

**Crown Motors Ltd.**

皇冠汽車有限公司

11/F, Tower B, Manulife Financial Centre

223-231 Wai Yip Street, Kwun Tong, Kowloon

九龍官塘偉業街 223-231 號宏利金融中心 B 座 11 樓

Telephone 電話： 2880-1288

Facsimile 傳真： 2578-3678, 2564-4570

POLICY AMENDMENT APPLICATION FORM 保單更改申請表

To: Crown Motors Ltd 致：皇冠汽車有限公司

Insured Name 投保人姓名： _____

Policy No. / Vehicle Reg. No.* 保單號碼 / 車輛牌照號碼*： _____

Contact No.

聯絡電話： _____

Fax No.

傳真號碼： _____

Email

電郵： _____

Effective Date of Required Amendment 更改項目生效日期 _____

(DD/MM/YYYY)

Details of Amendment(s) Required 所需更改資料

<input type="checkbox"/> Amend Postal Address 更改通訊地址 _____ _____ _____	<input type="checkbox"/> Amend Contact Number 更改聯絡號碼 Home 家居： _____ Office 辦公室： _____ Mobile 手提： _____
<input type="checkbox"/> Amend Sum Insured 更改投保額 HK\$ _____ 港幣 _____	<input type="checkbox"/> Add / Delete / Amend* Hire Purchase Company 增加 / 刪除 / 更改*財務公司
<input type="checkbox"/> Cancel Policy 取消保單 Supporting Document(s) Required 請附上以下文件： <ul style="list-style-type: none"> Original Certificate of Insurance issued by Allied World under the old registration number 由世聯保險所簽發的舊保險證書正本 	
<input type="checkbox"/> Change Vehicle Registration No. of Insured Vehicle (Car owner and Policyholder both remain unchanged) 更改受保車輛登記號碼 (車主及保單持有人不變) Vehicle Reg. No. (Old) _____ Vehicle Reg. No. (New) _____ 車輛登記號碼 (舊) _____ 車輛登記號碼 (新) _____ Supporting Document(s) Required 請附上以下文件： <ul style="list-style-type: none"> Copy of Vehicle Registration Document (VRD) with the New Registration No. 已更新運輸署車輛登記文件副本 Original Certificate of Insurance issued by Allied World under the old registration number 由世聯保險所簽發的舊保險證書正本 	
<input type="checkbox"/> Change of Car Owner and / or Policyholder * (Insured Vehicle remains unchanged) 更改車主及 / 或保單持有人* (受保車輛不變) Supporting Document(s) Required 請附上以下文件： <ul style="list-style-type: none"> Completed proposal form 已填寫的投保書 	
<input type="checkbox"/> Deletion of Named Driver 刪除記名司機 Name of current Named Driver to be deleted 被刪除的記名司機姓名 _____	
<input type="checkbox"/> Change / Add * Named Driver 更改 / 增加 * 記名司機 Supporting Document(s) Required 請附上以下文件： <ul style="list-style-type: none"> Copy of HKID Card and driving licence of Named Driver 記名司機的身份證及駕駛執照副本 Current Named Driver to be replaced 被替換的記名司機姓名 _____ New Named Driver (if more than 1 Named Driver to be changed / added, please attach separate sheet(s)) 新記名司機 (若更改 / 增加超過一位記名司機, 請以另加紙張填寫) Full Name (Mr. / Mrs. / Miss *) 姓名 (先生 / 小姐 / 女士 *) _____ Trade and Occupation 行業及職位 _____	

Date of Birth 出生日期

(DD/MM/YYYY)

Driving Licence No. 駕駛執照號碼

Date of passing driving test in Hong Kong

在香港考獲駕駛執照日期

(DD/MM/YYYY)

Please tick the appropriate box and, if your answer is 'Yes', give full details in the space provided

請在下列適當答案之方格內寫上 (✓) 號。如答「是」請在空位內填寫細節

Has the new Named Driver who to your knowledge will drive the motor vehicle(s) 任何新記名司機：

- Ever suffer from defective vision or hearing or from any heart complaint, diabetes, fits, or any other physical or mental disability or infirmity? 曾否患有心臟病、糖尿病、癲癇或其他生理殘疾或精神病？	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是
- Ever been declined insurance or quoted an increased premium or imposed with special terms or had motor insurance cancelled or renewal refused by an insurer in the past 3 years? 曾否被保險公司拒絕投保、增收保費或附加特別條款、或在過去三年來被保險公司取消保單或拒絕續保？	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是
- Been involved in any accident or suffered any loss in connection with a motor car in the past 3 years? 曾否在最近三年內駕駛車輛遇事？	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是
- Incurred any driving-offence points or ever been convicted of any offence in connection with a motor car or has any such prosecution pending the past 3 years? 曾否在最近三年內被扣駕駛分數或觸犯交通規則或正被檢控？	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是
i) Causing death by dangerous or careless driving 危險或不小心中駕駛造成死亡	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是
ii) Dangerous driving 危險駕駛	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是
iii) Careless driving 不小心駕駛	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是
iv) Driving a motor vehicle under the influence of alcohol or drugs 在酒精或藥物影響下駕駛汽車	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是
v) Driving in a motor race or speed trial on a road 在路上賽車或試驗車速	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是
vi) Falling to stop after an accident 發生意外後不停車	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是
vii) Other driving offence (e.g. speeding, licence suspended, etc) 其他違例扣分事項 (例如：超速、停牌)	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是
viii) Suspended or disqualified the driving license by a court 被法院勒令停牌或吊銷駕駛執照	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是

Others (Please give details) 其他事項 (請在此詳述)

Payment Instruction and Authorisation 支付保費授權書 (We do not accept cash payment 不設計現金收付)

Please tick the appropriate box or consult your agent for payment methods 請剔選合適的空格或向保險代理查詢付款方法

Premium and/or Service Fee Due (incl. MIB & IA Levies) 保費及 / 或行政費 (包括徵費)	HK\$
	港幣 \$515.30
<input type="checkbox"/> Cheque payable to Crown Motors Ltd. 支票抬頭請寫『皇冠汽車有限公司』	Cheque No. 支票號碼
<input type="checkbox"/> I hereby authorise Crown Motors Ltd. to charge the required premium and/or * service fee (incl. MIB & IA Levies) to my credit card account 本人授權皇冠汽車有限公司從本人信用卡戶口內支取有關保費及 / 或 * 行政費 (包括徵費)	
Visa / Mastercard *	Credit Card No. 信用卡號碼：
Name of Cardholder 持卡人姓名：	
Issuing Bank 發卡銀行：	Expiry Date (MM/YY) 到期日 (月 / 年)：
Signature 簽名：	Date 日期 (DD/MM/YYYY)：
(Signature should correspond to the specimen signature of the above credit card 簽名必須與上述信用卡的簽名式樣相同)	

Any amendment on the policy will not be automatically accepted by Allied World Assurance Company, Ltd. Allied World Assurance Company, Ltd will only issue the respective endorsement(s) upon review and acceptance of the amendment(s).

任何保單上的更改項目，需由世聯保險有限公司個別審核評估。如世聯保險有限公司接受有關更改，將會以批單形式通知保單持有人。

Additional service charges may apply to reissue documents and a schedule of such charges can be found at:

如須補發或額外提供任何文件，我們可能徵收相應的行政費及相關稅項。現行行政費收費表列於：

<https://www.awac.com/marketing/asiapacetail/hk/ServiceFeeSchedule.pdf>

Signature of Policyholder 保單持有人簽署

Date 日期 (DD/MM/YYYY)