禹澤保險服務有限公司
One Harvest Assurance Services Co. Ltd
Room 02, 17/F., Island Centre,
470 Reclamation Street, Mongkok, Kowloon
Tel: 2155 9935 Fax: 2155 9934, 3747 8107
Email: oneharvestgi@gmail.com

To (Co) : _____ Ref. No. : _____

_____ Date : _____

Attn. : _____ From : _____

Tel / Fax : _____ Tel / Fax : _____

REQUEST FOR QUOTATION ON MOTOR INSURANCE (汽車保險報價表)

Class of Insurance (投保類別) ☐ COMPREHENSIVE (全險)
☐ THIRD PARTY (第三保)

The Insured Name (投保人名稱): _____
Postal Address (住址): _____
Office Address (工作地點): _____
(工作性質): _____
Period of Insurance (投保期限): _____
Value Including Accessories (車價,包括配件) _____

Make (廠名): _____
Model (類型): _____
Year Of Make (出廠年期): _____
C.C. (汽油容量): _____
No. of Seats (座位數目): _____
No. Of door (汽車門數): _____
N.C.B.: _____

DRIVER INFO.

Name(姓名) Sex(性別) Age(年齡) Occupation(職業) (駕駛經驗)Driving Exp.

_____

_____

Past Three To Five Years Claim Record

Year 年份	Reason 索償事件因由	Amount 索償金額

Remark(Co.)

☐ 商業登記證(BR)
☐ 今年續保通知書(Renewal Notice)
☐ 司機身份證副本(ID Copy)
☐ 司機駕駛執照副本(driver's license Copy)