



Sun Flower Insurance Brokers Limited  
Placing through Sun Flower Insurance Agency Limited  
Room 1105-08, Hing Yip Commercial Centre,  
282 Des Voeux Road Central, Hong Kong  
Tel: (852) 2521-1881 Fax: (852) 2521-1919  
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# Commercial Motor Vehicle Insurance

## 商業汽車保險

Comprehensive insurance protection for your business vehicle  
為商業車輛提供優質及全面的保障

## Commercial Motor Vehicle Insurance

### 商業汽車保險

Company vehicles can be essential to your business operations, while possessing them make you vulnerable to risks including theft, road accidents, or even causing bodily injuries to third parties. If your company vehicles are involved in a fatal accident, your business may face significant financial and legal consequences. Designed to help keep your business running smoothly, QBE-HKSI's Commercial Motor Vehicle Insurance provides your vehicles with adequate protection and full compliance to the compulsory third-party insurance requirements.

All car owners, including registered companies, are required to arrange third-party risk insurance for their vehicles under the Hong Kong Motor Vehicle Insurance (Third Party Risks) Ordinance (Chapter 272). Our Commercial Motor Vehicle Insurance offers the following coverages to satisfy your needs:

### Third-party Risks

To protect you against legal liability for damages arising out of the use of your motor vehicle in the event of:

- accidental death or bodily injuries to third parties
- accidental loss of or damage to the property of third parties

### Comprehensive Cover

In addition to third-party risks, to protect you against loss of or damage to the motor vehicle resulting from any causes, including collision, fire, theft, and other accidental losses.

For details, please contact us or your insurance broker/agent.

Remarks: This brochure is only a summary. Please refer to the Policy for full terms and conditions.

商業車輛可能是貴公司營運的重要工具，然而擁有商業車輛亦為貴公司帶來各式風險：從盜竊到交通事故，甚至導致第三者受傷。若牽涉到致命交通事故之中，貴公司更可能面臨巨大的法律及財政後果。致力助你保持業務的平穩發展，昆士蘭聯保「商業汽車保險」除為你提供法例規定的第三者保險外，更提供保障充足的綜合保險計劃。

根據香港汽車保險（第三者）法例規定，所有車主，包括註冊公司，必須為他們的車輛購買第三者保險。為滿足你的需要，昆士蘭聯保商業汽車保險承保範圍包括：

### 第三者保險

保障你因使用車輛時發生意外事故而須承擔之法律賠償責任：

- 引致第三者傷亡
- 引致第三者財物損毀

### 綜合保險

除第三者責任外，更為你提供有關汽車損毀的保障，例如碰撞、火災、盜竊及各種意外事故所引致的損失。

如欲查詢詳情，請聯絡本公司或你的保險經紀 / 代理人。

注意：此小冊子只供作參考之用，所有條款及細則概以保險單為準。

# Commercial Motor Vehicle Insurance Proposal Form 商業汽車保險投保書



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Please complete in BLOCK LETTERS and tick the appropriate box. 請以英文正楷填寫及於適當位置加上✓號。

## Applicant Details 申請人資料

Full Name 全名	HKID Card No. / Company Registration No. 香港身份證號碼 / 公司登記號碼		
Home / Business Address 住宅 / 公司地址			
Contact Tel. No. 聯絡電話	Mobile Phone 手提電話	Email Address 電郵地址	
Occupation 職業	Name of Employer 僱主名稱		
Nature of Business 業務性質	Name of Contact Person (Company Use) 聯絡人姓名 (公司專用)		

## Particulars of the Vehicle 投保車輛資料

Class of Vehicle 車輛類別:	<input type="checkbox"/> Goods Vehicle 貨車	<input type="checkbox"/> Others (please provide details) 其他 (請說明)	
Vehicle Registration No. 車牌號碼	Make 牌子	Model 型號	Type of Body 車身類別
Year of Manufacture 製造年份	Cubic Capacity / Gross Weight Tonnage 汽缸容量 / 載重噸數		
Seating Capacity (including Driver) 座位數目 (包括司機)	Chassis No. 底盤號碼	Engine No. 引擎號碼	
Present Value (HK\$) 車輛現價 (港元)	Hire Purchase Owner (If any) 財務公司名稱 (如適用)		
Is the vehicle fitted with an anti-theft device? If 'Yes', please state make and model and attach copy of receipt. 該車有否裝置防盜系統? 如「有」, 請列明牌子及型號並附收據副本。			
<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否			
Is any additional hi-fi or equipment installed other than manufacturer's standard specifications? If 'Yes', please provide details and values. 該車有否加設原廠標準以外之音響或器材? 如「有」, 請詳列裝置及其價值。			
<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否			
Has the vehicle been modified from standard specifications? If 'Yes', please provide further details. 該車是否經過改裝? 如「是」, 請詳列之。			
<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否			
In addition to social, domestic, pleasure, and business use by the proposer, will the vehicle be used for: 該車除作為投保人普通及業務用途外, 有否作以下用途:			
• The carriage of passengers or goods for hire and reward? 租賃載客或載貨? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否			
• Any purpose in connection with the motor trade? 與銷售車輛有關? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否			
• Driving instruction purposes? 教授駕駛? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否			

If you have ticked 'Yes', please provide further details below:  
如「是」者, 請詳細說明如下:

Where is the vehicle usually parked? 該車通常停泊於何處?

## Cover Required 投保類別

- Comprehensive 綜合保險  Third Party Only 第三者保險  
 (Optional) Extension to Guangdong Province 廣東省延伸保障 (選購項目)

Period of Insurance 投保期限:

From 由 DD日 MM月 YY年 To 至 DD日 MM月 YY年

## Previous Insurance Particulars 已往保險資料

Name of Previous Insurer 以往保險公司名稱	Policy No. 保單號碼	
Expiry Date 到期日	Registration No. 車牌號碼	Percentage of NCD entitled 現享有「無賠償折扣」
		%

Have you ever made a claim under any motor vehicle insurance policy? If so, please give details and amount of claim.

你曾否向保險公司索償? 如「有」, 請述詳情及賠償數目。

Yes 是  No 否

## Particulars of Named Drivers 駕駛人資料

Full Name of Driver 1 駕駛人全名 (一)	HKID Card No. 香港身份證號碼	Year of Driving Experience 駕駛經驗
Age 年齡	Occupation 職業	Relationship to Applicant 與申請人關係
Full Name of Driver 2 駕駛人全名 (二)	HKID Card No. 香港身份證號碼	Year of Driving Experience 駕駛經驗
Age 年齡	Occupation 職業	Relationship to Applicant 與申請人關係

Please provide details of the additional named drivers on separate sheet. 填寫額外記名駕駛人, 請附另頁。

Have you or any of the named drivers or other regular drivers, you or named driver or regular driver of the vehicle:

- Been involved in any motor accident or loss during the last three years?  
在過去3年內曾否遭遇交通意外?  Yes 是  No 否
- Been convicted of any driving offence during the last three years or have any prosecutions pending?  
在過去3年內, 曾否違例駕駛被判罰或正待檢控?  Yes 是  No 否
- Been disqualified from driving?  
曾否被停牌?  Yes 是  No 否
- Ever been declined insurance or had your motor insurance cancelled or renewal refused by any insurer?  
曾否被保險公司拒絕投保、取消保單或拒絕續保?  Yes 是  No 否
- Had defective vision or hearing or suffered from any physical or mental infirmity which may impair your ability to drive?  
是否有視力或聽覺不良, 或患有身體上或精神上的毛病而不適宜駕駛?  Yes 是  No 否

Any questions not answered shall be taken as negative response.

所有不作答的問題均被視為否定回答。

If you have ticked 'Yes', please provide further details below.

如「是」者, 請詳細說明如下:

## Important Note 重要事項

- The Limit of Indemnity (Policy Section I) you select in this Proposal Form will be used for premium calculation for 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 of 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 Limit of Indemnity (Policy Section I) that you select in this Proposal Form whichever is the lesser amount.  
汽車綜合保險之保費乃根據所選擇之賠償限額釐訂。保單條文規定, 被保車輛損毀之最高賠償額將為被保車輛損毀當天之市場價值; 或賠償限額兩者中之較低者扣除自負額之淨值。
- The Proposer should disclose all facts even he is in doubt as to whether any facts are construed as material. 投保人應明確提出所有重要事實, 即使對此等事實之重要性有所懷疑, 亦應確實說明。
- Should the proposer fail to disclose in the proposal form all material facts that may influence the Company's acceptance and assessment of this proposal, the proposer's rights under the policy to be issued may be prejudiced. 如投保人未能在本投保書內提供足以影響本公司對投保之接納及估計的重要事實, 投保人在保單內之權益將受影響。
- It is advisable for the proposer to keep records (including copies of letters) of all information supplied to the Company for the purpose of application for this insurance. 投保人應保留所有曾呈交本公司的資料紀錄, 包括書信之副本。



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**For Office Use Only 本公司專用**

Account No. 賬戶號碼 \_\_\_\_\_  
 Policy No. 保單號碼 \_\_\_\_\_

**Declaration and Signature 聲明及簽署**

- I / We, the owner of the proposed vehicle, declare that to the best of my / our knowledge and belief the foregoing answers are true and complete in every respect. I / We agree that this Proposal and Declaration shall be the basis of and be deemed to be incorporated in the contract of insurance, including any renewal thereof, between me / us and QBE Hongkong & Shanghai Insurance Ltd.  
 本人 / 吾等，為投保車輛之車主，謹此聲明所有資料提供，均就本人 / 吾等所知，據實呈報。本人 / 吾等同意本投保書，將會作為本人 / 吾等與昆士蘭聯保保險有限公司訂立保險契約之根據。
- I / We confirm that I / We have read and agreed the QBE Hongkong & Shanghai Insurance Limited's Personal Information Collection Statement ("Notice"). I / We acknowledge and agree that the personal data and information with respect to me / us which are provided by me / us in our application may be held, used, processed or disclosed to such parties for the purposes as set out in the Notice.  
 本人 / 吾等確認本人 / 吾等已細閱並同意昆士蘭聯保保險有限公司之收集個人資料聲明 (通知)，於是次申請由本人 / 吾等所提供的有關本人 / 吾等的個人資料及其他資料，將可能被持有、使用、處理或被披露予有關方面以作「通知」所載的用途上。

**If the intermediary who serves you is an Insurance Broker, please read this:**

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by QBE Hongkong & Shanghai Insurance Limited, QBE Hongkong & Shanghai Insurance Limited will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to QBE Hongkong & Shanghai Insurance Limited that he or she is authorised to do so.

The applicant further understands that the above agreement is necessary for QBE Hongkong & Shanghai Insurance Limited to proceed with the application.

**如為你服務的中介人為保險經紀，請閱讀下文：**

申請人明白、確知及同意，昆士蘭聯保保險有限公司會就申請人購買及接受其簽署的保單，於保單有效期內 (包括續保期) 向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向昆士蘭聯保保險有限公司確認她 / 他已獲該法人團體授權。

申請人亦明白昆士蘭聯保保險有限公司必須取得申請人以上的同意，才可以處理其保險申請。

Signature of Applicant 投保人簽署

Date 日期

**Personal Information Collection Statement 收集個人資料聲明**

QBE Hongkong & Shanghai Insurance Limited ("the Company") may use the personal data collected or held about you for the following purposes:  
**Insurance Services (mandatory)**

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>processing and assessing of applications for any insurance products and daily operation of the related services;</li> <li>administering your insurance policy and providing services in relation to your insurance policy;</li> <li>any alterations, variations, cancellation or renewal of any insurance and related services;</li> <li>investigating, analyzing, processing and paying claims made under your insurance policy;</li> </ol> | <ol style="list-style-type: none"> <li>invoicing and collecting premiums and outstanding amounts from you;</li> <li>exercising any right under the insurance policy including right of subrogation, if applicable;</li> <li>complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies and court order;</li> <li>contacting you for any of the above purposes;</li> <li>other ancillary purposes which are directly related to the above purposes;</li> </ol> |
|---|---|
- The Company may transfer your personal data, including but not limited to your name and contact details, to the following parties within or outside Hong Kong for the purposes set out above:
- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>any agent, advisor, contractor or third party service provider who provides administrative, telecommunications, computer, payment, debt collection, security, data processing or storage or related services or any other company carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to insurance business, for any of the above or related purposes;</li> <li>any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;</li> </ol> | <ol style="list-style-type: none"> <li>any members of the Federation by the Federation for any of the above or related purposes;</li> <li>regulators;</li> <li>lawyers;</li> <li>auditors; and</li> <li>other insurance companies within the QBE Group which have undertaken to keep such information confidential and solely for the purposes set out in the above paragraph.</li> </ol> |
|---|---|

By taking out an insurance policy with the Company, you hereby provide your express consent to the transfer of your personal data outside of Hong Kong. You also understand that your personal data may be transferred to a place that may not have data protection laws that are substantially similar to, or service the same purposes as the Personal Data (Privacy) Ordinance so as to ensure the protection of your personal information.

If you do not agree to the use of your personal data for above purposes, it would not be possible for the Company to process your application and render the services. You have the right to ascertain the Company policies and practices in relation to personal data, obtain access to and to request correction of any personal information concerning yourself held by the Company subject to payment of an administrative fee. Requests for such access or correction can be made in writing to the Data Protection Officer, QBE Hongkong & Shanghai Insurance Limited, 17/F, Warwick House, West Wing, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong (Telephone: 2877 8488, Fax: 3607 0300).

If you do not want to receive any sale or marketing of any of the products or services from the Company at any time, you may also contact the Company's Data Protection Officer.

昆士蘭聯保保險有限公司 (本公司) 將所收集閣下的個人資料，可能用作下列的用途：  
 保險服務 (強制)

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>處理及評估任何保險產品之申請，及有關服務之日常運作；</li> <li>管理閣下的保單及為閣下的保單提供相關服務；</li> <li>有關保險產品及服務的任何更改、變更、取消或續保；</li> <li>閣下保單索償的調查、分析、處理及賠償；</li> <li>保費通知、收集保費和款項；</li> </ol> | <ol style="list-style-type: none"> <li>行使有關保單賦予的任何權利包括代位權，如適用；</li> <li>遵守及符合任何法例及條例規定的要求、行業手冊、指引、監管機構、相關行業認可機構、政府機構及法庭頒令的要求；</li> <li>為上述任何用途與閣下聯絡；</li> <li>與上述用途直接有關之其他附帶的目的。</li> </ol> |
|---|---|

向本公司提供的資料可能會提供或轉送予下列各在香港或海外單位作前段所述的用途：

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>任何代理人、顧問、承辦商或提供行政、電話、電腦、付賬、債務追討、保安、數據處理或儲存或有關服務的第三者服務供應商或任何其他從事與保險或再保險業務有關的公司、或中介人、或索償或調查或其他提供與保險業務有關的服務供應商，以達到任何上述有關的用途；</li> <li>現存或不時成立的任何保險公司協會或聯會或同類組織 (聯會)，以達到任何上述有關的用途，或以便聯會執行其監管職能，或就其基於保險或任何聯會會員的利益並不在時在合理要求下賦予聯會的職能；</li> </ol> | <ol style="list-style-type: none"> <li>或透過聯會提供予任何聯會的會員，以達到任何上述有關的用途；及</li> <li>監管機構；</li> <li>執業律師；</li> <li>認可核數師；及</li> <li>昆士蘭保險集團內的其他保險公司已承諾將資料保密並純用作上述的用途。</li> </ol> |
|--|--|

閣下在本公司投保，代表明確表示同意閣下的個人資料可能會轉移至香港以外地區。同時，閣下亦明白閣下的個人資料可能會轉移至並未有資料保護法例的地區，以致未能確保閣下的個人資料可以獲得與個人資料 (私隱) 條例相近或所提供的保障。

如果閣下不同意本公司使用閣下的個人資料於上述用途上，本公司可能不能處理閣下之申請及為閣下提供服務。

閣下有權查詢本公司就個人資料的政策和實務，並有權要求查閱及更正由本公司持有有關閣下的個人資料，並需支付行政費用。有關查閱或更正的要求，可致函香港鰂魚涌英皇道 979 號太古坊和域大匯商樓 17 樓 (電話：2877 8488 傳真：3607 0300) 向昆士蘭聯保保險有限公司資料保護主任提出。

如閣下於任何時間不欲收取本公司的任何產品或服務的任何銷售或推廣，閣下亦可聯絡上述資料保護主任。

(中文譯本僅供參考，文義如與英文本有歧異，概以英文版為準。)

2015 年 7 月



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