

CarProtect Insurance Plan 汽車寶



When it comes to shopping around for your motor insurance, look no further than Falcon's CarProtect. By taking your worries away, CarProtect ensures that driving would be a most enjoyable pleasure for you. CarProtect offers a wide range of benefits to complement your lifestyle and protect you, your passengers and your car from the unforeseeable risks of owning your car and driving it. Our simple and prompt claims procedures provide an efficient and fair settlement and are always at your service. So go ahead, apply now for Falcon's CarProtect for your own peace of mind.

Exclusive CarProtect Privileged Benefits

Our standard Third Party Insurance Plan offers the following free benefits:

- 🔧 **24-Hour Traffic Regulation Assistance**
At your service we put a 24-Hour hotline on any information regarding Hong Kong traffic regulations.
- 🔧 **24-Hour General Claims Assistant and Enquiry**
Our claims enquiry service hotline is available 24 hours a day to advise you on any questions you may have on claims procedures and to record claims.

Join our Comprehensive Insurance Plan immediately and get the following **ADDITIONAL** features and services on top of the ones listed above:

- 🔧 **No Claims Discount Protection**
Provided that you have had less than 2 claims within a policy year and the total amount claimed in a year is less than HK\$50,000 or 15% of the insured value whichever is the less, you will still be entitled to your existing No Claim Discount at renewal
- 🔧 **"New for Old" Replacement Vehicle**
If your damaged vehicle is less than one year old when written off in an accident or is stolen, we will compensate you with a new vehicle of the same make and model ZERO deduction for depreciation
- 🔧 **Free Windscreen Cover**
Where there is accidental damage to your windscreen, we will indemnify you up to the maximum amount of HK\$4,000. There is no need for you to pay any excess and your No Claims Discount will remain unaffected
- 🔧 **24-Hour Emergency Roadside Assistant**
In case of a mechanical breakdown or an accident causing your vehicle to be immobilized just call our 24-hour hotline for any advice or emergency roadside repair assistance
- 🔧 **24-Hour Emergency Towing Assistance**
In case of a mechanical breakdown or an accident causing your vehicle to be immobilized just call our 24-hour hotline and arrange to have your car towed to the nearest repairer or designated garage or your place of residence

NOTE: The above services are purely on referral or arrangement basis only. All the costs incurred in using the services will be at the Proposer's own expenses.



Suites 307-11, 3/F, Cityplaza Four
12 Taikoo Wan Road
Taikoo Shing, Hong Kong

Tel 電話 : (852) 2232-2888
Fax 傳真 : (852) 2232-2899
Website 網址 : www.falconinsurance.com.hk

香港太古城
太古灣道12號
太古城中心第四期3樓7-11室

This brochure provides the summary for reference only. For full terms and conditions, please refer the policy.



Falcon Insurance Company (Hong Kong) Limited
富勤保險(香港)有限公司
A FAIRFAX Company

CarProtect Insurance Proposal Form 汽車寶保險投保書

Please complete in BLOCK LETTERS and tick the appropriate box. 請以英文大楷填寫並在適當空格加上[✓]

Particulars of Proposer 投保人資料						
Full Name 姓名 _____						
Name of Hire Purchase Company if Vehicle is subject to a Hire Purchase Agreement 如以 [分期付款] 購買, 請填寫該公司名稱 _____						
Address 地址 _____						
Telephone 電話 _____ (Home 住宅) _____ (Mobile 手提) _____ E-Mail Address (電郵) _____						
Business or Profession 職業 _____ Age 年齡 _____ 已持有正式駕駛執照 State period held Full Driving Licence _____ Year 年						
Name of Employer 僱主名稱 _____						
Operative Insurance Cover Required 投保項目						
投保類別 Cover Required <input type="checkbox"/> 全保保險 Comprehensive <input type="checkbox"/> 第三者責任保險 Third Party Only						
Is Insurance cover (damage to the Vehicle only) required for driving in Guangdong Province? 是否附加保障至中國廣東省境內? (只限投保汽車之損毀或損失) <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否						
PERIOD OF INSURANCE 保險日期 From 由 _____ To 至 _____						
Particulars of Vehicle to be Insured 投保車輛資料						
Registration Number (s) 車牌號碼	Make, Model, Chassis and Engine Number(s) 汽車牌子, 型號, 底盤及引擎號碼	No. of Door / Cylinder Capacity 車門數量 / 汽缸容積	Year of Manufacture 製造年份	Type of Body / Seating Capacity (Excluding Driver) 車身類別 / 坐位乘客限額 (司機除外)	Insured Value Including Accessories 投保價值 (包括附件在內) (HK\$)	
Anti-Theft Alarm System (Model / Value) 防盜系統之型號及價格 _____						
Please declare any non factory-fitted accessories 請列明任何非原廠安裝配件 _____						
Usual parking places of the vehicle <input type="checkbox"/> Car Park at home 私家停車場 <input type="checkbox"/> Car Park at designated workplace 工作間指定之停車場 <input type="checkbox"/> Others 其他						
Usage of the vehicle <input type="checkbox"/> Social Domestic & Pleasure 社交、家庭及遊樂 <input type="checkbox"/> Proposer's Business of Profession 投保人的業務或職業						
<ul style="list-style-type: none"> The insured value should represent the insured's estimate of the market value of the motor car (including accessories thereon). 投保價值之釐定須以該車(包括附件在內)之市場價值作為依據. 						
Particulars of Named Drivers 指定駕駛者資料						
<ul style="list-style-type: none"> Note : The standard premium for a comprehensive policy allows for TWO named drivers (including the Proposer) per vehicle only. The Policy may be extended to provide for up to TWO additional named drivers (a maximum of 4 named drivers in all) on payment of additional premium. 註: 全保保費以兩名指定駕駛者為限, 投保人可依據需要, 以附加保費形式, 將指定駕駛者增至最多四名. 						
Full name of Driver 駕駛者姓名	Relationship with Proposer 與投保人關係	Occupation Nature of Business 職業及性質	Date of Birth 出生日期	Period held full Driving Licence 持有正式駕駛執照時間	HK Driving Licence Number 香港駕駛執照號碼	
Proposer 投保人	-	As above 同上		As above 同上		

Details of Vehicle to be Insured / Insured / Named Driver 投保車輛/投保人/指定駕駛者之詳細資料

1. Are you entitled to a "No Claim Discount" from your last Insurers? If so, state amount and provide documentary evidence.
閣下是否在其他保險公司享有「無索價折扣」，如有，請述折扣多少？並出示證明文件

保險公司名稱 Name of Insurance Company	保險單號碼 Policy Number	Registration No. 車牌登記號碼	NCD (%) 無索價折扣 (%)	Transfer the NCD to vehicle proposed here? 是否將 NCD 折扣轉移到此投保汽車

	No 否	Yes 是	If yes, please give details 如是, 請詳述
2. Have you or any named driver been convicted of and/or prosecuted for any driving offence during the past 5 years? 閣下或任何指定駕駛者曾否於過去五年內因違反交通條例而被檢控或定罪？			
3. Have you or any named driver been involved in any accident, loss or claim in the past 3 years in connection with any motor vehicle? 閣下或任何指定駕駛者於過去三年內曾否有任何涉及駕駛汽車之意外或賠償？			
4. In respect of Motor Insurance have you or any named driver been declined insurance, refused renewal, had a policy cancelled or special terms imposed by any Insurance Company? 閣下或任何指定駕駛者曾否被保險公司拒絕受保、續保、取銷保單或訂立特別條款？			
5. Do you or any named driver suffer from defective vision or hearing or from any other infirmity? 閣下或任何指定駕駛者是否患有視力或聽覺上之毛病或其他殘疾？			
6. Will there be any drivers under twenty five (25) years old? 該車會否由年齡少於二十五歲人仕駕駛？			
7. Will there be any drivers who have held a full driving licence for less than two (2) years 該車會否由駕駛經驗少於兩年人仕駕駛？			

Declaration and Signature 聲明及簽署

- I/We the undersigned desire to effect an insurance as above stated in terms of the Policy to be issued by Falcon Insurance Company (Hong Kong) Limited ("the Company")
本人/吾等下列署名人欲向富勤保險(香港)有限公司("貴公司")依據保險保條例申請承保。
- I/We do hereby declare that the particulars given in this Proposal are true and complete to the best of my/our knowledge and belief and nothing materially affecting the insurance risk has been concealed by me/us.
本人/吾等聲明本投保書內所述資料就本人/吾等所知均為事實之全部，並無隱藏虛報或歪曲任何事實足以影響風險估值的資料
- I/We understand and agree that this application and declaration shall be the basis of the policy and considered as being incorporated therein.
本人/吾等明白並同意本投保書及聲明將會作為保險單之根本依據，並視作保單之一部分。
- I/We do hereby declare that the vehicle described is and shall be kept in good condition.
本人/吾等聲明及確保投保之車輛經常保持性能良好。
- I/We do hereby undertake that the vehicle will not be driven by any person who to my/our knowledge does not hold a full driving license or who has been disqualified from holding such licence.
本人/吾等保證投保車輛將不會給予無有效駕駛執照者或曾被吊銷駕駛執照者使用。
- I/We hereby given my/our consent and authorize that any of my/our personal information collected or held by Falcon Insurance Company (Hong Kong) Limited (the Company) may be used and disclosed by the Company to any individuals/organizations for the purpose of processing this insurance, providing related and subsequent services and marketing materials and to make all form of contracts with me/us for such purposes until I/We give any written instructions to the contrary. I/We understand I/We have the right to obtain access to and request correction of any personal information held by the Company by mailing a written request to the Company's Data Protection Officer. I/We further understand that a reasonable fee may be charged for such request.
本人/吾等明白並同意貴公司使用及保存所收集或持有有關被保人之個人資料，並可將此等資料透露及轉達(於本地或以外)予任何與貴公司有關之人仕/機構或被選定之第三者，用以處理及審核此項申請及提供有關之服務，介紹貴公司及其聯營公司之財務產品或服務，及與被保人聯絡。本人/吾等明白倘若本人/吾等未能提供此申請表所要求之資料，貴公司將可能無法接受或處理此項申請；及本人/吾等有權致函向貴公司個人資料保護主任查詢及要求更正被保人之個人資料。
- I/We understand that the insurance will not be in force until this proposal has been accepted by the Company and the premium has been paid.
本人/吾等明白此保障計劃需在貴公司審核接納申請並已繳費後方才生效。

Date 日期 _____

Signature 投保人簽署 _____

The Company is NOT ON RISK until a Certificate of Insurance or a Cover Note has been issue to the Proposer.
在未有發給投保人保險證明書或臨時保單以前，本公司與投保人之保險合約並不生效。

Checklist of copy documents required to submitted with Proposal Form where applicable: 請附上下列文件副本以供本公司參考:

- Vehicle Registration Document 汽車登記文件
- HKID Card for all Named Drivers 所有指定駕駛者之香港身份証
- HK Driving licence of Proposer and all Named Drivers 所有指定駕駛者之香港駕駛執照
- Certificate of Incorporation where insurance is in the name of a Limited Company 如投保者為有限公司，請提供有關之公司註冊證書