

# Commercial Vehicle Insurance Proposal Form

Chartis Insurance Hong Kong Limited  
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www.chartisinsurance.com.hk



PLEASE COMPLETE ALL SECTIONS. INCOMPLETE APPLICATIONS 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 Make
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 accident, loss, or claim in the past 3 years or license suspended?  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 alcohol in the past 2 years?  No  Yes \_\_\_\_\_

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

3) Will the car be driven frequently by a driver, who is under the age of 30 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 Name	Policy No.
Are you entitled to any "No Claim Discounts"? Yes <input type="checkbox"/> % 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)	Policy Period (MM/DD/YY)	Date of purchase of the above vehicle
Comprehensive <input type="checkbox"/>	From / /	(MM/YY) /
Estimated Market Value : HK\$ _____	To / /	How many vehicles have you owned previously?
Third Party Only <input type="checkbox"/>		

**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"), the general agent of American Home Assurance Company, Hong Kong Branch 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 hereby declare and agree on behalf of myself and any person or persons, firm or corporation, who may have or claim any interest in any insurance on this application that, any personal information collected or held by Chartis Hong Kong (whether contained in this Proposal Form or otherwise obtained) is provided and may be held, used, or disclosed by Chartis Hong Kong to any selected third party (within or outside of Hong Kong, including reinsurance and claims investigation companies and industry associations/federations) for the purposes of processing this application and providing subsequent services for this and other financial products and services, direct marketing, and data matching, and to communicate with me for such purposes. I understand that (i) I am duly authorized to release my and the insured's information and will fully indemnify Chartis Hong Kong for any losses, damages, or claims that might result from the release of such information and (ii) I have the right to obtain access to and to request correction of any personal information held by Chartis Hong Kong concerning me and the insured. Such requests can be made to Data Privacy Officer at G.P.O. Box 456, Hong Kong.

Signature(s) of Applicant	Date
Producer Name	Producer Code

Note: (1) This application will not be considered unless application is completed in its entirety and signed by the Applicant.  
 (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 American Home Assurance Company, Hong Kong Branch through its general agent, Chartis Insurance Hong Kong Limited.

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

(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，申請將被拒絕。

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	類型	載重量	製造年份
汽缸容量	車身類型	坐位乘客限額(司機除外)	引擎號碼	車身底盤號碼
首次登記日期	附有機械用作上落貨物或其他配件			

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) 最近三年曾發生意外、賠償或停牌？  否  是 如“是”者，請說明 \_\_\_\_\_  
 b) 曾被拒絕投保或提高保費及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、酒後駕駛？  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30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
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是否有無索償折扣率？  是 \_\_\_\_\_ % 如“否”者，請述原因 \_\_\_\_\_

上述車輛除原廠裝置外，是否有其它裝置？  否  是 如“是”者，請說明 \_\_\_\_\_

投保類別	保單期限 (日/月/年)	購買上述車輛之日期
全保險 <input type="checkbox"/>	由 / /	(月/年) /
估計市面值：HK\$ _____		以往曾擁有車輛之數目？
第三保險 <input type="checkbox"/>	至 / /	

聲明

(A) 本人/本人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。此外亦同意投保書內各項資料將成為美亞保險香港有限公司(以下簡稱為「美亞保險」)作為美安保險公司香港分行之總代理的保險合約之根據，在未獲美亞保險正式接受投保前保險並不生效。

(B) 本人現聲明並謹代表本人及任何有權或聲稱有權就本申請書要求保險賠償的人仕，同意下列聲明：美亞保險可保留、使用或透露美亞保險所收集或保留之任何有關本人的個人資料(在此投保表格內所載或從其他途徑取得)，給予與美亞保險有關的人仕/機構或任何被選定的機構(在本港或海外的，包括再保險及賠償調查公司及有關的工業協會/聯會)，用作處理與本產品及其他財務產品及服務有關的申請及提供其稍後的服務、直接促銷及資料核對等用途，及因此等用途與本人或有關人仕等聯絡。本人明白到(i)本人已正式獲授權以發放本人及受保人之資料；倘若發放有關資料時可能導致的損失、損害或要求賠償，本人將必須負上全部的賠償責任及(ii)本人有權向美亞保險查閱及申請改正所有與本人及受保人的個人資料。有關的申請可來函香港郵政總局信箱456號個人資料管理員辦理。

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書，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，請向本公司或其業務代表查詢。  
 (3) 如遇任何爭議，一概以英文版本為準。  
 (4) 此保障計劃由美安保險公司香港分行承保，並由其香港總代理美亞保險香港有限公司提供。

請附上車輛登記文件及身份証之副本。