



## 脫期解釋信

保單持有人： \_\_\_\_\_

保單編號： \_\_\_\_\_

車牌號碼： \_\_\_\_\_

脫期期間： \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日 至 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日

過往有否曾被停牌，  
扣除超過8分或被控交通違例罪行？      否       有

脫期期間有否使用此車輛？      否       有

脫期期間有否發生交通意外？      否       有

請說明保單脫期之原因：(必須填寫)

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保單持有人簽署： \_\_\_\_\_ 日期： \_\_\_\_\_

(如屬公司名義，請加蓋公司印章)

聲明：本人確定以上資料正確無誤。  
並了解若故意不誠實或未能披露的行為都可能影響保障範圍或使其失效。



## Policy Reinstatement Form

Policy Holder : \_\_\_\_\_

Policy Number : \_\_\_\_\_

Car Reg. Number : \_\_\_\_\_

Period of departure : day month year to day month year

Had your driving license been  
suspended, deducted more than 8  
driving offence points or involved any  
traffic offences in the past year?      No       Yes

Had the insured vehicle been used  
during the lapsed period?      No       Yes

Had you occurred any traffic  
accidents during the lapsed period?      No       Yes

Please explain why the insurance policy had not been renewed on time: (it's required)

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Signature of Policy holder : \_\_\_\_\_ Date : \_\_\_\_\_

\*\*Sign with company chop (if applicable)

Statement: I hereby declare that the above statements are true and correct.  
I also understand that any willful dishonesty or failure to disclose may affect or invalidate the insurance cover.