



AIG Insurance Hong Kong Limited
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NEW ADDRESS AND TELEPHONE (PLEASE COMPLETE WITH CAPITAL BLOCK LETTER IN ENGLISH)

新地址及電話 (必須填寫及請大草正楷英文填報)

POLICY NO. 保單號碼：_____ LICENCE NO. 車牌號碼：_____

ADDRESS 地址：_____

TELEPHONE:

電話號碼

(HOME) (住宅)	(OFFICE) (辦公室)
(FAX NO.) (傳真號碼)	(MOBILE) (手提電話)

NEW DRIVER INFORMATION (IF IT'S REPLACEMENT, PLS DESCRIBE IN EMAIL) 新駕駛者資料 (如是更換司機，請於電郵說明)

FULL NAME 姓名	HKID CARD NO. 香港身份證號碼	DATE OF BIRTH 出生日期 DD/MM/YY	RELATIONSHIP 與保單持有人之關係	OCCUPATION 職業	SEX 性別	DRIVING EXPERIENCE 駕駛經驗年數

****PLEASE ATTACH A COPY OF DRIVING LICENCE & HKID 請附上駕駛執照及香港身份證副本**

****新駕駛者是否曾於過去三年內發生交通意外、保險索償、停牌或被扣分? (如是，請詳細說明)**

HAD THE NEW DRIVER BEEN OCCURRED ANY ACCIDENTS, INS CLAIMS, INVOLVED ANY TRAFFIC OFFENCES OR LICENSE SUSPENSION? (IF YES, PLEASE DESCRIBE)