

車險批改申請書

Motor Vehicle Insurance Endorsement Application Form

請循以下聯絡方法交回填妥之表格 Please return the completed form to us by:

通訊地址: 香港中環德輔道中 71 號永安集團大廈 8 樓 Correspondence Address: 8/F., Wing On House, 71 Des Voeux Road Central, Hong Kong.
客戶服務熱線 Customer Service Hotline: 3187 5100 傳真 Fax: 3906 9948 電郵 Email: osc_policy@bocgroup.com

投保人資料 Proposer Information

此資料必須由客戶提供或確認 This information must be provided or confirmed by client:

保戶名稱

Name of Policyholder: _____

保單號碼

Policy No: _____

車輛登記號碼

Registration Number: _____

更改項目生效日期

Effective Date of Required Amendment: _____ / _____ / _____

第一部份 Part 1 所需更改資料 Details of Amendment Required

更改通訊地址 Change of Correspondence Address

Policy No. (if change is also applicable to those policies): _____

請用英文正楷填寫 In block letters:

室 Room / Flat	層數 Floor	座數 Block / Tower	大廈/屋苑名稱 Name of Building / Name of Estate
街道號數及名稱 Number and Name of Street/Road		地區 District	<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT
電郵 E-mail:			

更改電話號碼 Change of Telephone Number

家居 Home :	辦公室 Office :	手提 Mobile:
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更改「分期付款」有關公司之名稱 Change of Hire Purchase Owner

「分期付款」有關公司之名稱 Name of Hire Purchase Owner:
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第二部份 Part 2 取消保單 Cancellation of Policy

本人欲取消上述車險保單 Please cancel my Motor Insurance Policy.

(原因 Reason: _____)

退款支票郵寄地址(如與保單通訊地址不同) Mailing address for refund cheque. (If it is different from Correspondence Address of the Policy):

(只適用於退款 Only applicable for refund)

注意 Important Notes:

1. 必須連同正本保單及保險証一起交回本公司 Please submit the original Policy and Certificate of Insurance to our Company.
2. 如受保超過 8 個月或年度內有意外發生, 一律都不予退回保費 No premium refund if exceeding 8 months or any accident during the period of insurance.
3. 請留意每張保單設有最低保費 412 港元 Please note a minimum retained premium per policy of HK\$412 applies.

第三部份 Part 3		更改投保類別/投保額 Change of Cover Required/ Sum Insured	
<input type="checkbox"/> 綜合險 Comprehensive	<input type="checkbox"/> 綜合險附加廣東省內汽車自身損毀 Guangdong Province Own Damage Extended Coverage		<input type="checkbox"/> 第三者責任險 Third-Party only
<input type="checkbox"/> 「港粵通汽車險(等效先認附加保障)」全年計劃 Hong Kong-Guangdong Cross Border Motor Insurance (Unilateral Recognition Extended Cover) 如需投保「港粵通汽車險(等效先認附加保障)」，請於方格內填寫“√”。此計劃為港車北上車輛提供中國內地地區的第三者責任保障。投保前請確保你已滿足相關投保資格。計劃詳情及投保資格請瀏覽《http://www.bocgins.com/cross-border-motor/》 Please tick this box if you require Hong Kong – Guangdong Cross Border Motor Insurance (Unilateral Recognition Extended Cover). This plan provides third party liability coverage to vehicles travelling to Mainland China. Before applying for this cover please ensure that you already meet the eligibility requirements. For coverage details and eligibility requirements please visit our website 《https://www.bocgins.com/cross-border-motor/》			
<p>請選擇全年保障計劃或 30 天保障計劃。若選擇 30 天保障計劃，請註明起保日期。 Please select Annual Plan or 30-Day Plan. If you select 30-Day Plan, please also specify coverage commencement date.</p> <p><input type="checkbox"/> 全年保障計劃 Annual Plan <input type="checkbox"/> 30 天保障計劃 30-Day Plan</p> <p>30 天保障計劃起保日期 30-Day Plan Coverage Commencement Date (日D / 月M / 年Y) _____</p> <p>您是否透過中國銀行(香港)、集友銀行、交通銀行(香港) 或南洋商業銀行投保現有的本地車險保單? Did your purchase your existing local motor insurance policy through Bank of China (Hong Kong), Chiyu Bank, Bank of Communications (Hong Kong) or Nanyang Commercial Bank?</p> <p><input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p><input type="checkbox"/> 請選擇港珠澳大橋香港跨境車輛商業保險投保額(人民幣) Please select the Sum Insured (in RMB) of Hong Kong-Zhuhai-Macau Bridge Cross-Border Motor Vehicle Commercial Insurance:</p> <p><input type="checkbox"/> 100萬 1 million <input type="checkbox"/> 200萬 2 million <input type="checkbox"/> 300萬 3 million <input type="checkbox"/> 500萬 5 million</p> <p><input type="checkbox"/> 如需要車上人員責任保險，請於方格內填寫“√”。保費是基於車輛座位數目計算(包括司機)，所有座位均需投保。 Please tick this box if you require passenger liability insurance. Premium is based on insured vehicle's number of seats (including the driver) and every seat must be insured.</p> <p><input type="checkbox"/> 在此方格填上“√”，代表本人僅此聲明已符合投保港粵通汽車險(等效先認附加保障)的以下條件 By ticking this box, I hereby declare that I fulfill the following eligibility criteria for Hong Kong – Guangdong Cross Border Motor Insurance (Unilateral Recognition Extended Cover):</p> <p>所有記名駕駛者 All the named driver(s):</p> <p>在香港或中國內地未曾涉及危險駕駛、醉酒駕駛或濫藥駕駛。 has/have not been involved in incidents involving dangerous driving, driving under the influence of drink or drugs in Hong Kong or Mainland China.</p> <p>在香港或中國內地未曾涉及駕駛導致死亡案件。 has/have not been involved in road incidents resulting in deaths in Hong Kong or Mainland China.</p> <p>在香港及中國內地未曾被暫停或吊銷執照。 has/have never been disqualified from driving in Hong Kong or Mainland China.</p> <p>香港駕駛執照過去2年未曾扣超過9分或中國內地駕駛執照過去1年未曾扣分超過9分。 has/have not accrued more than 9 offence points in the past 2 years in Hong Kong or more than 9 offence points in the past year in Mainland China.</p> <p>過去三年在中國內地未曾牽涉五個以上的車輛第三者責任事故。 has/have not been involved in more than 5 third party liability motor accidents within the past 3 years in Mainland China.</p> <p>如過去三年曾在中國內地牽涉車輛第三者責任事故，所有事故的賠償金額總數不超過150,000人民幣。 if has/have been involved in 5 or less third party liability motor accidents within the past 3 years in Mainland China, the total claim amount for all accidents combined does not exceed 150,000 RMB.</p> <p>如過去三年在中國內地曾牽涉第三者責任事故，請陳述詳情並提供所有事故總數賠償金額(以人民幣為單位) If you or any of the named drivers have been involved in road incidents involving third party liability within the past 3 years in Mainland China, please provide the following particulars.</p>			
事故 Incident	事故日期 Accident Date	負責賠付保險公司名稱 Name of Paying Insurance Company	
1.			
2.			
3.			
4.			
5.			
6.			
投保人估計之現時投保價值(包括裝置) Proposer's estimate of present value (Including accessories)		港元 HKD	

第四部份 Part 4 更改投保汽車資料 Change of Vehicle particulars

必須附上新投保之車輛牌簿副本及退回正本保險証

Please provide a copy of new Vehicle Registration Document and return the original Certificate of Insurance:

車輛登記號碼 Registration Number		出廠年份 Year of manufacture	
廠名 Make		型號 Model	
車身款式 Type of body		座位乘客限額 (司機除外) Seating capacity (Excluding driver)	
引擎號碼 Engine no.		底盤號碼 Chassis no.	
汽缸容量 Cylinder capacity		載重噸位(如屬貨車者) Goods carrying capacity	
投保人估計之現時投保價值 (包括裝置) Proposer's estimate of vehicle value (Including accessories)			港元 HKD
請列明估計附加設備市值、牌子、型號及出廠年份 Please state Accessories Estimated Value, Brand, Model and Year of Manufacture <input type="checkbox"/> 尾板 Tailgate HKD _____ <input type="checkbox"/> 吊機 Crane HKD _____ <input type="checkbox"/> 凍櫃 Freezer HKD _____ 牌子 Brand _____ 型號 Model _____ 出廠年份 Year of Manufacture _____ <input type="checkbox"/> 其他 Others _____			

1. 投保汽車是否曾否遇到交通意外? 或曾否要求賠償? Has the Insured Vehicle ever been involved in any motor accident? Has there been any insurance claim submitted for the Insured Vehicle previously? 如是, 請述詳情 If so, please give particulars _____	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
2. 投保汽車是否曾作任何形式的改裝? Has the Insured Vehicle been modified? 如是, 請詳述何種配件及價值 If so, please specify accessory details and value _____	<input type="checkbox"/>	<input type="checkbox"/>

第五部份 Part 5 駕駛者資料 Drivers Details

刪除記名司機 Deletion of Named Driver

被刪除的記名司機姓名 Name of current Named Driver to be deleted	
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增加/更改記名司機 Add / Change Named Driver

被替換的記名司機姓名 Current Named Driver to be replaced	
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駕駛者資料 Drivers Details [※]				
	記名駕駛者一 Named driver 1	記名駕駛者二 Named driver 2	記名駕駛者三 Named driver 3	記名駕駛者四 Named driver 4
英文姓名 Name in English [#] (請先填寫姓氏 Surname first)				
中文姓名 Name in Chinese [#]				
香港身份證號碼 HKID Card No. [#]				
職業 Occupation [#]				
居住地 Place of Residence [#]				
國籍 Nationality [#]				
性別 Sex [#]	<input type="checkbox"/> 男 Male / <input type="checkbox"/> 女 Female	<input type="checkbox"/> 男 Male / <input type="checkbox"/> 女 Female	<input type="checkbox"/> 男 Male / <input type="checkbox"/> 女 Female	<input type="checkbox"/> 男 Male / <input type="checkbox"/> 女 Female
出生日期 (日/月/年) Date of Birth [#] (DD/MM/YY)				
與投保人關係 Relationship [#]				
駕駛牌照號碼 Driving Licence Number [#]				
駕駛年數 Driving Experience [#]	<input type="checkbox"/> 暫准執照 Probationary Classes <input type="checkbox"/> 正式執照 Full Classes : _____ 年 years	<input type="checkbox"/> 暫准執照 Probationary Classes <input type="checkbox"/> 正式執照 Full Classes : _____ 年 years	<input type="checkbox"/> 暫准執照 Probationary Classes <input type="checkbox"/> 正式執照 Full Classes : _____ 年 years	<input type="checkbox"/> 暫准執照 Probationary Classes <input type="checkbox"/> 正式執照 Full Classes : _____ 年 years

※新投保車輛必須車齡為14年或以下，而現有本地汽車險客戶投保車輛的車齡為25年或以下。New customers shall be subject to a vehicle age limit of not more than 14 years, while existing motor insurance customers shall be subject to a limit of not more than 25 years.

※ 港粵通汽車險(等效先認附加保障)只接受最多兩名駕駛者投保。投保人必須為車主及其中一位保單記名司機。另外，所有受保司機年齡必須界乎25歲至69歲並持有有效的正式香港及中國內地駕駛執照。Only a maximum of two drivers can be insured under Hong Kong – Guangdong Cross Border Motor Insurance (Unilateral Recognition Extended Cover). The Proposer must also own the insured vehicle and is one of the named drivers of the policy. All insured drivers must also be aged between 25 and 69, and possess a valid driving license in both Hong Kong and Mainland China.

其他資料 Other Information		
1 以上記名駕駛者在以往3年內在本港曾否遇到交通意外？或曾否要求賠償？ Has the above named driver(s) ever been involved in any motor accident, or submitted any Motor Insurance claim within the last 3 years in Hong Kong? [#] 如是，請述詳情 If so, please give particulars _____	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
2 投保人或任何駕駛者在本港曾否遭取消駕駛資格，有任何個案涉及危險駕駛、醉酒駕駛、藥後駕駛，或過去2年內被記錄違例駕駛分數超過9分？ Have you or any person who will drive the vehicle ever been disqualified from driving, charged with dangerous driving, driving under the influence of alcohol or drugs, or in the past 2 years accrued more than 9 driving offence points in Hong Kong? [#] 如是，請述詳情 If so, please give particulars _____	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
3 以上記名駕駛者以前曾否遭受任何保險公司拒絕投保、續保或取消投保者或以上記名駕駛者之保單？ Have any Insurers previously declined to accept the above named driver(s) for motor insurance, refused to renew or cancelled a motor insurance policy mid-term for you or the above named driver(s)? [#] 如是，請述詳情 If so, please give particulars _____	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>

第六部份 Part 6 其他事項 Other amendment(s)

其他更改 Other amendment(s)

請在此詳述 Please give details

聲明 Declaration

- 1 本人謹此聲明，於本投保書之陳述乃真確無訛，可作為簽發保單之根據。本人/本公司亦明白如資料錯誤或不詳盡，本人或受保人之保障有失效之虞。 I hereby declare that the information provided in this application is true, accurate and complete, and that this information shall form the basis of the insurance coverage. I acknowledge that any act of fraud, willful misrepresentation or omission of material facts in this application may result in the policy being voided and any claims denied under the policy for myself and/or the Insured Person.
- 2 本人承諾保持投保的車輛性能良好。 I pledge to maintain the proposed insured vehicle in good condition.
- 3 本人謹此聲明，本投保書是在香港特別行政區內簽署。 I declare that this Proposal Form is signed in HKSAR.
- 4 本人同意中銀集團保險保留一切有關投保書接納與否之權利。 I acknowledge and agree that BOCG Insurance reserves the right to accept or decline my application for insurance.
- 5 本人明白必須繳付全額保費及保單生效後，中銀集團保險對本人及/或受保人之保險責任始行生效。 I acknowledge and agree that payment of the entire premium is a necessary condition for effective commencement of insurance coverage for myself and/or the Insured Person.
- 6 本人同意本保單內的所有條款。 I agree to all the terms and conditions of this policy.

收集個人資料聲明 Personal Information Collection Statement

本人明白本人提供的資料為中銀集團保險提供保險業務所需，並可能使用於下列目的： I understand that the information provided by me to BOCG Insurance is collected to enable BOCG Insurance to carry on insurance business and may be used for the purpose of:

- (1) 處理及審批本人的保險申請或本人將來提交的保險申請; processing and evaluating my insurance application and any future insurance application I may make ;
- (2) 執行本人保單的行政工作及提供與本人保單相關的服務; administering my insurance policy and providing services in relation to my insurance policy;
- (3) 分析或調查、處理及支付本人保單有關的索償; analysis or investigating, processing and paying claims made under my insurance policy;
- (4) 發出繳交保費通知及向本人收取保費及欠款; invoicing and collecting premiums and outstanding amounts from me;
- (5) 任何與保險有關的產品或服務的任何更改、變更、取消或續期; any alterations, variations, cancellation or renewal of any insurance related product or service;
- (6) 就以上用途聯絡本人; contacting me for any of the above purposes;
- (7) 中銀集團保險行使任何代位權; exercising any right of subrogation by BOCG Insurance;
- (8) 其它與上述用途有直接關係的附帶用途; other ancillary purposes which are directly related to the above purposes; and
- (9) 遵循適用法律、條例及業內守則及指引; complying with applicable laws, regulations or any industry codes or guidelines ;
- (10) 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府及監管機構執法及進行調查。 any disclosures required by applicable laws, rules, regulations, codes of practice or guidelines or assist police or other government and regulatory agencies in Hong Kong or other places outside Hong Kong in law enforcement and investigations.

中銀集團保險亦可因應上述用途將本人及/或受保人的個人資料移轉予下列各方： BOCG Insurance may disclose my and/or the Insured Person's personal data for the above purposes to the following classes of transferees:

- a. 就上述用途，向中銀集團保險提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問 (包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商); third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist BOCG Insurance to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- b. 在香港或保障地區的任何中銀集團保險相關的處理索賠個案的理賠師、理賠調查員及醫療顧問; in the event of a claim, any BOCG Insurance related loss adjudicators, claims investigators and medical advisors in Hong Kong or covered area ;
- c. 本公司中國內地合作的保險服務機構(中銀保險有限公司廣東分公司)、廣東車輛綜合服務平臺及相關中國內地政府部門。(只適用於港粵通汽車險(等效先認附加保障)保單) Our insurance service partner organization (BOC Insurance Company Ltd Guangdong branch), the Guangdong Vehicle Comprehensive Service Platform and relevant government agencies in Mainland China (applicable only to policies with Hong Kong – Guangdong Cross Border Motor Insurance (Unilateral Recognition Extended Cover));
- d. 追討欠款的收數公司或索償代理; in the event of default, debt collectors and recovery agents;
- e. 在香港或保障地區的任何中銀集團保險相關的保險資料服務公司及信貸資料服務公司; Any BOCG Insurance related insurance reference bureaus or credit reference bureaus in Hong Kong or covered area ;
- f. 再保公司及再保經紀; reinsurers and reinsurance brokers;
- g. 本人的保險經紀(若有); my insurance broker (if I have one);
- h. 在香港或保障地區的任何中銀集團保險相關的法律及專業業務顧問; Any BOCG Insurance related legal and professional advisors in Hong Kong or covered area;
- i. 在香港或保障地區與中銀集團保險的關連公司(以《公司條例》內的定義為準); BOCG Insurance's related companies in Hong Kong or covered area (as that term is defined in the Companies Ordinance);
- j. 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」)及其會員，以達到任何上述或有關目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能; any association, federation or similar organization of insurance companies ("Federation") and its members that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
- k. 透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的; any member(s) of the "Federation" by the "Federation" for any of the above or related purposes;
- l. 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的; any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;

m. 保險索償投訴局及同類的保險業機構; the Insurance Claims Complaints Bureau and similar industry bodies; 及and
n. 法例要求或許可的政府機關。 government agencies and authorities as required or permitted by law.

本人在此授權中銀集團保險可向「聯會」從保險業內收集的資料中查閱及/或核對本人及/或受保人任何資料。BOCG Insurance is hereby authorized to obtain access to and/or to verify any of my and/or the Insured Person's data with the information collected by the Federation from the insurance industry.

此外，經本人同意，中銀集團保險可能會以其它方式使用及披露本人及/或受保人的個人資料。Moreover, BOCG Insurance may also use and disclose my and/or the Insured Person's personal data otherwise with my consent.

本人有權查閱及要求更正由中銀集團保險持有有關本人及/或受保人的個人資料。如有需要，可向中銀集團保險法律與合規部提出 (電話：2867 0888，傳真：3906 9939)。I have the right to obtain access to and to request correction of any personal information concerning myself and/or the Insured Person held by BOCG Insurance. Requests for such access can be made to BOCG Insurance's Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).

接收推廣訊息指示 Receive Direct Marketing Materials Instruction (只適用於非公司投保人 Applicable for non corporate policyholders only)

本人不欲中銀集團保險使用本人的個人資料經以下渠道作直銷推廣 (請以“√”選擇渠道) I do not wish BOCG Insurance to use my personal data in direct marketing via the following channel(s) (please use “√” to select the channel(s)):

電子推廣郵件 Promotion Email 電話短訊 SMS 直銷郵件 Direct Mailing 電話直銷 Telephone Call

如您遞交此投保書而沒有在以上任何方格內以“√”號顯示您的選擇，即代表您並不拒絕中銀集團保險任何形式的直銷推廣。If you return this Proposal Form without ticking any of the above boxes, it means that you do not wish to opt-out from any form of direct marketing of BOCG Insurance. 以上代表您現在對是否接收直銷推廣資料的選擇，亦取代任何您之前已告知中銀集團保險的選擇。請注意，您以上的選擇適用於根據中銀集團保險的「資料政策通告」上所載的產品、服務及/或標的。請您參考該通告上有關中銀集團保險擬用於直銷推廣的個人資料種類。The above represents your present choice whether or not to receive direct marketing materials and replaces any choice communicated by you to BOCG Insurance prior to this application. Please note that your above choice applies to the direct marketing of the classes of products, services and/or subjects as set out in the Data Policy Notice of BOCG Insurance. Please also refer to the said Notice on the kinds of personal data which may be used in direct marketing.

將個人資料披露給本集團公司作直接促銷指示 Instruction to disclose personal data to the Group companies for direct marketing

為改善及提供更全面的服務予中銀集團保險的客戶，中銀集團保險可能會將您的個人資料提供予「本集團」*其他成員及其他人作其包括財務、保險、信用卡、證券、商品、投資、銀行及相關服務和產品及授信的直銷推廣 (請您參考中銀集團保險的「資料政策通告」上有關中銀集團保險擬提供之直銷推廣的個人資料種類，該資料擬提供予甚麼類別的人士，以及該資料擬就甚麼類別的產品、服務及/或標的而使用。) 若您不欲中銀集團保險提供您的個人資料予以上人士作以上用途，請您在這方格上以“√”號表示。To improve and provide more comprehensive services to our customers, BOCG Insurance may provide your personal data to other members of the Group* and any other persons for their use in direct marketing of financial, insurance, credit card, securities, commodities, investment, banking and related services and products and facilities and so forth. (Please refer to the Data Policy Notice of BOCG Insurance on the kinds of personal data which may be transferred to in direct marketing, the classes of persons to which your personal data may be provided to, and the classes of products, services and/or subjects in relation to which the data is to be used.) Please tick “√” this box if you do not wish BOCG Insurance to provide your personal data to the above persons for the above purposes.

*「本集團」指中銀集團保險及其控股公司、分行、附屬公司、代表辦事處及附屬成員，不論其所在地。附屬成員包括中銀集團保險的控股公司之分行、附屬公司、代表辦事處及附屬成員，不論其所在地。The “Group” means BOCG Insurance and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated. Affiliates include branches, subsidiaries, representative offices and affiliates of BOCG Insurance's holding companies, wherever situated.

保險業監管局 (「保監局」) 將按適用徵費率向保單持有人收取保費徵費。為避免任何法律後果，保單持有人需於繳交保費時向保險公司繳付該筆保費的訂明徵費，並由保險公司將該已繳付的徵費轉付予保監局。徵費金額會因應徵費率調整而有所變更。有關詳情，請瀏覽保監局的網頁www.ia.org.hk。The Insurance Authority (“IA”) will collect premium levy from the policyholder at the applicable rate. In order to avoid any legal consequences, the policyholder must pay to the insurance company a prescribed levy for the premium for direct remittance to the IA. The levy amount may be subject to change depending on the applicable rate. For details, please visit IA's website www.ia.org.hk.

申請人簽章

Signature of Applicant: _____

姓名(正楷填寫)

Print Name: _____

職位

Title: _____

日期

Date: _____

本公司專用 For Office Use Only

覆核人	經辦人
No.	No.