



PROPOSAL FOR PRIVATE CAR/COMMERCIAL VEHICLE/MOTOR CYCLE INSURANCE
私家車 / 商用汽車及電單車投保書

投保人姓名 _____ 身份證編號 _____ 年齡 _____
Full Name of Proposer: _____ I.D./BIR No.: _____ Age: _____
地址 _____ 電話號碼 _____
Address: _____ Telephone No.: _____
職業 _____ 駕駛執照號碼 _____ 駕駛執照考試日期 _____
Occupation: _____ Driving License No.: _____ Driving License Exam Date: _____

投保汽車資料 PARTICULARS OF VEHICLE TO BE INSURED

車牌註冊編號 Index Mark & Registration No.	商標/型號 及發動機編號 Make/Model & Engine No.	製造年份 Year of Manufacture	汽缸容積 Cubic Capacity	座位及總重量 Seating Capacity / Gross Weight	車身類別 Type of Body	用途 Use

除固定零件外如有額外裝置如收音機，音響設備等請列明：
Radio and/or other additional accessories, if any

種類及牌子：
Type & Make

價值：
Value MOP

- (1) 請註明閣下所投保之汽車為私用或商業用途 (除經本公司書面確認，本保險對運載易燃物體車輛及油缸車一概不予接受投保)
Please state the vehicle insured is for Private or Commercial use _____
(This policy does not cover "Motor vehicle carrying oil liquefied petroleum gas explosives or oil tanker of any kind" unless prior written consent of the Company is attached)
- (2) 請註明投保風險類別，並作✓號在左方空格內：Please mark a✓ on the term of insurance required:
a) 第三者責任 (保障範圍 I) Third Party Liability (Cover I)
保額 MOP750,000 MOP1,500,000 MOP3,000,000 MOP4,000,000 MOP5,000,000
Limit MOP7,500,000 MOP10,000,000 MOP20,000,000 MOP30,000,000
- 除上述 a) 項外，是否附加以下額外保障 Extension Coverages, in addition to a) above
(i) 集體運輸車輛乘客險(保障範圍 II) 限額 _____ (每一乘客)。
For passengers in public transportation (Cover II) Limit MOP _____ per passenger.
(ii) 車輛本身保險(保障範圍 III) 投保金額 _____
Comprehensive (Cover III) Amount Insured MOP _____
(iii) 火險及盜竊險(保障範圍 IV) 投保金額 _____
Fire & Theft (Cover IV) Amount Insured MOP _____
- (3) 請註明以何種身份購買保險： 車主 保留物權的車輛取得者
Please specify in which position you request the insurance: Owner Buyer of mortgaged property
- (4) 請述汽車登記者之姓名及地址：Please state name and address of the person in whose name the car is registered:
- (5) 該車是否分期付款購買？若然，請述該公司之名稱：Is a Hire Purchase Company interested? If so, name of the Interested Company:

- (6) 請於下表內填述經常使用此車之人士各項資料：Please state the particulars required below of each person or persons who will regularly drive the vehicle:

指定駕駛人姓名 Named Driver (s)	年齡 Age	地址 Address	職業 Occupation	駕駛執照號碼 Driving License No.	發出日期 Date of Issue
1.					
2.					

- (7) 保險公司曾否： a) 不接納閣下之投保？declined a proposal from you?
Has any Insurance Company or Underwriter ever: b) 需閣下每次自負所損失額多少？required you to carry the first portion of any loss? \$ _____
(請在右方適當方格上作✓號註明)。
(Please mark a ✓ on the appropriate term) c) 拒絕閣下之續保？refused to renew your policy?
 d) 取消閣下之保單？cancelled your policy?
 e) 增加保費或附加條件？required an increased premium or imposed special condition?
若然，請述該保險公司名稱，保單編號及原因 If so, please give name of Insurance Company or Underwriter, Policy No. & Reason:
- (8) 投保者或以上記名駕駛者在以往三年內曾否遇事？或曾否要求賠償？Have you or the above named driver(s) ever made any accident for the last 3 years? or any claim under Motor Insurance Policy? 如是，請述詳情 If so, please give particulars. 否 是

年份 Year	投保人置有汽車 總數 Total number of vehicles owned by Proposer	意外事件總數 Total number of Accidents and Losses	賠償第三者之身體傷害或財物損失 Claims by Third Party for personal injury or damage to property			自己汽車損失 Damage to Proposer's Motor Vehicles			其他損失 Other Losses		
			次數 No.	已清付金額 Paid	尚未清付金額 Outstanding	次數 No.	已清付金額 Paid	尚未清付金額 Outstanding	次數 No.	已清付金額 Paid	尚未清付金額 Outstanding
				\$	\$		\$	\$		\$	\$
				\$	\$		\$	\$		\$	\$
				\$	\$		\$	\$		\$	\$

(9) 請註明： 前投保保險公司名稱： 保單號碼：
Please give: Name of last Insurer: Policy No.:

(10) 閣下是否在其他保險公司享有「無意外賠償折扣」，若然，請述折扣若干，並附續保通知書。
Are you entitled to a "NO CLAIM BONUS" from your last Insurer? If so, please state _____ % and attach the Renewal Notice.

聲明及授權

投保人茲聲明上述各節，均屬確實無訛。又所填報各項，如非本人親筆而假手他人者，均認為本人授意代簽。本人聲明上述之車輛狀況良好及保證凡保險公司拒絕受保或拒絕續保之人士，將不任其駕駛本人上述之車輛。本人茲同意接受聯豐亨保險有限公司根據本人上述各項及聲明發給該公司之汽車保險單，並無異議，特此聲明。

本人/我們明白及同意：

- (1) 本人/我們於本投保書內之陳述乃真確無訛，可作為簽發保單之根據。
- (2) 本投保書是本人/我們在澳門特別行政區內簽署，如有任何訛騙或資料失實，本人/我們及/或受保人之保障有失效之虞。
- (3) 本人/我們同意接受 汽車保險 保單上所述的條款及細則。
- (4) 本人/我們同意 聯豐亨保險有限公司 ("聯豐亨") 保留一切有關投保書接納與否之權利。
- (5) 本人/我們明白必須繳付保費後，聯豐亨對本人/我們及/或受保人之保險責任始行生效。
- (6) 本人/我們明白本人/我們提供的資料為聯豐亨提供保險業務所需，並可能使用於下列目的：
 - 任何與保險或財務有關的產品或服務，包括但不限於保險、理財、退休金或退休計劃、或該等產品或服務的申請及任何更改、變更、取消、續期及/或復效的申請；
 - 不時向本人/我們推薦及提供產品及/或服務，及執行、維持、管理及營運該等產品及/或服務；
 - 任何索償、或該等索償的調查、分析、處理、評估、釐定或回應該等索償；
 - 行使同代位權；
 - 防止及/或偵查行、欺詐及其他不誠實的行爲；及
 - 可能移轉下述各方（無論在澳門特別行政區境內或境外）作為上述列出目的之用：
 - 任何再保險及索償調查公司、有關的保險行業協會及聯會和該等協會及聯會的會員；
 - 任何向聯豐亨或其相關聯公司提供業務運作有關的行政、電訊、電腦、市場推廣及/或其他服務的代理人、承攬人、商業夥伴及第三方服務供應者；
 - 根據對聯豐亨具法律約束力的規定，或因監管或其他管理機構所要求聯豐亨遵守的指引，履行對任何人士的披露責任；
 - 任何對聯豐亨有保密責任的。
- (7) 本人/我們明白本人/我們有權查閱及要求更正由聯豐亨持有有關本人/我們及/或受保人的個人資料；及/或要求不將該等個人資料用於直接促銷的用途。如有需要，本人/我們可向聯豐亨人力資源部提出，地址：澳門新口岸宋玉生廣場 398 號中航大廈四樓。

本人/我們明白及授權，且不得撤回：

- (1) 本人/我們授權聯豐亨可向有關的保險行業協會及聯會和該等協會及聯會的會員從保險業內收集的資料中查閱及/或核對本人/我們及/或受保人任何資料。
- (2) 任何知悉或擁有本人/我們/被保人之工作、病假記錄、意外或損失(任何類別)之詳情、健康狀況、病歷或任何治療或諮詢記錄及曾為或將為本人/我們/被保人診治之機構、組織或人士，向聯豐亨透露有關資料。即使本人/我們/被保人死亡或喪失能力，此授權書仍然存有法律效力，而本人/我們/被保人之繼承人及轉讓人亦會受此授權書約束。此授權書之正本與副本同屬有效。

Declaration & Authorization

I/We hereby declare that all the above Statements and Particulars are true and I/We further declare that if any of such particulars and answers are not in my/our writing the person or persons filling in such particulars and answers shall be deemed to be my/our agent. I/We declare that vehicle proposed is in good conditions and guarantee that vehicle proposed shall not be driven by any person whom to my/our knowledge has been refused to accept or renew any Motor Vehicle Insurance. I/We hereby agree that this Proposal and Declaration shall be the basis of and be considered as incorporated in the Policy to be issued hereunder which in the ordinary form used by Luen Fung Hang Insurance Co., Ltd. for this class of insurance.

I/We, the undersigned, desire to effect an insurance as above stated in terms of the Policy to be issued by the Company. I/We agree to keep a proper salaries and wages record and to render at the end of each period of insurance a statement in the form required by the Company of all salaries and wages actually paid and to pay premium on any salaries and wages paid in excess of the amount estimated above. I/We have not suppressed, mis-represented or mis-stated any material fact, that I/We have fairly estimated my/our total salaries wages and expenditure, and I/We agree that this declaration shall be the basis of the contract between me/us and Luen Fung Hang Insurance Company, Limited.

IT IS UNDERSTOOD AND AGREED :

- (1) I/We declare that the information stated in this Proposal Form is true and complete and will form the basis of this insurance.
- (2) I/We declare that this Proposal Form is applied and signed at Macau Special Administrative Region, in case of fraud or factual misrepresentation, the cover for me/us and/or for the Insured Person(s) may be invalidated.
- (3) I/We agree to accept all the terms and conditions of "Motor Insurance" Policy.
- (4) I/We agree "Luen Fung Hang Insurance Company Limited" ("Luen Fung Hang") reserves the right to accept or decline my/our application.
- (5) I/We understand that Luen Fung Hang's liability for myself/ourselves and/or for the Insured Person(s) will only take effect provided that premium has been paid.
- (6) The information provided by me/us to Luen Fung Hang is collected to enable Luen Fung Hang to carry on insurance business and may be used for the purpose of :
 - processing and/or approving applications for products and/or services and additions, alterations, variations, cancellations, renewals, and reinstatements of such products and/or services which may include, without limitation, insurance, provident fund or scheme, or other financial products or services;
 - offering and providing products and/or services to me/us from time to time, and administering, maintaining, managing and operating such products and/or services;
 - any claim or investigation, analyzing, processing, assessing, determining or responding of such claims;
 - exercising any right of subrogation;
 - preventing and/or detecting crimes, fraud and other dishonest behavior; and
 - may be transferred to the following parties (whether within or outside the Macau Special Administrative Region) for the purposes set out as above :
 - reinsurance and claims investigation companies, relevant insurance industry associations and federations, and members of such industry associations and federations;
 - agents, contractors, business partners, and third party service providers who provide administration, telecommunications, computer, marketing, and/or other services to Luen Fung Hang and/or any of its affiliated companies in connection with the operation of business;
 - any person to whom Luen Fung Hang is under an obligation to make disclosure under the requirements of any law binding on Luen Fung Hang or under and for the purposes of any guidelines issued by regulatory or other authorities with which Luen Fung Hang are expected to comply;
 - any other person under a duty of confidentiality to Luen Fung Hang which has undertaken to keep such information confidential.
- (7) I/We understand that I/We have the right to obtain access to and to request correction of any personal information concerning myself/ourselves and/or the Insured Person(s) held by Luen Fung Hang and/or not to use data for direct marketing purpose. Requests for such access can be made to the Human Resources Department of Luen Fung Hang, address: No. 398 Alameda Dr. Carlos D'Assumpcao, Edificio CNAC, 4 Andar, Macau.

IT IS UNDERSTOOD AND IRREVOCABLY AUTHORIZED :

- (1) Luen Fung Hang is hereby authorized to obtain access to and/or to verify any data provided by me/us and/or the Insured Person(s) with the information collected by the relevant insurance industry associations and federations, and members of such industry associations and federations from the insurance industry.
- (2) any organization, institution, or individual that has any record or knowledge of my/our/the Insured's employment, sick leave records, accident or loss details (of any sorts), health, medical history or any treatment or advice, that when requested by an authorized representative of Luen Fung Hang may disclose any such information. This authorization shall bind my/our/the Insured's successors and assigns and remain valid notwithstanding my/our/the Insured's death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original.

投保書在未經本公司接受允保及投保人未付清全數保費以前不生效力。

The liability of the Company does not commence until this Proposal has been accepted by the Company and the Premium paid, except as provided by any official Cover Note issued by the Company.

保險期限	月，由(日 dd/月 mm/年 yy)	至(日 dd/月 mm/年 yy)
Period of Insurance :	_____ months, from _____	to _____

<p>自負額 Excess : 第三者財物損失 Third Party Property Damage : _____ 駕駛經驗或年齡不足者 Young and Inexperienced Driver: _____ 不記名駕駛者 Unnamed Driver : _____ 車輛本身保險(保障範圍 III) Comprehensive (Cover III): _____ 火險及盜竊險(保障範圍 IV) Fire and Theft (Cover IV) : _____</p>	<p>投保人簽署 Proposer's Signature: _____ 日期 (日/月/年) Date: (dd/mm/yy) _____</p>
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For Office Use Only

Premium	()	Agent Code :
Loading for age	%	()	Agent Contact :
Loading for model	%	()	Client Code :
Loading for others	%	()	
Fleet Discount	%	()	
N.C.B.	%	()	
F.G.A	%	()	D/C : _____ Net Amount : _____
Stamp Duty / Tax	%	()	
_____				Approved by: _____ Prepared by : _____