Groupama Insurance

GAN Assurances
26th Floor, Asia Orient Tower, Town Place,
33 Lockhart Road, Wanchai, Hong Kong
Tel : (852) 2530 0288
Fax : (852) 2877 4281

MOTOR INSURANCE 汽車保險 PROPOSAL FORM 投 保 申 請 書

Personal Data 個人資料

(please provide all information in English and in block capitals 請以英文正楷填寫)

Name of Insured (Proposer) 投保人姓名	
Address 地址	
Occupation 職業	Date of Birth 出生日期
Tel (Home / Office) 電話 (住宅 / 辦公室)	Fax / E-Mail 傳真 / 電子郵箱

Coverage 保險類別

Cover Required 所需保險 (Please tick 請選擇)

☐ Comprehensive Cover 綜合保險 Sum Insured 投保價值 - HKD _____
(Estimate of present value including accessories 現估值包括汽車附件)

☐ Third Party Liability Cover 第三者責任保險

Effective date of Insurance (DD/MM/YY) 保單生效日期 (日/月/年)	From 由	To 至

Name of Hire Purchase Owner (if under H/P agreement)
按揭公司名稱 (如有 「分期付款」合約)

Particulars of Car to be insured 投保汽車詳情

Registration Mark 車牌號碼		Engine Number 引擎號碼	
Make / Model 汽車型號		Chassis Number 車身底盤號碼	
Type of Body 車型種類		Engine Capacity 汽缸容積	
Year of Manufacture 製造年份		Seating Capacity 座位數量	

Drivers & Driving Experience 駕駛人及駕駛經驗

Named Drivers for Comprehensive Cover (Or other regular drivers for Third Party Liability Cover)
綜合保險之記名駕駛人 (或適用於第三者責任保險之其他經常駕駛人)

Name 姓名	Occupation 職業	Age 年齡	Years of Driving Exp. in HK 香港駕駛經驗年期

IMPORTANT NOTE 重要事項

1. You are required to disclose all material facts which you know or ought to know. Otherwise, you may receive no benefits under the insurance. If you are in doubt whether certain facts are material, you should disclose them.
   投保人必須提供所有可能影響本公司接受承保及評估之事實資料，否則可能導致此保險合約失效。 如閣下對該等資料存疑，務必將之申報。

2. Please give full reply to each question. A negative reply will be deemed to be given if any question on this Proposal Form is not answered.
   請詳答所有問題，如本申請書上之問題未有填寫者則作「否」定論。

3. A specimen copy of the policy is available on request.
   如需保單樣本，請向本公司索取。

4. No liability is accepted by the Company until this application has been accepted by the Company and evidence of cover has been issued.
   在接受此申請書及發出証明前，本公司概不承擔任何責任。

Type of Vehicle to be insured 投保汽車類別

Please tick the appropriate box.
請在下列適當答案之方格內寫上「✓」符號。

☐ Regular Import 行貨 ☐ Parallel Import 水貨	☐ Auto Transmission 自動波 ☐ Manual Transmission 棍波
☐ Saloon 房車 ☐ Coupe 房跑車 ☐ Sports 跑車 ☐ Four Wheel Drive 四驅車 ☐ MPV (7 seats / 7 人)	☐ 2 Doors Hardtop 兩門硬頂 ☐ 2 Doors Convertible 兩門開篷 ☐ 3 Doors 三門 ☐ 4 Doors 四門 ☐ 5 Doors 五門

Please answer all questions below and tick the appropriate box.
If your answer is YES, give full details in the space.
請回答所有問題及在下列適當答案之方格內寫上「✓」符號。
如答案爲「是」，請在空位內詳細填寫。

	Yes 是	No 否
1. Is the car owned by, or registered in the name of someone other than the Proposer? 該汽車是否由他人擁有?	☐	☐

2. Will the Car 該汽車將

	Yes 是	No 否
(a) not use only for social domestic and pleasure purposes and for your business or profession? 不是只用於私人或投保人業務上用途?	☐	☐
(b) be used for the hire or reward racing pacemaking reliability trial speed testing or for any purpose in connection with the Motor Trade? 用於出租、賽車或汽車行業?	☐	☐

3. Have you or any of the Named Drivers or regular drivers 閣下或記名駕駛人或其他經常駕駛人

	Yes 是	No 否
(a) been involved in any motor accident or loss within the last 3 years? 在過去 3 年內曾否遭遇交通意外?	☐	☐
(b) been incurred any driving offence points or been convicted of any motoring offence during the last 3 years, or any prosecution pending? 在過去 3 年內，曾否被扣駕駛分數、觸犯交通條例而被判罰或正待檢控?	☐	☐
(c) been disqualified from driving? 曾否被罰停牌?	☐	☐
(d) suffers from defective vision or hearing, diabetes, fits, heart disease or any other disease or infirmity? 是否患有不良視力或聽覺、糖尿病、羊癇症、心臟病、其他疾病或缺陷?	☐	☐
(e) been declined, cancelled or refused to renew any motor insurance or had any special terms or conditions imposed by any insurance company? 曾否被保險公司拒絕投保，取消或拒絕續保汽車保險，或投保時須接受任何特別條件?	☐	☐

4. Have you held or do you now hold a car insurance policy? 閣下現在是否有任何汽車保險?

	Yes 是	No 否
	☐	☐

If YES to any above questions, please give details:-
如以上答案爲「是」，請在空位內詳細填寫。

_____

5. Are you entitled to a No Claim Discount? 是否持有「無索償折扣」?

	Yes 是	No 否
	☐	☐

If YES, the years of claim free or No Claim Discount
如答案爲「是」，請填寫「無索償年數」或「無索償折扣額」_____
The name of insurance company
保險公司名稱 _____
Policy No. 保單號碼_____ Registration Mark 車牌號碼_____ Expiry Date 約滿日期_____

❖ Please attach copy of the following documents for reference 請附上下列文件副本以供參考之用 :-
1. Vehicle Registration Document or Sales Invoice for new car 車輛登記文件或新車買賣合約
2. Driving Licence (including all Named Drivers) 駕駛執照(包括所有記名駕駛人)
3. Last renewal notice of the Insured Vehicle 最近之續保通知書

For Official Use Only	Loading	Y & I Excess
	C/D	U/D Excess
	Premium	Theft Excess
	OD Excess	TPPD Excess

DECLARATION 聲明

I/We declare that to the best of my/our knowledge and belief,
(i) the foregoing answers are true
(ii) the Car is in a sound and roadworthy condition
(iii) all material particulars affecting the assessment of the risk have been disclosed.
予謹聲明上列各節均屬無訛，更絕未作任何事實之隱瞞，而投保之車輛亦屬完整宜於道路行駛。

I/We undertake that the motor car to be insured will not be driven by any person who to my/our knowledge does not hold a full valid driving licence, or who has been disqualified from holding such licence, or who has been refused by any motor insurance or continuance thereof, or who suffers from any disease or infirmity which impairs his/her ability to drive.
予謹同意此汽車將不會給予並沒有駕駛執照之人士、或曾被吊消駕駛執照之人士、或任何曾被拒受汽車保險之人士、或身體殘疾而不適宜駕駛之人士。

I/We agree that this Application and Declaration shall be the basis of the contract between me/us and GAN Assurances (hereinafter called "the Company") and shall be deemed to be incorporated in such contract, and any renewal thereof which may be agreed, subject to the terms and conditions of the policy issued by the Company.
If any answer has been written by any other person such person shall for that purpose be deemed to be my/our agent and not the agent of the Company.
予謹承認本投保書爲本人/公司與法國敬邦保險訂立此保險契約及以後續約之根據，並願接受保單上所刊載一切條款，並同意上文各項若有經由他人繕寫均屬已經本人/公司認可及授意。

I/We agree that the information provided to and held by GAN Assurances is collected to enable the Company to carry on insurance business and may be used for the purpose of (i) any insurance or financial related product or service or any alteration, variation, cancellation, or renewal of them; (ii) any claim or analysis of it; and may be transferred to any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies.
予謹同意法國敬邦保險將本人/公司所提供之資料作其相關保險業務之用; 亦同意法國敬邦保險運用所提供之資料作以下用途: (i) 任何有關保險或財務服務，包括更改投保資料，取消保險單或續保等; (ii) 任何索償及分析事宜; 本人/公司亦同意法國敬邦保險可能轉介投保資料至其他再保險、賠償、調查或其他相關保險服務之用; 或至保險業聯會或公會。

Signature 投保人簽署_____ Date 日期_____
(Company Chop is required if Proposer is a company
如投保人是公司，請加公司蓋印)

Agent / Broker