

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@bcgroup.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

如更改同時適用於其他保單, 請提供其他保單號碼

Other 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.

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

綜合險 Comprehensive
 綜合險附加廣東省內汽車自身損毀 Comprehensive extends to cover Own Damage in Guangdong Province
 第三者責任險 Third-Party only

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
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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 present value (Including accessories)			港元 HKD
請列明估計附加設備市價、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? Or any claim submitted under Motor Insurance Policy? 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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	主要駕駛者一 Regular driver 1	主要駕駛者二 Regular driver 2	主要駕駛者三 Regular driver 3
姓名 Full Name (請先填寫姓氏 Surname first)			
行業及職業 Trade and Occupation			
性別 Gender	<input type="checkbox"/> Male 男 / <input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男 / <input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男 / <input type="checkbox"/> Female 女
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 License Number			
駕駛年數 Driving Experience	<input type="checkbox"/> 暫准執照 Probationary Classes 正式執照 Full Classes : <input type="checkbox"/> 1-2 年 years <input type="checkbox"/> 多於 over 2-5 年 years <input type="checkbox"/> 多於 over 5 年 years	<input type="checkbox"/> 暫准執照 Probationary Classes 正式執照 Full Classes : <input type="checkbox"/> 1-2 年 years <input type="checkbox"/> 多於 over 2-5 年 years <input type="checkbox"/> 多於 over 5 年 years	<input type="checkbox"/> 暫准執照 Probationary Classes 正式執照 Full Classes : <input type="checkbox"/> 1-2 年 years <input type="checkbox"/> 多於 over 2-5 年 years <input type="checkbox"/> 多於 over 5 年 years
1. 以上記名駕駛者在以往 3 年內曾否遇到交通意外? 或曾否要求賠償? Has the above named driver(s) ever been involved in any motor accident for the last 3 years? Or any claim submitted under Motor Insurance Policy? 如是, 請述詳情 If so, please give particulars _____			是 Yes <input type="checkbox"/>
2. 投保者或任何駕駛者曾否在過去 2 年內被記錄違例駕駛分數超過 9 分或有任何個案涉及危險駕駛、醉酒駕駛、藥後駕駛或取消駕駛執照資格? Have you or any person who will drive the vehicle accumulated more than 9 driving offence points in the past 2 years? Or any conviction for dangerous driving, driving under the influence of drink or drugs, driving license suspended or disqualified? 如是, 請述詳情 If so, please give particulars _____			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、續保或取消以上記名駕駛者之保單? Have any previous Insurers ever declined to accept the above named driver(s), refused to renew or cancelled the above named driver's policy? 如是, 請述詳情 If so, please give particulars _____			<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/本公司謹此聲明，於本批改申請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/本公司及/或受保人之保障有失效之虞。 I/Our Company declare that the information stated in this Endorsement Application Form is true and complete and will form the basis of this insurance. I/Our Company 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.
2. 本人/本公司謹此聲明，本批改申請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/本公司及/或受保人之保障有失效之虞。 I/Our Company declare that this Endorsement Application Form is applied and signed in HKSAR, in case of fraud or factual misrepresentation, the cover for me/our Company and/or the Insured Person may be invalidated.
3. 本人/本公司同意中銀集團保險保留一切有關批改申請書接納與否之權利。 I/Our Company agree BOCG Insurance reserves the right to accept or decline my/our Company's Endorsement Application Form.
4. 本人/本公司明白必須繳付保費後，中銀集團保險對本人/本公司及/或受保人之保險責任始行生效。 I/Our Company understand that liability of BOCG Insurance for me/our Company and/or the Insured Person will only take effect provided that premium has been paid.

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.

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)'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. 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, loss adjudicators, claims investigators and medical advisors;
- c. 追討欠款的收數公司或索償代理 in the event of default, debt collectors and recovery agents;
- d. 保險資料服務公司及信貸資料服務公司 insurance reference bureaux or credit reference bureaux;
- e. 再保公司及再保經紀 reinsurers and reinsurance brokers;
- f. 本人的保險經紀 (若有) my insurance broker (if I have one);
- g. 中銀集團保險的法律及專業業務顧問 BOCG Insurance's legal and professional advisors;
- h. 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 (as that term is defined in the Companies Ordinance);
- i. 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;
- j. 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;
- k. 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;
- l. 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
- m. 法例要求或許可的政府機關 government agencies and authorities as required or permitted by law.

申請人簽章

Signature of Applicant: _____

姓名 (正楷填寫)

Print Name: _____

職位

Title: _____

日期

Date: _____

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覆核人	經辦人
No.	No.