Trinity General Insurance Company Limited

三 聯 保 險 有 限 公 司

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Tel **電話:** 3413 0988 Fax **傳真:** 2559 3971 Web-site **網址**: www.tgi.com.hk

的 士 保 險 投 保 書
Taxi Insurance Proposal Form

投保人資料 Particulars of the Proposer

投保人姓名 Proposer		
身份證/商業登記號碼 I.D.No./B.R.No.	年齡 Age	駕駛經驗 Driving Experience
職業 Occupation		手提電話 Mobile No.
通訊地址 Correspondence Address		電話 Tel No.

投保項目 / 投保汽車資料
Type of Cover Required/Particulars of Vehicle to be Insured

☐ 綜合全險 Comprehensive ☐ 第三者責任險 Third Party

車牌號碼 Vehicle No.	乘客座位限額 Passengers Capacity
廠名 Make	款式 Model
製造年份 Year of Manufacture	汽缸容量 Cylinder Capacity
機件號碼 Engine No	
車身底盤號碼 Chassis No.	
保險期限 Period of Insurance	由 from ____ 至 to ____
車輛估值 * Estimate Value	港元 HK$.....
分期付款/租貸公司 H.P.Co./Lessor	

* 若受保汽車因損毀及損失而索償、本公司所提供之賠償額將限制於受保汽車損毀及損失時之合理市值 或 閣下所提供之車輛估值、以金額較低者爲準。
The amount payable in the event of loss or damage to the insured motor car is limited to its market value at the time of its loss/damage or the Estimate Value you select whichever is the lower amount.

「從未賠償」折扣 No Claim Discount

投保人過往三年有否要求任何賠償/牽涉交通意外/被扣分?
Has any claim made/ traffic accident involved/ driving offense convicted for the last 3 years by the Proposer ?

☐ 否 NO ☐ 有 YES
[如答"有"、請提供詳細資料。 If answers "YES", please give details.]

☐ 無「從未賠償」之折扣 Without 'No Claim Discount'

☐ 享有之「從未賠償」折扣爲 Entitled to a 'No Claim Discount' ____ %

保險公司名稱
Name of Insurer
保單號碼
Policy No.

附加保障 的士司機個人意外傷亡保險	☐ 不需要 ☐ 需 要
保障項目	保障金額
(1) 死亡 / 永久性傷殘	最高傷亡保額：
21歲至40歲	HK$500,000.00
41歲至56歲	HK$400,000.00
57歲至60歲	HK$300,000.00
61歲至65歲	HK$250,000.00
(2) 暫時性完全喪失工作能力	每日 HK$200，即每週 HK$1,400 最高賠償為 52 週
(3) 醫藥及手術費用	每日最高賠償為 HK$100 （每宗意外最高賠償為 HK$5,000）
每年保險費：	HK$680.00

重 要 事 項 IMPORTANT NOTES

請投保人保存向承保人提供之有關投保資料(包括信件副本)之紀錄。 投保人與承保人所訂之保險契約乃按照投保書上所提供之一切資料爲本。
The Proposer is requested to keep a record (include copies of letters) of all Information supplied for the purpose of entering into the contract. All particulars provided in this Proposal Form shall form the basis of the contract between the Insurer and the Proposer.

TGI Use	Terms		Initial
Agent Code	C/N Serial No.	Cover Note No.	Remarks

特約代理商 / 經紀行 Authorized Agents / Brokers

信用咭付款授權書 Credit Card Payment Authorization Form

☐ VISA ☐ MasterCard

信用咭號碼 Credit Card No. ____ ____ ____ ____

信用咭持有人姓名
Cardholder's Name _____

信用咭有效期至 Card Expiry Date 月 MM __ __ 年 YY __ __

保險費 Premium
HK(港幣)**$**.....

....
持咭人簽署 Cardholder's Signature 日期 Date

本人授權**三聯保險有限公司**從本人上述之信用咭賬戶支取有關此保險單之保險費。 如持咭人並非投保人, 持咭人在此同意為投保人支付以上之保險費。
I hereby authorize **Trinity General Insurance Company Limited** to charge my above Credit Card for the Insurance Premium of this Insurance Policy. Cardholder hereby agrees to pay the above Insurance Premium for the Proposer who is not the Cardholder.

注意事項 NOTES

閣下之簽署式樣須跟閣下之信用咭上的式樣相同，並在所有曾更改的地方簽署。如 閣下在保險單生效前取消保險單，本公司將向閣下收取相等於保險費百分之五之行政費用。
Please ensure that the signature used is the same as that on your credit card, and sign all amendments in the same way. The Company will charge you an amount equivalent to 5% of the Premium for administrative fee in the event that you cancel the Insurance Policy before its effective date.

投保人聲明 Proposer's Declaration

按所知及所信, 本人/本公司聲明投保書內一切填報之資料皆真實無訛。
To the best knowledge and belief, I/we declare that all particulars and statements in this Proposal Form are true and correct.

....
投保人簽署 Signature of Proposer 日期 Date
(請勿在空白投保書內簽署 Don't sign a blank form)

12 個月免息分期 Interest-free 12-month instalment

如以信用咭繳付保費滿 **HK$2,000**，部份信用咭可享有 12 個月免息分期優惠、詳情請致電 **3413 0920** 與本公司職員查詢。
Interest-free 12-month instalment is now available for policyholder who pays the premium (**HK$2,000** or more) with certain credit cards.
For details, please call **3413 0920**.

12 個月免息分期優惠以發咭銀行批核為準。
Interest-free 12-month instalment is subject to the approval of the credit card issuing bank.