Private Vehicle Insurance Proposal Form

AIG Insurance Hong Kong Limited
7/F, One Island East
18 Westlands Road, Island East
Hong Kong
Tel: 3666-7033 Fax: 2832-9514
www.aig.com.hk

PLEASE COMPLETE ALL SECTIONS. INCOMPLETE PROPOSAL WILL BE REJECTED

Registered Owner	Company/Employer Name		Nature of Business
Home Phone No.	Office Phone / Fax No.	Mobile Phone No.	e-mail Address
Home Address	Office Address		Coverage : ☐ Comprehensive ☐ Third Party Only Estimated Market Value : HK$
			Hire Purchase Owner (if any)
Mail Policy to ☐ Home Address ☐ Office Address	Policy effective from (DD/MM/YY) / / for one year		

PARTICULARS OF THE VEHICLE TO BE INSURED

Registration No.	Make	Model	Body Type	Year of Mfg.
Engine Number	Chassis Number		Cylinder Capacity	Seats Excl. Driver

Is the above Vehicle fitted with any accessories other than those factory installed? ☐ No ☐ Yes, if "Yes", please provide details

Has the above Vehicle been illegally modified ? ☐ No ☐ Yes, if "Yes", please provide details

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) 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 _____

3) Usage of the above Vehicle (Tick the appropriate) :

☐ Solely for social domestic & pleasure purpose ☐ Used in own business

☐ To and from work, Distance _____ ☐ Others (Specify) _____

No CLAIM DISCOUNT

No Claim Discount (NCD) Entitlement (%)
if "No", please state reason

Previous Insurance Company	Policy No.	Lic. No.

DECLARATION

1. 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 AIG Insurance Hong Kong Limited (hereinafter called "AIG Hong Kong"), and myself/ourselves. I/we hereby agree that no insurance will be in force until the proposal has been accepted by AIG Hong Kong.
2. In relation to the personal data collected in this application form, I/we agree and acknowledge that:
(a) (unless specifically indicated otherwise in this form) the personal data requested in this form is necessary for AIG Insurance Hong Kong Limited ("AIG HK") to process this application and any such data not provided may mean this application cannot be processed. (b) the personal data collected in this form may be used by AIG HK for the purposes stated in its Data Privacy Policy, which include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, data matching, claim processing, investigation, payment and subrogation and any related purposes). (c) unless I /we have indicated otherwise by ticking the "Promotion Material Opt-out" box below (of which I/we take note), AIG HK may use my/our contact details (name, address, phone number and e-mail address) to contact me/us about other insurance products provided by the AIG group and that my/our contact details may not be so used without me/us giving this agreement. (d) AIG 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) and (c) 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 adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers; iv) for the purpose of conducting direct marketing activities (per (c) above), marketing companies authorized by the AIG group; v) another member of the AIG group (for all of the purposes stated in (b) and (c)) in any country; or vi) other parties referred to in AIG HK's Data Privacy Policy for the purposes stated therein. (e) I/we may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), or opt out of my/our personal data being used for direct marketing at any time, by writing to the Privacy Compliance Officer of AIG Insurance Hong Kong Limited at GPO Box 456 or cs.hk@aig.com. The full version of AIG HK's Data Privacy Policy can be found at www.aig.com.hk.

Promotion Material Opt-out (if you wish to opt-out, please tick) ☐

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 AIG Insurance Hong Kong Limited.

PLEASE ATTACH A PHOTOCOPY OF 1. THE VEHICLE REGISTRATION DOCUMENT 2. HKID CARD AND DRIVING LICENSE 3. QUOTATION WITH THIS PROPOSAL FORM

私家汽車保險
投保表格

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Hong Kong
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www.aig.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		公司或僱主名稱	業務性質
住宅電話號碼	辦公室電話 / 傳真號碼	手提電話號碼	電郵地址
住宅地址		辦公室地址	投保類別： ☐ 全保險 ☐ 第三保險 估計市值： 港幣 投保汽車如屬分期購入，請述財務公司名稱：
郵寄保單至 ☐ 住宅地址 ☐ 辦公室地址		保單生效日期 (日 / 月 / 年) / / 為期一年	

投保車輛資料

登記號碼	廠名	型號	車身類型	出廠年份
引擎號碼	車身底盤號碼		汽缸容量	坐位限額 (司機除外)

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

上述車輛是否曾作任何形式的非法改裝? ☐ 否 ☐ 是 如“是”者，請說明

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： 如“是”者， 請說明

a) 最近三年曾發生汽車意外或賠償？ ☐ 否 ☐ 是 _____

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 _____

3) 上述車輛之用途為：

☐ 私人用途 ☐ 運輸、租賃等商業用途

☐ 上下班用 - 來往目的地 _____ ☐ 其它 (請說明) _____

無索償折扣

是否有無索償折扣(%)
如“否”者， 請述原因

過往投保保險公司名稱	保單號碼	車牌號碼

聲明

1. 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(以下簡稱為「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。
2. 就有關從此表格所收集的個人資料，本人/吾等同意及確認：(a) 除非於本表格上另有訂明，本表格所要求提供的個人資料是供美亞保險香港有限公司(“美亞保險”)處理此申請的所需資料，若未能提供任何所需資料此申請則可能不被處理；(b) 美亞保險可按列於其私隱政策的用途使用此表格所收集之個人資料，其用途包括核保及管理已申請的保單(包括獲取再保險、核保續保之保單、資料配對、處理索賠、調查、付款及行使代位權及任何有關用途)；(c) 除非本人/吾等於以下的「不收取推廣資料」方格填上✓號以作表示(其內容本人/吾等已細閱)，美亞保險可使用本人/吾等的聯絡資料(姓名、地址、電話號碼及電郵地址)聯絡本人/吾等有關其它由AIG集團提供之保險產品，而在未獲本人/吾等同意的情況下，本人/吾等之個人資料將不會被如此使用；(d) 美亞保險亦可向以下類別的人士(不論在香港或海外)轉交該些個人資料，作上述(b)及(c)項所列明之用途：(i)提供有關本人/吾等保單管理服務的第三者(包括再保險公司)；(ii) 財務機構，作處理此申請及收取保費；(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，以處理索償事宜；(iv) AIG集團授權的市場推廣公司，以作直銷之用(如上(c)項所述)；(v) 其它在任何國家之AIG集團之成員公司，作上述(b)及(c)項所有列明之用途；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。(e) 本人/吾等可隨時致函到美亞保險香港有限公司之私隱事務主任(地址：香港郵政總局信箱456號或電郵: cs.hk@aig.com)查閱、或要求修改本人/吾等的個人資料(美亞保險可就查閱及修改要求收取合理費用)，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.aig.com.hk。

不收取推廣資料 (如閣下不欲收取推廣資料，請在方格填上✓號) ☐

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 1.車輛登記文件 2. 身份証之副本及駕駛執照 3. 報價單。