

# HONG KONG INSTITUTE OF CPA PERSONAL INSURANCE PROGRAM

## MOTOR INSURANCE - REQUEST FOR QUOTATION

### I Particulars of Member & Insured:

Membership No :

Member Name: : \_\_\_\_\_

Business / Occupation : \_\_\_\_\_

Insured Name (if different from Member Name) : \_\_\_\_\_

Relationship of Member and Insured :  Self  Shareholder  
 Spouse  Employer/Employee

Contact Address : \_\_\_\_\_  
\_\_\_\_\_

Contact : Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email: \_\_\_\_\_

### II Particulars of Motor Vehicle to be insured (Not necessary to complete the following Sections IIA. and IIB. if a copy of the Existing Policy Schedule is also provided)

IIA Insurance Coverage Required	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Third Party Only
Sum Insured	\$ _____	N/A
Existing Insurer	_____	_____
Existing Policy Expiry Date	_____	_____
Is cover (damage to the Motor Vehicle only) required for driving in Guangdong Province ?	Yes / No	N/A
Current No Claim Bonus (NCB)	_____ %	_____ %

### IIB Motor Vehicle Information Registration No: \_\_\_\_\_

Make/Model : \_\_\_\_\_ Year: \_\_\_\_\_

Type : \_\_\_\_\_ Capacity: \_\_\_\_\_ cc

### III Driver Information (The Principal / First Named Driver will be the Member)

Principal / First Named Driver Driving Experience: \_\_\_\_\_ Yrs Age: \_\_\_\_\_

Claims Experience (last 3 years) : \_\_\_\_\_

Have you or any Named Driver ever accumulated to more than **5 Driving Offence Points** in the last 3 years? Yes / No \_\_\_\_\_

Is any other Named Driver **under 25 years of age or with less than 3 years in Driving Experience?** Yes / No \_\_\_\_\_

**Insuright Employee Benefits Ltd - Motor Insurance Quotation**

**Please complete the form and Fax to 3443 9889 or email:ireb@insubest.com.hk Tel : 3443 9891**

(version 09/2011)