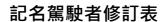
Named Drivers Amendment Form





Personal Lines | Allianz Global Corporate & Specialty SE (incorporated in the Federal Republic of Germany with limited liabilities) Hong Kong Branch

Suites 403-11, 4/F, 12 Taikoo Wan Road, Taikoo Shing, Hong Kong

Phone +852 2867 0097 | customercare@allianz.com

| Name of | Policyholder 投係 | 2.老批夕 | | | | | |
|----------------------|--|--|--------------------|-------------------------|---------------------------------------|--------------------|--|
| | . 保單號碼 | · · · · · · · · · · · · · · · · · · · | | | | - | |
| - | · /ペ平 ッ// ion Mark 車輛登 | · <u></u> 記號碼 · | | | | _ | |
| Registrati | OITHUIK — #II # | HO J//G 4/19 • | | | | - | |
| lamed Drive | e r Details (Max. 4 d | rivers) 記名駕駛者資 | 【料 (只限四名 | 名司機) | | | |
| Amendment 更改 | Effective Date 生效日期 (DD/MM/YYYY) | Name of Named Driver 記名駕駛者姓名 | Sex 性別 (M/F) | HKID no. 香港身份證 號碼 | Date of Birth 出生日期 (DD/MM/YYYY) | Occupation 職業 | Years of Driving Experience (Exclude 1 year probationary driving license) 駕駛年資 (不包括一年暫准駕駛執照) |
| Add 增加 elete* 刪除 | | | | | | | |
| Add 增加 elete* 刪除 | | | | | | | |
| Add 增加 elete* 刪除 | | | | | | | |
| Add 增加 Pelete* 删除 | | | | | | | |
| For Deletion of | Driver, please fill in Ef | fective Date and Nam | e ONLY. 🗐 | 除駕駛者只需填 | 寫生效日期及姓名。 | | |
| Questions 🖪 | 日旦 百 | | | | | | |
| | | a ever been involve | d in any n | notor accident | and / or made a c | laim in the nas | t 3 years. 每位記名駕駛者於三 |
| 年內有否交通意外 | | e ever been involve | a iii aiiy ii | notor accident | and y or made a c | idiii iii tiic pas | years. Julian amagan |
| Yes 是 | No 否 If Yes, ple | ease give details 如有, | 請詳述: | | | | |
| | | had been disqualifie 军內有否因駕駛遇事而被 | _ | he past 3 years | as the result of any | offence or offe | nce in relation to motor |
| Yes 是 | No 否 If Yes, ple | ease give details 如有, | 請詳述: | | | | |
| | mot or vehicle drivi | accumulated more t ing.每位記名駕駛者於三 ease give details 如有, | 年內有否被法 | - | | | of any offenceor offence |
| Q4 - Each na | med driver(s) hav | | cy being t | erminated or | refused for quoto | ation by anothe | er insurance company in |
| Yes 是 | | ease give details 如有, | | | | | |
| | ned driver(s) are yo 少於兩年正式駕駛執照? | ounger than 25 year | s of age, o | r has held a ful | l driving experience | less than 2 year | rs? 每位記名駕駛者是否年齡少於 |
| Yes 是 | No 否 If Yes, pl | lease give details 如有, | 請詳述: | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | E #8 . | | |
| Sianature | e of Policyholder 保! | 單持有人簽署 | | De | ate 日期 (DD/MM/Y | YYYY): | |
| | , | | | | | | |



(With Company Chop for corporate applicant 機構投保人請附上公司蓋章)