

To : _____ - GI Department
 Fax No.: (852) 2164 8445

Motor Insurance Quotation Request Form (汽車保險報價表)
☐ **Third Party Only(第三保)**
☐ **Comprehensive (全保)**
Sum Insured(投保金額):HK\$ _____

Vehicle Information(受保車輛資料)	
Name of Insured (客戶名稱)	:
Vehicle No. (車牌號碼)	:
Manufacturer and Model (廠名及型號) [e.g. HONDA ACCORD]	:
Year of Manufacturing (製造年份)	:
Capacity (氣缸容量)	:
Body (車身類別) [e.g. SALOON]	:
Driver's Information (駕駛者資料)	
Occupation (職業)	:
Age (年齡)	:
Driving Experience (駕駛經驗)	: Years
No Claim Bonus Entitlement (無索償折扣優惠)	: %
3 Years Claims Record (if yes, please give details) (最近 3 年遇事紀錄) (如有, 請提供詳情)	: Yes(有) / No(無)
conviction/prosecution/driving offence point record (if yes, please give details) (曾違例被扣分, 觸犯交通規則或被警方起訴) (如有, 請提供詳情)	: Yes(有) / No(無)
<u>FOR OFFICE USE ONLY</u>	

Agent Name : _____ (PT/DCH/FTW/CRB/WWH, /F) Mobile No.: _____

Agent Code & Division : _____ (D _____) Fax No.: _____

Contact Person (e.g. secretary): _____ Phone No.: _____