

# 汽車保險投保書

## Motor Vehicle Insurance Proposal Form



通訊地址: 香港中環德輔道中 71 號永安集團大廈 8 樓  
客戶服務熱線 Customer Service Hotline : 3187 5100

Correspondence Address: 8/F., Wing On House, 71 Des Voeux Road Central, Hong Kong.  
傳真 Fax : 3906 9948 電郵 Email: osc\_policy@bocgroup.com

# 必須填寫項目 Mandatory Fields (如果提供的附夾文件中已有投保書所需資料, 或之前曾提供予中銀集團保險且無須更新的資料, 可不必填寫。You are not required to fill in the mandatory fields if the supporting documents attached to your application already contain the required information, or if the information had previously been provided to BOCG Insurance and it does not need to be updated.)

### 1. 投保人資料 Proposer information

<input type="checkbox"/> Mr 先生 <input type="checkbox"/> Mrs 太太 <input type="checkbox"/> Ms 女士			
1.1 投保人 Name of proposed Insured# (請先填寫姓氏 Surname first): 英文 English _____ / 中文 Chinese _____			
1.2 通訊地址 Correspondence Address# 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 _____ 區份 District _____ <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT			
1.3 住址 Residential Address (如與通訊地址不同 if different from the Correspondence address)			
1.4 香港身份證號碼 HKID Card No.# _____	1.5 出生日期 Date of birth# _____	日 DD	月 MM
1.6 國籍 Nationality# _____	1.7 手提電話 Mobile# _____	年 YY	
1.8 日間聯絡電話 Daytime Phone No.. _____	1.9 電郵地址 Email Address# _____		

1.10 投保人職業 Occupation of Proposer#	
<input type="checkbox"/> 01- 政要人士 Political VIP	<input type="checkbox"/> 06- 技術工人 Skilled workers
<input type="checkbox"/> 02- 官員和管理人員 Officers and Managers	<input type="checkbox"/> 07- 體力勞動者 Manual workers
<input type="checkbox"/> 03- 專家和技術人員 Experts and Technicians	<input type="checkbox"/> 08- 武裝部隊、警察、海關等執法人員 Armed forces and Customs Personnel and Police etc
<input type="checkbox"/> 04- 文員和事務工作者 Clerks and Administrators	<input type="checkbox"/> 09- 無業人員 Unemployed
<input type="checkbox"/> 05- 服務和銷售人員 Services and Sales Staff	<input type="checkbox"/> 10- 其他 Others (請說明 Please indicate) _____

### 2. 所需保障 Cover Required

2.1 本地汽車險生效日期 Effective date of Local Motor Insurance# 由 From (日D / 月M / 年Y) _____ 至 To (日D / 月M / 年Y) _____ (首尾兩日包括在內 Both dates inclusive)
2.2 保險類別 Type of Insurance# <input type="checkbox"/> 私家車保險 Private Motor Car Insurance <input type="checkbox"/> 電單車保險 Motorcycle Insurance <input type="checkbox"/> 商用汽車保險 Commercial Vehicle Insurance
2.3 投保類別 Cover required# <input type="checkbox"/> 綜合險 Comprehensive <input type="checkbox"/> 第三者責任險 Third Party only
2.4 該車用途為何 What is the main use of the car?# <input type="checkbox"/> 私人用途 Personal <input type="checkbox"/> 業務用途 Business <input type="checkbox"/> 其他 Others (請說明 Please specify) _____ <input type="checkbox"/> 運送有爆炸性、易燃性或腐蝕性的貨物 Carriage of goods of explosive, inflammable or corrosive nature (商用汽車適用 Commercial Car Only) 本公司不接受運載第一類危險品(爆炸品及爆破劑)的相關投保 Our Company does not accept the Class 1 dangerous goods (explosive and blasting agents) for insurance
2.5 私家車自選附加保障-港粵通汽車險(等效先認附加保障) (只適用以個人名義登記及私人用途的車輛) Private Motor Car Optional Cover - Hong Kong - Guangdong Cross Border Motor Insurance (Unilateral Recognition Extended Cover (only applicable to vehicles that are registered under the name of an individual and intended for personal use) <input type="checkbox"/> 如需投保「港粵通汽車險(等效先認附加保障)」全年計劃, 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。投保前請確保你已符合相關投保資格。計劃詳情及投保資格請瀏覽《 <a href="https://www.bocgins.com/cross-border-motor/">https://www.bocgins.com/cross-border-motor/</a> 》 Please tick this box if you require Hong Kong - Guangdong Cross Border Motor Insurance (Unilateral Recognition Extended Cover) Annual Plan. 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 《 <a href="https://www.bocgins.com/cross-border-motor/">https://www.bocgins.com/cross-border-motor/</a> 》。 請選擇全年計劃的起保日期。 Please fill in the commencement date of your annual plan coverage (日D / 月M / 年Y) _____ 計劃到期日與上述項目 2.1 的保險到期日相同。 The expiration date of your annual plan coverage shall correspond to the particulars stated in item 2.1 <b>但請確保您的港粵通保障期不少於 31天。 Please ensure that the duration of your coverage is not less than 31 days.</b>

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 Chinese Yuan) of HZMB Cross-Border Motor Vehicle Commercial Insurance:

100萬 1 million     200萬 2 million     300萬 3 million     500萬 5 million

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.

### 3. 投保汽車資料 Particulars of vehicle to be insured

3.1 車輛登記號碼 Registration number <sup>#</sup>		3.2 出廠年份 Year of manufacture <sup>#</sup>	
3.3 廠名 Make <sup>#</sup>		3.4 型號 Model <sup>#</sup>	
3.5 車身款式 Type of body <sup>#</sup>		3.6 座位乘客限額 (包括司機) Seating capacity (Including driver) <sup>#</sup>	
3.7 引擎號碼 Engine no. <sup>#</sup>		3.8 底盤號碼 Chassis no. <sup>#</sup>	
3.9 汽缸容量 Cylinder capacity <sup>#</sup>		3.10 載重噸位(如屬貨車者) Goods carrying capacity <sup>#</sup>	
3.11 投保人估計之現時投保價值 (包括裝置) 如投保綜合險必須填寫 Proposer's estimate of vehicle value at present (Including accessories) This is a mandatory field if you are applying for Comprehensive Cover.			港元HKD
3.12 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 _____			
3.13 投保汽車是否曾作任何形式的改裝? Has the Insured Vehicle been modified? <sup>#</sup> <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 如是，請詳述何種配件及價值 If so, please specify accessory details and value _____			
3.14 投保汽車是否「分期付款」方式買入? Is the car under a hire purchase agreement? <sup>#</sup> <input type="checkbox"/> 是 <input type="checkbox"/> 否 若選擇「是」，請填寫有關公司之名稱 _____ If "Yes", please write down the name of hire purchase company _____			

### 4. 駕駛者資料 Drivers Details<sup>※</sup>

	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 <sup>#</sup> (請先填寫姓氏 Surname first)				
中文姓名 Name in Chinese <sup>#</sup>				
香港身份證號碼 HKID Card No. <sup>#</sup>				
職業 Occupation <sup>#</sup>				
居住地 Place of Residence <sup>#</sup>				
國籍 Nationality <sup>#</sup>				
性別 Sex <sup>#</sup>	<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 <sup>#</sup> (DD/MM/YY)				
與投保人關係 Relationship <sup>#</sup>				
駕駛牌照號碼 Driving Licence Number <sup>#</sup>				
駕駛年數 Driving Experience <sup>#</sup>	<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.

## 5. 「無賠償折扣」 No Claim Discount

投保人是否在本港享有因沒有索償紀錄的「無賠償折扣」？ Are you entitled to a "No Claim Discount" from your previous Insurer for not making any claims in Hong Kong? _____% 如是，請閣下附上最近續保通知書或保單。 If so, please attach your latest renewal notice or policy schedule.	是Yes <input type="checkbox"/>	否No <input type="checkbox"/>
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## 6. 其他資料 Other Information

6.1 投保人或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？ Have you or the above named driver(s) ever been involved in any motor accident, or submitted any Motor Insurance claim in the last 3 years within Hong Kong? # 如是，請述詳情 If so, please give particulars _____	是Yes <input type="checkbox"/>	否No <input type="checkbox"/>
6.2 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"/>
6.3 投保人或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 you or 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"/>

## 若投保港粵通汽車險(等效先認附加保障)請填寫以下部分。 Please complete this part if you are applying for Hong Kong – Guangdong Cross Border Motor Insurance (Unilateral Recognition Extended Cover).

6.4  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) :

投保人及記名駕駛者 The Proposer and all the above named driver(s) :

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.

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.

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.

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.

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.

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.

6.5 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 in the **past 3 years** within Mainland China, please provide the following particulars.

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.		

## 7. 聲明 Declaration

- 7.1 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 declare that the information stated in this Proposal Form is true and complete and will form the basis of this insurance. I also understand that if any information stated is untrue or incomplete, the cover for me/our Company and/or the Insured Person may be invalidated.
- 7.2 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.
- 7.3 本人謹此聲明，本投保書是在香港特別行政區內簽署，如有任何訛騙或資料失實，本人及/或受保人之保障有失效之虞。 I declare that this Proposal Form is signed in HKSAR, in case of fraud or factual misrepresentation, the cover for me and/or the Insured Person may be invalidated.
- 7.4 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 agree BOCG Insurance reserves the right to accept or decline my/our Company's application.
- 7.5 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 understand that BOCG Insurance's insurance liability for myself and /or for the Insured Person(s) will only take effect provided that premium has been fully paid and the policy was put in-force.
- 7.6 本人同意本保單內的所有條款。 I agree to all the terms and conditions of this policy.

## 8. 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; 及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; 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](http://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](http://www.ia.org.hk).

本人確認同意本投保書內之所有部份，包括但不限於上列之聲明及收集個人資料聲明。

**I confirm my agreement to all sections in this Proposal Form, including but not limited to the above Declaration and Personal Information Collection Statement.**

（如需即時處理，請到我司官網投保 [《https://www.bocgins.com/》](https://www.bocgins.com/) 投保 If you are looking for immediate coverage, please apply online for cover at our official website [《https://www.bocgins.com/》](https://www.bocgins.com/)）

投保人姓名及簽署  
Name of Proposer & Signature

簽署地香港及簽署日期 (日/月/年)  
Signed in Hong Kong and Signature Date (DD/MM/YY)

本投保書在未被同意受保前，中銀集團保險不負任何責任。

**The BOCG Insurance has no liability whatsoever before the application for insurance in this Proposal Form is accepted.**

銀行代理專用 For Bank use only		保險公司專用 For Office use only	
經辦編號 Staff No.	保險中介人編號 Agent No.	轉介單位編號 Transfer Unit No.	保單編號 Policy No.
經辦姓名 Staff Name	經辦單位編號 Unit No.	轉介人員編號 Transfer Staff No.	經辦人 Handled By
經辦聯絡電話 Staff Contact No.	CIN 號碼 CIN No.	申請編號 TX No.	覆核人 Checked By