



閩信保險有限公司

MIN XIN INSURANCE COMPANY LIMITED

電話：(852) 2521 5671

傳真：(852) 2522 1755 / 2526 7364

地址：香港中環紅棉路8號東昌大廈17樓 網址：www.mxic.com.hk

私家車保險投保書

Private Car Insurance Proposal Form

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.

Please fill in this form in English block letters and tick the boxes where appropriate ☒.

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 Certificate)			
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 Marketing Value : HK\$		Hire Purchase Co : <input type="checkbox"/> No <input type="checkbox"/> Yes (please state)	
Usage of the vehicle (Can select more than one): <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"/> 2nd or 3rd 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			
	1st Named Driver		2nd Named Driver
Name			
Relationship			
Age / Date of Birth (dd/mm/yy)	/		/
Occupation			
Position			
Driving Experience (Hong Kong Only)	Year		Year
Been involved in any accident or loss or file any motor claim in the last THREE (3) years? (If yes, please provide details.)	<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? If yes, please provide the details.	<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? If yes, please provide the details.	<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? If yes, please provide the details.	<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? If yes, please provide the details.	<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 driving license (including full classes and probationary classes) for less than 2 years? If yes, please provide the details.	<input type="checkbox"/> No <input type="checkbox"/> Yes		



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Important Notice :

You should provide us with all relevant facts which are likely to influence whether we accept your proposal and on what terms and conditions. Failure to do so may not provide you with the cover you want and gives us the right to refuse any claims and void the policy completely. If you are in any doubt about a particular fact, you should tell us or your broker or insurance agent. You should keep a record (including copies of letters) of all information supplied to us in connection with this insurance.

Commission Disclosure Statement:

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Min Xin Insurance Company Limited, Min Xin Insurance Company Limited will pay the authorized insurance brokers a remuneration during the continuance of the policy including renewals, for procuring the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Min Xin Insurance Company Limited that he or she is authorized to do so.

The applicant further understands that the above agreement is necessary for Min Xin Insurance Company Limited to proceed with the application.

Personal Information Collection Statement

- (a) From time to time, it is necessary for you to supply Min Xin Insurance Company Limited (the "Company") with data about yourself(ves), policyholder(s), life insured(s), beneficiary(ies), claimant(s), and/or other relevant individual (the "Personal Data") in connection with the provision of insurance and/or related products and services to you, the processing of claims under insurance policies issued and/or arranged by the Company, and/or the processing of any or all other requests, enquiries and complaints from you.
- (b) Provision of the Personal Data to the Company by you is voluntary. However, failure to supply the Personal Data may result in the Company being unable to provide insurance and/or related products and services to you, process claims under insurance policies issued and/or arranged by the Company, and/or process any or all other requests, enquires, or complaints from you.
- (c) The purposes for which the Personal Data may be used are as follows:
- (i) processing (including, without limitation, underwriting) and/or approving applications for insurance and/or related products and services, and any addition, alteration, variation, cancellation, renewal and/or reinstatement of such products and services;
 - (ii) administering insurance policies issued and/or arranged by the Company;
 - (iii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and/or settlement of claims under insurance policies issued and/or arranged by the Company ;
 - (iv) exercising rights of subrogation, if applicable;
 - (v) collection of amounts outstanding (if any) from customers;
 - (vi) arranging coinsurance and/or reinsurance in respect of the insurance policies issued and/or arranged by the Company;
 - (vii) communicating with customers via telephone, mail, e-mail, facsimile and other communication means;
 - (viii) customer services (including, but not limited to, processing enquires and complaints), marketing, and other related activities;
 - (ix) conducting data matching procedures;
 - (x) designing insurance and/or related products and services for customers' use;
 - (xi) marketing insurance and/or other related products and services of the Company;
 - (xii) direct marketing of insurance and/or other related products and services subject to your prior prescribed consent (if any), and you can exercise the right of opt-out by notifying the Company at any time;
 - (xiii) statistical or actuarial research of the Company, relevant insurance industry associations or federations, supervisory authority, government department and/or other competent authority;
 - (xiv) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company is expected to comply with, including, without limitation, making disclosures of the relevant information; and
 - (xv) fulfilling any other purposes directly relating to (i) to (xiv) above.
- (d) The Personal Data held by the Company shall be kept confidential, but the Company may provide the Personal Data to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/or any other relevant individuals to whom the Personal Data is related:
- (i) agents, intermediaries, claims investigation companies, coinsurance companies, reinsurance companies, third party service providers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and/or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/or other services to the Company in connection with the operation of its business;
 - (ii) relevant insurance industry associations or federations, and/or members of such industry associations or federations;
 - (iii) overseas locations or branches, as appropriate, of the Company;
 - (iv) persons to whom the Company is under an obligation to make disclosure under the requirements of any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company is expected to comply with;
 - (v) any court, supervisory authority, government department or other competent authority (including, without limitation, tax authority) under any laws binding on the Company;
 - (vi) lawful successors or assigns of the Company; and
 - (vii) persons who owe a duty of confidentiality to the Company.
- (e) The Company may verify any or all of the Personal Data by using information collected and released or transferred by relevant insurance industry associations or federations, and/or members of such industry associations or federations.
- (f) In accordance with the Personal Data (Privacy) Ordinance:
- (i) any individual has the right to:
 - (A) check whether the Company holds data about him/her and, if so, obtain a copy of such data;
 - (B) require the Company to correct any data relating to him/her that is inaccurate; and
 - (C) ascertain the Company's policies and practices in relation to data and to be informed of the kind of data held by the Company; and
 - (ii) The Company has the right to charge a reasonable fee for the processing of any data access request.
- (g) The person to whom requests for access to data and/or correction of data and/or for information regarding policies and practices and kinds of data held are to be addressed as follows:
Personal Data Protection Officer
Min Xin Insurance Company Limited
17/F Fairmont House,
8 Cotton Tree Drive,
Central, Hong Kong



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Use and Provision of Personal Data in Direct Marketing

(This section forms part of the Personal Information Collection Statement.)

- 1) The Personal Data, including but not limited to, name, contact details, other products and services portfolio information, transaction pattern and behavior, financial background and demographic information may be used for the purpose of direct marketing:
 - i) insurance and/ or other related products and services of the Company
 - ii) insurance and/ or other related products and services of the Company' s co-branding partners (the names of such co-branding partners can be found in the application form(s), proposals, brochures and/ or advertising leaflet(s)/ poster(s) for the relevant products and services, as appropriate) and/ or third parties selected by the Company;
 - iii) reward, loyalty and/ or privileges programs/ plans of the Company, and co-branding partners.
- 2) The Personal Data may also be provided to the Company' s co-branding partners and third party service providers selected by the Company for the purpose set out in paragraph (1) above, including, without limitation, call centres.
- 3) The Company requires your consent (which includes an indication of no objection) to the use of Personal Data for the purpose set out in this section. If you do not wish the Company to use or provide to other parties the Personal Data for the purpose of direct marketing, you may exercise the opt-out right below or by notifying the Company at any time thereafter.

Please tick ("✓") the boxes below if you do not agree with the following use(s) of the Personal Data in direct marketing.

- ☐ I/ We do not consent to the provision of the Personal Data to the third parties as described herein for the purpose of direct marketing.
- ☐ I/ We do not consent to the use of the Personal Data by the Company for the purpose of direct marketing.

(If you do not tick the boxes but sign the proposal form/ document, you will be regarded as having indicated you have no objection (i.e. you consent) to the use or transfer to third parties of the Personal Data for the purpose of direct marketing by the Company.)

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.

Declaration: I/ We acknowledge that I/ we have been provided with a copy of the Personal Information Collection Statement (the "Statement") issued by Min Xin Insurance Company Limited ("Min Xin Insurance"). I/ We confirm that I/ we have read and understood the Statement. I/ We agree that Min Xin Insurance may collect, use, store, disclose, transfer and otherwise process my/ our personal data in accordance with the terms of the Statement. I/ We further confirm that I/ we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to Min Xin Insurance for the purposes stated in the Statement and for allowing Min Xin Insurance to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement.

Declaration

I/We confirm that all information provided by me in this application form is true, correct and accurate.

I/We further confirm my/our agreement to all sections in this application form, including without limitation, the above Declaration and the Personal Information Collection Statement and Commission Disclosure Statement.

I/We agree that the insurance will not be in force until the proposal has been accepted by the Company.

I/We declare that the vehicle to be insured is in a sound and roadworthy condition.

I/We understand that Min Xin Insurance' s insurance liability for me / our company and/or the Insured Person will only take effect provided that premium and premium levy has been fully paid and the policy was put in-force.

Applicant' s Signature : _____	Date : _____	For Office/Agent Use : _____
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