

YOU SHOULD TELL US OF ALL FACTS LIKELY TO INFLUENCE THE ACCEPTANCE AND ASSESSMENT OF THIS PROPOSAL. IF YOU FAIL TO DO SO, YOUR POLICY MAY EITHER NOT OPERATE OR NOT OPERATE FULLY. IF YOU HAVE ANY DOUBTS ABOUT WHAT YOU SHOULD TELL US, PLEASE CONTACT US OR YOUR INSURANCE ADVISER.

DETAILS OF THE PROPOSER

Full name (Name in which vehicle is registered) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Corporate (if company insured, please provide a copy of Business Registration)		
H.K.I.D Card No./BR No.:	Date of Birth (dd/mm/yy) (if any):	Contact No.:
Home /Business Address:		
Occupation (Please describe the industry & position):		
Cover Required: <input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Only	Proposed Period of Insurance (dd/mm/yy) From _____ to _____	

DETAILS OF THE VEHICLE(S) Please provide a copy of Vehicle Registration Document

Registration No.		Make and Model	Body Type
C.C.	Year of Make	Engine No.	Chassis No.
Estimated Market Value: HK\$		Hire Purchase Co.: <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify): _____	
Usage of the vehicle: <input type="checkbox"/> Pleasure <input type="checkbox"/> Daily Business <input type="checkbox"/> Hire <input type="checkbox"/> Other (specify): _____			Source of goods: <input type="checkbox"/> Dealer Import <input type="checkbox"/> Parallel Import
Regular Overnight Parking: <input type="checkbox"/> With 24-hr security parking <input type="checkbox"/> Without 24-hr security parking		Alarm system installed: <input type="checkbox"/> Factory Built-in <input type="checkbox"/> Others (Specify): _____	
Have the vehicle been modified: <input type="checkbox"/> No <input type="checkbox"/> Yes, it is a qualified handicap vehicle <input type="checkbox"/> Yes, for other reason, please specify: _____ Please note that any future modification also need to be reported to the company for proper coverage.			
Other accessories with price: _____			
No claim Discount (NCD) Entitlement: _____% Current Insurance Co.: _____			
Policy No.:		Registration No.:	
If NCD is Nil, please specify reason: <input type="checkbox"/> First time buying a vehicle <input type="checkbox"/> 2 nd or 3 rd vehicle <input type="checkbox"/> Claims <input type="checkbox"/> Other (specify): _____			

DETAILS OF NAMED DRIVERS (ALL regular drivers including the proposer). Please provide copy of H.K.I.D and H.K. Driving License

	1 st Named Driver	2 nd Named Driver
Name		
Relationship		
Age / Date Of Birth (dd/mm/yy)	/	/
Occupation		
Position		
Driving Experience	Year	Year
*Been involved in any accident or loss or file any motor claim in the last THREE (3) years?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
*Been convicted of any careless or dangerous driving offence in the last THREE (3) years?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
*Had your driving license suspended or disqualified by a court in the past THREE (3) years for any driving offence?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
*Had any driving offence prosecution pending or driving offence points incurred over the past THREE (3) years?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
*Had motor insurance declined or made subject to special terms or cancelled?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
*Had suffered / been suffering any heart disease, diabetes, epilepsy or mental infirmity?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
*Will there be any regular drivers under 25 years of age, or have held a full driving license for less than 2 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____

Note: Additional premium of 10% applies to each additional driver in excess of two (2) named drivers for Comprehensive covers.

*if answer is "Yes", please give particulars

Important Notes:

Any other facts known to you which are likely to influence the acceptance and assessment of the insurance proposal must be disclosed. If you are in any doubt about facts considered materials, you should disclose them. We recommend that you keep a record of all information provided (including copies of letters) for future reference. A copy of this proposal form will be supplied upon your request with a period of three months after its completion. For your own interest, please make sure that all materials facts are disclosed to us failing which your policy may be not afford the cover you require or may even become void. This proposal form only contains a summary of the coverage. For more details about the terms, conditions and exclusion, please refer to the policy wordings. A policy specimen will be supplied on request.

Declaration:

I/We declare that the statements and particulars given in this proposal are, to the best of my/our knowledge and belief, true and complete and that this proposal shall form the basis of my/our contract with MIN XIN INSURANCE CO., LTD.
I/We agree that the insurance will not be in force until the proposal has been accepted by the Company.

Enclosure:

*Please submit together with Vehicle Registration Document.

Personal Information Collection Statement:

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of:

- any insurance of financial related product or services or any alterations, variations, cancellations or renewal of such product or services;
- any claim or investigation or analysis of such claim; and
- exercising any right of subrogation

This information may be transferred to:

- any related company or any other company carrying on insurance or reinsurance related business or an intermediary or other services provider providing services relevant to insurance business for any of the above or related purposes;
- any association, federation or similar organization of insurance companies ("Federation") that exists or is formed 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; and
- any members of the "Federation" by the "Federation" for any of the above or related purposes.

Moreover, MIN XIN INSURANCE CO., LTD. is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry.

You have the right to obtain access to and to request correction of any personal information concerning yourself by the Company.

Signature of Proposer/Insured: _____ Authorised Agent/Broker: _____ Date: _____