閩信保險有限公司
MIN XIN INSURANCE COMPANY LIMITED
(A WHOLLY OWNED SUBSIDIARY OF MIN XIN HOLDINGS LIMITED)

澳門分行 Macau Branch
澳門南灣湖景大馬路810號財神商業中心6樓E座
Avenida Panorâmica do Lago Nam Van,no.810, Edif. Fortune Business Centre,6.°andar E,Macau
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電郵 E-mail: macaucs@mxic.com.hk
網址 Website: www.mxic.com.mo

MOTOR VEHICLE INSURANCE PROPOSAL
汽 車 保 險 投 保 書

OFFICE USE

Account No. _____

Policy No _____

Proposer's Information 投保人資料

Name of Proposer _____
投保人姓名

Correspondence Address _____
通訊地址 _____

Identity Card No./BR No. _____
身份證/商業登記証號碼

Occupation _____
職位 (e.g. Accounts Clerk, Sa1es Manager / 例如：會計文員，營業經理)

Nature of Business _____
就職行業性質 (e.g. Banking, Trading /例如：銀行，貿易)

Tel. No. (Home) _____ (Office) _____ (Mobile) _____
電話(住宅) (辦公室) (手提電話)

Fax No. _____ E-mail Address _____
傳真 電郵地址

Period of Insurance From Inception Date _____ To Expiry Date _____
投保期限 由 起保日期 (Day 日/Month 月/Year 年) 至 到期日 (Day 日/Month 月/Year 年)

Cover Required 投保類別 (Please tick the appropriate box 請在適當處加"√")

- ☐ Comprehensive 全保
- ☐ Third Party Indemnity, Fire & Theft 第三者責任險附加火災及盜竊
- ☐ Third Party Indemnity Only 第三者責任險 Third Party Indemnity Required (MOP) 第三者責任保險所需賠償額(澳門幣) _____

Particulars of the Motor Vehicle to be insured 投保車輛詳情

Registration No. _____
車牌號碼

Make & Model _____
製造廠及型號

Type of Body _____
款式

Year of Manufacture _____
製造／出廠年份

Chassis No. _____
車身底盤號碼

Engine No. _____
引擎號碼

Seating Capacity (Excluding Driver) _____
可載人數（司機除外）

Cylinder Capacity _____
汽缸容量

No Claim Discount (NCD) _____%
無索償折扣

Hire Purchase Owner (If any) _____

Price Paid HK$ _____
買入時車價(港幣／元)

Date of Purchase _____
購買日期 (Day 日/Month 月/Year 年)

Please specify the Estimated Value of the Motor Vehicle (Including Accessories and Spare Parts) : _____
投保估值(包括附加設備及零件，請詳述)

Important Notes	重要告示
The "Estimated Value of the Motor Vehicle" you supply in this Proposal Form will be used for Premium calculation for the Comprehensive Insurance. In case of a claim for loss of or damage to the Motor Vehicle, the maximum amount of our payment, subject to the terms and conditions or the insurance policy including any claims excesses that may apply, is limited to: (a) the reasonable market value of the Motor Vehicle at the time of its loss or damage; or (b) the Estimated Value of the Motor Vehicle that you supply in this Proposal Form whichever is the lesser amount	你在此投保書上所提供的投保估值將會用作計算所投保的綜合保險保費。如投保車輛遭損毀而要求賠償，本公司最高賠償額將依據保單上的條文、條款及賠償自負額計算，惟不超過 (a)投保汽車損毀當時的合理市價；或 (b)在投保書上填報的汽車投保估值 並以兩者中數額較低者為準。

Named Drivers' Information 駕駛者資料

For those who will regularly drive the Motor Vehicle (if the Proposer is inclusive, please state)

經常駕駛此車輛之駕駛人姓名(如包括投保人，請列明)

Drivers' Information 駕駛者資料	Driver 1 駕駛者 1	Driver 2 駕駛者 2	Driver 3 駕駛者 3	Driver 4 駕駛者 4
Name of Drivers 駕駛者姓名				
Gender (Male/Female) 性別(男 / 女)				
Year of Birth 出生年份				
Year of Holding Fill Licence 持有駕駛執照年份				
ID No. 身份證號碼				
Occupation 職業				
Full details of all Previous Motor Accidents / Motor Insurance Claims 詳細列明以前曾發生交通意外／汽車保險索償之記錄				

Continued Overleaf 請繼續填寫背面

1	Are you or is any person Who to your knowledge will drive the Motor Vehicle, aware of or suffering from loss of limb(s) or sight of eye(s), visual or hearing problem or any physical disability, heart disease, diabetes, epilepsy or mental illness? If so. please give details. 閣下或閣下所知將會駕駛投保車輛之人士是否肢體傷殘、失明、視力或聽覺功能不健全或有任何身體缺陷，患有心臟病、糖尿病、癲癇症、精神病？如作答「是」，請詳述。	☐Yes 是 ☐No 否	
2	Have you, or has any person who to your knowledge will drive, been convicted of any offence in connection with any Motor Vehicle? Is any Police prosecution pending? (Other than parking offences) Has any traffic infringement fine been paid? If so, give particulars of the nature of conviction, date and amount of fine and whether licence endorsed or suspended or the nature of any impending prosecution. 閣下或閣下所知將會駕駛投保車輛之人士是否曾因涉及使用任何車輛時發生事故而被定罪或起訴(違例泊車除外)或須交付罰款? 如作答「是」，請詳述判罪詳情，罰款金額及日期、任何違例記錄、駕駛執照停牌記錄或控罪性質。	☐Yes 是 ☐No 否	
3	Are you now, or have you been insured in respect of any Motor Vehicle? If so, give particulars of name and policy number of your last insurer. (Documentary proof must be provided by the Proposer) 請填報現時承保閣下車輛或過去閣下曾投保的保險公司名稱及保單號碼，（請將保單副本一併提交）	☐Yes 是 ☐No 否	
4	Has any company or underwriter in respect of any motor insurance proposed or effected by or for you or for any person who to your knowledge will drive to which this proposal applies declined your application of renewal of your policy or required any special terms or imposed any special conditions? If so, please give details. 閣下或閣下所知將會駕駛投保車輛之人士是否曾被其他保險公司拒絕接受汽車投保或續保，或附加任何特殊條款？如作答「是」，請詳述。	☐Yes 是 ☐No 否	
5	Please give details of any accidents, claims or losses including Motor Vehicle being stolen(whether to blame or not) during the past three (3) years in connection with any Motor Car owned or driven by you or any person who to your knowledge will drive the Motor Vehicle. (If not, please state "No") 閒下或閣下所知將會駕駛投保車輛之人士在過去三年內曾否涉及任何艾通意外或損失，不論該駕駛人士有過失與否（包括汽車失竊）? 如未曾涉及任何交通意外或損失，請答「否」。	☐Yes 是 ☐No 否	
6	Will the Motor Vehicle be used solely for pleasure purposes and personal business use? 投保車輛會否只作為消閒及個人業務之用。	☐Yes 是 ☐No 否	
7	Will the Motor Vehicle be used by other persons in the employment of the Proposer in connection with the business. If so, please give details. 投保車輛會否用於投保人之僱員作業務上用途，如作答「是」，請詳述。	☐Yes 是 ☐No 否	
8	Will the Motor Vehicle be used for the carriage of goods of explosive, inflammable or volatile nature? 投保車輪會否作裝載易燃、爆炸或危險性物品的用途？	☐Yes 是 ☐No 否	
9	Will the Motor Vehicle let out on hire? 投保車輛會否被租用？	☐Yes 是 ☐No 否	
10	Please give details of alterations different from maker's standard specifications, if any. 投保車輪會否已經改裝，如作答「是」，請詳述。	☐Yes 是 ☐No 否	
11	Do you want to include the extended coverage of Malicious Damage? (Applicable to Comprehensive cover only) 閣下是否需要購買惡意破壞附加保障？（只適用於購買全保之保障）	☐Yes 是 ☐No 否	

Note: 1. If the Proposer is in any doubt whether any factors other than those disclosed on this proposal form are material facts, the Proposer should disclose them since failure to disclose all material facts by the Proposer will be a ground for avoiding the policy.

2. The named drivers must he holding a valid Macau Driving Licence when driving the Motor Vehicle. Otherwise the policy may be invalid.

注意：1.除於本投保書上所填報的資料外，倘若投保人懷疑尚有其他與投保有關之重要事實，請將該等事實詳情向本公司申報。隱瞞任何重要事實，本公司有權拒絕賠償。

2.駕駛者於駕駛投保車輛時必須持有有效的澳門駕駛執照，否則本保單可當作失效。

DECLARATION 聲明

投保人茲聲明上述各節，均屬確實無訛，又所答各項，如非本人親筆而假手別人者，皆係本人授意代答 余並聲明上述之汽車係良好狀況，及保証凡屬被保險公司拒絕受保，或拒絕續保之人將不任其駕駛本人上述之車輛。余茲同意接受閩信保險有限公司根據本人上述各項及聲明發給該公司之汽車保險單，並無異言，合併聲明。

本人/吾等明白及同意：

(1) 本人/吾等於本投保書內之陳述乃真確無訛，可作為簽發保單之根據。

(2) 本投保書是本人/吾等在澳門特別行政區內簽署，如有任何訛騙或資料失實，本人/吾等及/或受保人之保障有失效之虞。

(3) 本人/吾等同意接受「閩信保險有限公司汽車保險」保單上所訂的條款及細則。

(4) 本人/吾等同意「閩信保險有限公司汽車保險」下稱(“閩信”)保留一切有關投保書接納與否之權利。

(5) 本人/吾等明白必須繳付保費後，閩信對本人/吾等及/或受保人之保險責任始行生效。

(6) 本人/吾等同意接受閩信「收集個人資料聲明」中之內容，及因提供保險業務所需披露本人/吾等的個人資料至澳門境內或境外機構，而就此而言，上述的個人資料可能被移轉至澳門境外。

(7) 本人/吾等明白本人/吾等有權查閱及要求改正由閩信個人資料及/或查詢關於閩信的政策和處事常規及所個人資料的種類，可向以下人員提出要求：

個人資料保護主任

閩信保險有限公司

地址：澳門南灣湖景大馬路810號財神商業中心6樓E座

其他有關私隱政策, 可於 https://www.mxic.com.hk/zh-hk/privacypolicy 瀏覽。

I/WE HEREBY DECLARE that all the above Statements and Particulars are true and I/we further declare that if any of such particulars and answers are not in my/our writing the person or persons filling in such particulars and answers shall be deemed to be my/our agent for that purpose. I/we further declare that the Car (or Cars) above referred to is (or are) in good condition and undertake that the car (or cars) to be insured shall not be driven by any person who to my/our knowledge has been refused any Motor Vehicle Insurance or continuance thereof. I/we hereby agree that this Proposal and Declaration shall be the basis of and be considered as incorporated in the Policy to be issued hereunder which in the ordinary form used by The Min Xin Insurance Co., Ltd. I/we agree to accept

IT IS UNDERSTOOD AND AGREED：

(1) I/We declare that the information stated in this Proposal Form is true and complete and will form the basis of this insurance.

(2) I/We declare that this Proposal Form is applied and signed at Macau Special Administrative Region, in case of fraud or factual misrepresentation, the cover for me/us and/or for the Insured Person(s) may be invalidated.

(3) I/We agree to accept all the terms and conditions of "Min Xin Insurance Company Limited Motor Insurance" Policy.

(4) I/We agree "Min Xin Insurance Company Limited" ("Min Xin") reserves the right to accept or decline my/our application.

(5) I/We understand that Min Xin's liability for myself/ourselves and/or for the Insured Person(s) will only take effect provided that premium has been paid.

(6) I/We agree to accept the contents of Min Xin's "Personal Data Collection Statement" and Min Xin's disclosure of my/our and/or the Insured Person(s) personal data to institutions within or outside Macao for the purpose of providing insurance business, in which the personal data may be transferred outside Macao.

(7) I/We understand that I/We have the right to requests for access to 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

Avenida Panorâmica do Lago Nam Van,no.810,

Edif. Fortune Business Centre,6.°andar E,Macau

For other privacy policies, please refer to https://www.mxic.com.hk/zh-hk/privacypolicy.

日 期 投 保 人 簽 名

DATED ..... SIGNATURE OF PROPOSER .....

除發給正式按保單外本公司在未接納此投保書及在未收到保費之前概不負任何責任

The Liability of the Company does not commence until this Proposal has been accepted by the Company and the Premium paid, except an provided by any Official Covering Note issued by the Company.