best of my / our knowledge and belief that the information given is true in every respect, the Vehicle is in sound and roadworthy condition, the Vehicle has not been modified nor altered in any way to improve performance.
本人/我們謹此聲明,根據本人/我們所知及所信,本投保表格上所填寫均屬無訛,而投保車輛亦屬完整及宜於道路上行駛及本投保車輛並未作出任何改裝或改變以增加車輛之性能。
- I / We warrant that the vehicle to be insured shall not be driven by any person who to my / our knowledge has been refused insurance or continuance thereof.
本人/我們保證凡屬被保險公司拒絕受保或續保的任何人士,將不讓其駕駛上述車輛。
- I / We understand that this application will not become effective until this proposal has been accepted by California Insurance Company Limited ("the Company") and agree that this Application and Declaration shall be the basis of the Insurance contract between me / us and the Company. If any answer has been written by anyone other than myself / ourselves, such person shall not that purpose be deemed to be my / our agent and not the agent of the Company.
本人/我們明白本投保書被加州保險有限公司正式接納後,保險責任始正式生效。本人/我們同意本投保書和聲明將成為保險合約的基礎,並同意上文各項若非本人/我們親筆填寫而由別人代筆均屬已經得本人/我們認可及授意。
- I / We hereby declare that I / we have obtained the consent of the third parties mentioned hereinbefore for the use of their personal data in completing this proposal form.
本人/我們謹聲明本人/我們已獲得以上所提及第三者之同意使用其個人資料以填寫此投保書。



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5. I / We hereby declare that I / We have read and agree to the California Insurance Company Limited's policies and practices on the collection, use, security and access of personal data information in accordance with the Ordinance.
本人/我們謹聲明本人/我們已閱讀並同意加洲保險有限公司有關收集、使用、保障和查閱個人資料的政策和做法。

Chop and Signature of Applicant
投保人蓋印及簽署

Date
日期