

汽車保險投保書

MOTOR INSURANCE PROPOSAL FORM

1) 投保申請人資料 PARTICULARS OF THE PROPOSER/APPLICANT (必須填寫 MANDATORY INFORMATION)

投保申請人姓名 - (必須與香港身份證相同) Name of Proposer/Applicant - (as on HKID)		姓 Surname	名 Given Name		性別 Sex
住家電話號碼 Home Tel	公司電話號碼 Office Tel	手提電話號碼 Mobile No.	傳真號碼 Fax No.	電郵地址 Email	
職業/職位 Occupation/Job Position			工作性質 Job Nature		

公司資料 COMPANY DETAILS ** (凡以公司名義投保請填寫這部份 If the proposer is a corporation, please complete this part)

公司名稱 (與商業登記證相同) Company Name (as on Business Registration)		商業登記號碼 Business Registration Number.	業務性質 Business Type		
公司負責人姓名 Name of Responsible Officer	職位名稱 Position	公司電話號碼 Office Tel	手提電話號碼 Mobile No.	傳真號碼 Fax No.	電郵地址 Email

通訊地址 CORRESPONDENCE ADDRESS (凡以公司名義投保請填寫這部份 If the proposer is a corporation, please complete this part)

若以公司名義投保，通訊地址公司必須為公司註冊地址
If the proposer is a company, the correspondence address should be the registered address of the company.

香港 HK
 九龍 KLN
 新界 NT

保險期 由 _____ 年 _____ 月 _____ 日 至 _____ 年 _____ 月 _____ 日
 Period of Insurance: FROM _____ Year _____ Month _____ Date TO _____ Year _____ Month _____ Date

保險期最長為一年 Period of Insurance must not exceed 1 year.

2) 投保類別 COVER REQUIRED (必須填寫 MANDATORY INFORMATION):

綜合保險 COMPREHENSIVE 第三者保險 THIRD PARTY ONLY

3) 投保車輛資料 PARTICULARS OF THE VEHICLE (必須填寫 MANDATORY INFORMATION)

請回答下列問題及附上香港車輛登記文件影印本一份

Please answer the following questions and attach a copy of Hong Kong Vehicle Registration Document.

車牌號碼 Registration Mark	製造年份 Year of Manufacture	汽車牌子及型號 Make & Model No.	車身底盤編號 Chassis No.	引擎編號 Engine No.	車身類型 Type of Body
座位數目包括司機座位 Seating Capacity including Driver		汽車採用之動力 Vehicle powered by:	引擎或電動馬達輸出之動力 Engine/Electric Motor Power Rate	認可車輛總重 Permitted Gross Vehicle Weight (Tonnage)	汽缸容積 Cylinder Capacity (c.c.)
		<input type="checkbox"/> 汽油 Gasoline <input type="checkbox"/> 柴油 Diesel <input type="checkbox"/> 石油氣 Gas <input type="checkbox"/> 混能 Hybrid <input type="checkbox"/> 電能 Electric			
被保險人估計的車價包括車上附件備用零件 The Insured's Estimated Value of Vehicle including Accessories and Spare Parts whilst thereon			港幣 HK\$ _____		

閣下之車輛有否加設原廠標準以外之 1)音響器材,2)防盜系統, 3)其他改裝零件? (如有, 請詳細列明裝置及價值) Is any additional 1) Hi-Fi, 2) Anti-Theft Device, 3) Other optional parts installed other than Manufacturer's standard specification? (If yes, please give details and values)	<input type="checkbox"/> 有, 詳情 Yes, Details : _____ <input type="checkbox"/> 否 No
財務公司名稱 (如適用) Hire Purchase Owner (if any)	<input type="checkbox"/> 有, 詳情 Yes, Details : _____ <input type="checkbox"/> 否 No
閣下之車輛是作何用途? For what purposes will the vehicle be used?	<input type="checkbox"/> 私人 Pleasure <input type="checkbox"/> 商業 Business <input type="checkbox"/> 其他 Other: _____
閣下之車輛通常停泊於何處 (地址)? Where is the Vehicle usually parked (Address) ?	日間 Daytime: _____ 夜間 Nighttime: _____
上述要保汽車是否需要於中國境內行駛? Is the above vehicle required to be driven within China? 若是, 請註明該車於國內行之地區範圍。 If so, please state the geographical area.	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/> 深圳 Shenzhen <input type="checkbox"/> 廣東省 Guangdong Province
閣下在此投保申請前過去 5 年曾否向其他保險公司投保任何汽車保險? 如有請在右方位置內提供所需資料。若過去 5 年在多於一間保險公司投保, 閣下可在其他空白地方填寫有關資料並在旁邊簽署確認。閣下提供這資料將有助我司確定閣下在這次投保中可獲享的「無索償折扣」。 If you have insured with Insurer for any motor vehicle in past 5 years immediate before this application, please provide us all necessary information at section on right hand side. In case you insured with more than one Insurer in past 5 years, please write down this information in the blank part of this form and sign aside to validate this information. This information would be helpful for us to ascertain the (No Claims Discount) applicable to this insurance application.	承保公司名稱 Name of Insurer _____ 保單號碼 Policy Number(s) _____ 車牌號碼 Registration Mark(s) _____ 投保期限 由 _____ 至 _____ (年/月/日) Period of Insurance From _____ To _____ (yy/mm/dd)

4) 駕駛人資料 PARTICULARS OF DRIVERS (必須填寫 MANDATORY INFORMATION)

請填上經常駕駛上述車輛之駕駛者資料(包括閣下在內) - 每名駕駛人須分別填寫在名欄上。若超過兩名駕駛者, 每位駕駛者須加收附加費 (只適用於汽車綜合保險)。

Details of regular drivers (including yourself) - Complete separately for each driver. If more than two drivers, an additional premium will be charged per driver (applicable to Comprehensive Insurance Cover only).

駕駛者姓名 Names of Drivers	性別 Gender	職業 Occupation	出生日期 Date of Birth (dd/mm/yyyy)	駕駛執照號碼 Driving Licence Number	獲發駕駛執照 年份 Year obtained driving license	在香港駕駛 年資 Driving Experience in Hong Kong	與投保人關係 Relationship with proposer
(1)							
(2)							
(3)							
(4)							

5) 駕駛經驗 DRIVING EXPERIENCE (必須填寫 MANDATORY INFORMATION)

閣下或已註明之駕駛者:

Have you or has any Named Driver :

請在適當方格加[✓] (若答“是”, 請詳細列明。)

Please tick the appropriate box (If “yes”, please give full details)

曾否被扣駕駛分數或觸犯交通規則或正被控訴?

ever incurred any driving-offence points or ever been convicted of any offence in connection with a vehicle or has any such prosecution pending?

是
Yes

否
No

曾否在最近 3 年內駕駛車輛遇事?

in the past 3 years been involved in any accident or suffered any loss in connection with a vehicle?

是
Yes

否
No

曾否被停牌

been disqualified from driving?

是
Yes

否
No

過往 5 年內是否曾向其他保險公司提出汽車保險索償?

made any motor claims against other Insurer (insurance company) in the past five years?

是
Yes

否
No

-曾否被保險公司拒絕投保, 取消保單或拒絕續保?

ever been declined insurance or had your motor insurance cancelled or renewal refused by any insurer?

是
Yes

否
No

若以公司名義投保, 公司負責人需向每名駕駛者核實他們過往的駕駛經驗確保上述提供有資料正確無誤。If proposer is a company, the responsible officer of the company should duly check the experience of each insured driver to ensuring the answers given above that are true and correct.

若上述問題有答案顯示“是”，請清楚列明是指向哪一位駕駛者，遇上沒有足夠空間填寫補充資料，可用額外紙張回答。If any answer above indicates “Yes”, please clearly specify which driver(s) has such an experience. In case there is not enough space, please write down the additional information in separate sheet.

繳付保費方法 PREMIUM PAYMENT METHOD (必須填寫 Mandatory Information)

請選擇下列方法繳付保費 Please select the premium payment method below :

銀行轉賬[△] Bank Transfer[△] 支票* Cheque*

[△] 閣下可將應付保費轉賬至下列指定賬戶內並將轉賬收據或入數紙副本連同已簽署之投保書正本遞交至本公司辦理。

You can transfer the required premium to designated bank accounts below and return the original executed proposal form together with the copy of transfer/deposit slip to us.

銀行名稱 Bank Name	銀行賬戶編號 Bank Account Number
中國銀行(香港) Bank of China (Hong Kong)	031-350-1-0336036
恒生銀行 Hang Seng Bank	256-220138-668

*如選擇以支票付款，支票抬頭需填寫「中國交銀保險有限公司」。If paid by cheque, it should be made payable to “China BOCOM Insurance Co., Ltd.”

投保申請人特別須知:

由 2018 年 1 月 1 日起，保險業監管局將會根據《保險業(徵費)令》及《保險業(徵費)規例》，向保單持有人收取保費徵費。有關徵費為應付保費的特定百分比，而且每份保單每保單周年均設有徵費上限，並透過保險公司向保單持有人收取。詳情請瀏覽保監局網頁 www.ia.org.hk。

Special Note to Insurance Applicant:

From 1 January 2018 onwards, a levy on insurance premiums for insurance policies will be payable to the Insurance Authority (IA) by policyholders pursuant to the Insurance (Levy) Order and Insurance (Levy) Regulation. Levy is a specific percentage to the premium payable with a levy cap applied per policy per policy year. The levy will be collected from policyholders through insurance companies. For details, please visit IA's website at www.ia.org.hk.

In the event the Insurance application consisting of personal information, such application will not be processed unless this personal information collection statement is duly read and signed by the insurance applicant. (effective from 1st April, 2013)

PERSONAL INFORMATION COLLECTION STATEMENT (“PICS”)

PART 1 : COLLECTION AND USE OF PERSONAL DATA

China BOCOM Insurance Co., Ltd. (hereafter called “the Company”) may use the personal data the Company collects from you (whether contained in the insurance application or otherwise) for the following purposes:

- (i) processing and evaluating your insurance application and any future insurance application you may make;
- (ii) administering your insurance policy and providing services in relation to your insurance policy;
- (iii) investigating, processing and paying claims made under your insurance policy;
- (iv) invoicing and collecting premiums, deductibles for claim settlement and/or any outstanding amounts from you;
- (v) executing the Direct Debit Payment Authorization for premium payment;
- (vi) designing products/services for customers;
- (vii) conducting market research for statistical or other purposes;
- (viii) matching any data held which relates to you from time to time for any of the purposes listed herein;
- (ix) conducting identity and/or credit checks and/or debt collection;
- (x) carrying out other services in connection with the operation of the Company's business;
- (xi) promotion of insurance and/or financial products or services and/or providing of latest product privilege, new product and/or services information when they become available;
- (xii) contacting you for any of the above purposes;
- (xiii) other ancillary purposes which are directly related to the above purposes; and
- (xiv) complying with applicable laws, regulations or any industry codes or guidelines.

Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

The Company may disclose your personal data for the above purposes to the following classes of transferees:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist the Company to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers, bank for executing direct debit payment and data processors);
- (b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- (c) in the event of default, debt collectors and recovery agents;
- (d) insurance reference bureaus or credit reference bureaus;
- (e) reinsurers and reinsurance brokers;
- (f) your insurance broker (if you have one);
- (g) our legal and professional advisors;
- (h) our related companies;
- (i) the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- (j) the Insurance Claims Complaints Bureau and similar industry bodies; and
- (k) government agencies and authorities as required or permitted by law.

The Company may also use and disclose your personal data otherwise with your consent.

“Related companies” in this form means the holding company of the China BOCOM Insurance Co., Ltd (Bank of Communications Co., Ltd.) which includes branches, subsidiaries, representative offices and/or any corporations or legal entity under the effective management control by the Bank of Communications Co., Ltd. and/or any subsidiaries and/or representative offices of China BOCOM Insurance Co., Ltd, wherever situated.

PART 2 : DIRECT MARKETING

With your consent, the Company may also use your contact details, demographic information and policy details to contact you with direct marketing communications regarding financial and insurance products by mail, email, telephone or mobile message. Please tick the box below to inform us if you do not consent to receive such direct marketing communications.

With your consent, the Company may also provide your contact details, demographic information and policy details to our related companies who may send you direct marketing communications regarding financial and insurance products by mail, email, telephone or mobile message. Please tick the box below to inform us if you do not consent to us providing your personal data to our related companies and do not wish to receive direct marketing communications from our related companies.

I/We do not consent to receive marketing communications from the Company.

I/We do not consent to receive marketing communications from the related companies of the Company.

If you return this form without ticking the above box it means that you do not wish to opt-out from any form of direct marketing of the Company and/or its related companies

In the event you have informed us in this statement you do not consent to receive direct marketing communications from the related companies of the Company, we will not provide your personal information to the related companies of the Company. However it does not mean that you are not consent the use of personal data by related companies who held or collected your personal information either by its own way or from other channels other than the Company for the purpose of direct marketing communications.

IMPORTANT NOTE TO INSURANCE APPLICANT:

- (1) It is mandatory to provide all of the personal data requested on the insurance application/proposal form. Failure to provide all the personal data requested on this insurance application/proposal form may mean the Company are unable to process your application.
- (2) The above statement at Part 2 represents your present choice whether or not to receive direct marketing materials and it will supersede all previous choices communicated by you to the Company prior to this application.
- (3) You may in future withdraw your consent to the use and provision of your personal data for direct marketing. If you wish to withdraw your consent, please inform us in writing to the address in the section on "ACCESS AND CORRECTION OF PERSONAL DATA". The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.
- (4) If you want to know the use and provision of personal data in direct marketing, please contact the Company for further information.

ACCESS AND CORRECTION OF PERSONAL DATA:

Under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"), you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it. Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to: **Data Privacy Officer of China BOCOM Insurance Co., Ltd. 18/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong.**

投保申請人必須閱讀及簽署此收集個人資料聲明後有關的投保申請將會被處理(2013年4月1日起生效)

收集個人資料的聲明

部分1: 收集及使用個人資料

中國交銀保險有限公司(下稱"本公司")可能會使用客戶提供的個人資料(不論是否在投保申請書內所載或從其他途徑所取得)作以下用途:

- (i) 處理及審批閣下的保險申請或閣下將來提交的保險申請;
- (ii) 執行閣下保單的行政工作及提供與閣下保單相關的服務;
- (iii) 調查、處理及支付閣下保單有關的索償;
- (iv) 發出繳交保費通知及向閣下收取保費、自負額及欠款;
- (v) 執行直接付款方式授權繳付保費;
- (vi) 為客戶設計產品及/或服務;
- (vii) 為統計或其他目的進行市場研究;
- (viii) 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料;
- (ix) 進行身份和/或信用核查和/或債務追收;
- (x) 開展與本公司業務經營有關的其他服務;
- (xi) 向閣下提供本公司最新的產品優惠、推廣、新產品及服務資訊;
- (xii) 就以上用途聯絡閣下;
- (xiii) 其它與上述用途有直接關係的附帶用途;及
- (xiv) 遵循適用法律、條列及業內守則及指引。

本公司僅將為合法和相關的目的收集個人資料,並將採取一切切實可行的步驟,確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟,確保個人資料的安全性,及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

本公司亦可因應上述用途披露閣下的個人資料予下列各方:

- (a) 就上述用途,向本公司提供行政、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、執行直接付款方式繳付保費之銀行及數據處理服務商);
- (b) 處理索賠個案的理賠師、理賠調查員及醫療顧問;
- (c) 追討欠款的收數公司或索償代理;
- (d) 保險資料服務公司及信貸資料服務公司;
- (e) 再保公司及再保經紀;
- (f) 閣下的保險經紀(若有);
- (g) 本公司的法律及專業業務顧問;
- (h) 本公司的關連公司;
- (i) 香港保險業聯會(或同類的保險公司聯會)及其會員;
- (j) 保險索償投訴局及同類的保險業機構;
- (k) 法例要求或許可的政府機關。

經閣下同意,本公司可能會以其它方式使用及披露閣下的個人資料。

"關連公司"是指本公司的控股公司『交通銀行股份有限公司』其中亦包括交通銀行股份有限公司屬下之分行、附屬公司及代表處及/或任何被交通銀行股份有限公司在管理上控制的公司及/或中國交銀保險有限公司的附屬公司及代表處,不論其所在地。

部分2: 直銷促銷

經閣下同意,本公司可能使用閣下的聯絡資料、個人基本資料及保單資料,通過書信、電郵、電話或流動短訊與閣下聯絡,提供金融及保險產品的直接促銷通訊。若閣下不欲接收有關直接促銷通訊,請在以下的方格內填上☑。

經閣下同意,本公司亦可能提供閣下的聯繫資料、個人基本資料及保單資料給本公司的關連公司,關連公司可以以書信、電郵、或流動短訊與閣下聯絡,提供金融及保險產品的直接促銷通訊。若閣下反對本公司將閣下個人資料提供給關連公司及不欲接收關連公司的直接促銷通訊,請在以下的方格內填上☑。

若閣下反對接收本公司的直接促銷通訊,請在方格內填上☑

若閣下反對接收關連公司的直接促銷通訊,請在方格內填上☑。

如閣下遞交此聲明書而沒有在以上方格內以☑顯示閣下的選擇,即代表閣下並不拒絕接收任何形式的直銷推廣。

若閣下在此聲明中已表明不同意接收關連公司的直接促銷通訊,我司將停止提供閣下的個人資料給予本公司的關連公司,但這並不代表閣下反對本公司的關連公司使用由其公司原本擁有閣下的個人資料或其公司從自己的途徑或從其他非經由本公司的途徑收集獲得閣下之個人資料所作出的直接促銷用途。

申請人需留意的重要事項

- (1) 敬請注意，如果閣下不向本公司提供閣下的個人資料，本公司可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。
- (2) 以上部分2代表閣下現在接收直銷推廣資料的選擇，這亦取代任何閣下之前已告知中國交銀保險有限公司的選擇。
- (3) 閣下如欲撤回閣下給予本公司的同意，請發信至下文“個人資料的查閱和更正”部份所列的地址通知本公司。本公司會在不收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。
- (4) 閣下如欲了解更多本公司為促銷目的使用閣下的個人資料的政策，歡迎與本公司聯絡索取進一步資料。

個人資料的查閱和更正

根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：中國交銀保險有限公司位於香港中環紅棉路8號東昌大廈18樓個人資料保護主任收。

投保人聲明 Declaration

1. 本人/本公司謹聲明上列各節均屬無訛，更絕未隱瞞任何事實，而投保車輛亦屬完整及宜於道路上行駛及本投保車輛並未作出任何改裝或改變以增加車輛之性能。 I/We declare that to the best of my/our knowledge and belief that the foregoing answers are true, the Vehicle is in a sound and roadworthy condition, the Vehicle has not been modified nor altered in any way to improve performance.
2. 本人/本公司謹同意此車輛將不交由任何曾被拒受保之駕駛者駕駛。I/We undertake that the Vehicle to be insured shall not be driven by any person who to my/our knowledge has been refused Insurance or continuance thereof.
3. 本人/本公司同意本投保書為本人/本公司與中國交銀保險有限公司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，並同意上文各項若非本人/本公司親筆填寫而由別人代筆均屬已經得本人/本公司認可及授意。I/We agree that this Proposal and Declaration shall be the basis of the contract between me/us and the Insurers 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 Insurers. If any answer has been written by anyone other than myself/ourselves, such person shall for that purpose be deemed to be my/our agent and not the agent of the Insurers.
4. 本人/本公司確認本人/本公司已閱讀並明白收集個人資料的聲明。本人/本公司確認本人/本公司已被通知本人/本公司須詳細閱讀該聲明，而本人/本公司已詳細閱讀該聲明對貴公司所收集或持有之本人/本公司的個人資料的影響(不論是否投保申請書內所載或從其他途徑所取得)。根據以上所述，本人/本公司特此確認並同意中國交銀保險有限公司根據該聲明使用及轉移本人/本公司的個人資料，包括根據本人/本公司在上述收集個人資料聲明部分2中給予貴公司的指示在直接促銷中是否使用及將本人/本公司個人資料提供予其他人士。I/We acknowledge and confirm that I/we have read and understood the Personal Information Collection Statement (“PICS”). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in the insurance proposal/application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by China BOCOM Insurance Co., Ltd. in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing based on my/our instruction stated at PICS Part 2 above.
5. 本人/本公司謹此同意向中國交銀保險有限公司透露在此投保申請前5年在其他保險公司投保汽車保險的情況並授權中國交銀保險有限公司向這些保險公司核實本人/本公司在此投保申請前5年內關於汽車保險的賠償記錄。I/WE CONFIRM that I/WE will disclose the motor car insurance arrangement with other Insurer in past 5 years immediate before this application to CHINA BOCOM Insurance Co., Ltd. I/WE will authorize China BOCOM Insurance Co., Ltd. to obtain and verify my/our claim experience under motor car insurance with all other Insurers as disclosed hereinabove in past 5 years immediate before this application.

投保申請人簽署

Signature of Insurance Proposer/ Applicant : _____

日期

Date: _____

If the proposer/applicant is a corporation, company's chop is required 若投保申請人是公司，必須在投保申請人簽署部分蓋上公司印章。

投保人須知 IMPORTANT NOTES TO PROPOSER

- (1) 閣下必須在其知悉範圍內提供所有有關會影響保險公司於接納或釐定此保單條文的資料，如對應透露的資料有任何疑問，請即向本公司或閣下的保險代理/經紀查詢。我們建議閣下將有關的資料作記錄(包括信件副本)，以備日後作參考之用。為確保閣下的利益，閣下應如實呈報所有有關資料，否則此保單將可能無法提供閣下所需的保障，甚至可能會導致此保單無效。Any other facts known to you which are likely to affect acceptance or assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance agent/broker. We recommend you keep a record (including copies of letters) for your future reference of any additional information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.
- (2) 本保險計劃的產品單張或其他有關本保險計劃的產品文件只限在香港特別行政區內派發，並不能詮釋為在香港特別行政區境外提供或出售或游說任何人士購買中國交銀保險有限公司的產品。本計劃只限在中國香港特別行政區境內範圍銷售及辦理投保手續。The product leaflets of this insurance plan &/or other documents related to this insurance plan is intended to be distributed within the territorial limit of Hong Kong SAR of PRC, and such act cannot be construed as offering or selling or lobbying any person to subscribe the products of China BOCOM insurance Co., Ltd. outside the territorial limit of Hong Kong SAR of PRC. The selling and processing of insurance application of this insurance plan are limited to within the territorial limit of the Hong Kong SAR of PRC.
- (3) 本投保書及相連之產品單張內容只供一般參考，有關保障內容及條款細節，應以保險單內條文為準。The information contained in the proposal form and related product brochure is merely for reference only. Please refer to the original policy for exact policy terms, conditions and exclusions.
- (4) 若本中英文譯本有不同，概以英文為準。If there is any difference between the Chinese and the English version, English version shall prevail.

此部份只供內部使用 INTERNAL USE ONLY

Agent Code:		Client Code:	
Payment Term	<input type="checkbox"/> CBD <input type="checkbox"/> COD <input type="checkbox"/> Premium Warranty <input type="checkbox"/> Credit Period	Premium Paid:	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid (Reason : _____)