



滙業保險股份有限公司
Companhia de Seguros Delta Asia, S.A.

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汽車保險投保書

MOTOR VEHICLE INSURANCE PROPOSAL FORM

Policy No. :
Card No. :

投保人資料 INSURED INFORMATION

姓名 Name _____ 性別 Sex _____ 關係 Relationship _____
出生日期 Date of Birth _____ 行業或職業 Occupation _____
住址 Address _____

身份証號碼 I.D. Card No. _____ 聯絡電話 Tel No. _____

保險生效日期 Insurance required : 由 from _____ 至 to _____

汽車資料 VEHICLE DETAILS

註冊號碼 Registration No.	汽車牌子/型號 Make/Model	引擎號碼 Engine No.	汽缸容積 Cubic Capacity	製造年份 Year of Manufacture	總重量 Total Gross Weight	座位數連駕駛人 No. of seats (Including driver)

請註明投保下列何種保險 Please state which of the following Coverage is required?

風險(1): 第三者責任險 Bodily injury & material damage caused to third parties.

投保額 Sum Insured MOP1,500,000 其他 Others _____

風險(2): 車身保險 Impact, Collision or Overturning, Fire, Lightning or Explosion, Theft or Burglary, Isolated Breakage of Glass, Flood, Typhoon, Volcanic Eruption, Earthquake & Other Convulsions of Nature. 投保額 Sum Insured : _____

如汽車係用“分期付款”方式購入，請列舉有關汽車公司或銀行名稱

If the car is under a “Hire Purchase Agreement” please state the name of the Financier or Bank.

駕駛人資料 IDENTIFICATION OF THE USUAL DRIVERS

姓名 Name _____ 性別 Sex _____
出生日期 Date of Birth _____ 行業或職業 Occupation _____
住址 Address _____

身份証號碼 I.D. Card No. _____ 聯絡電話 Tel No. _____
駕駛執照號碼 Driving Licence No. _____ 發出日期 Date of Issue / /

閣下以前曾否向其他保險公司投保任何汽車保險？請列明公司名稱。 Please state names of any Companies which have previously insured you in respect of any motor vehicle.	曾否因遇事請求賠償？ Have you ever made a claim under any motor vehicle Policy? If so, please give particulars.
<input type="checkbox"/> 是 Yes _____ <input type="checkbox"/> 否 No _____	<input type="checkbox"/> 是 Yes _____ <input type="checkbox"/> 否 No _____

保險公司曾否： Has any Company or Underwriter ever: (請在右方適當方格上作 ✓ 號註明 (Please mark a ✓ on the appropriate box)	a) 不接納 閣下之投保? declined a proposal from you? b) 拒絕 閣下之續保? refused to renew your policy? c) 取消 閣下之保單? cancelled your policy? d) 建議增加閣下之保費? Imposed extra premium to your policy?	<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes
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若以上問題之答案有「是」，請詳列

If any of you answer is “Yes”, please state _____

本人/等茲聲明詳述各項均屬確實並同意本投保書作為雙方訂立契約之根據
I/We hereby declare that all the particulars of this proposal are true, and I/We agree that this proposal shall be the basis of the Contract between myself/ourselves and Companhia de Seguros Delta Asia, S.A.

日期 Date

Proposer's Signature 投保人簽署