# 港珠澳大橋香港跨境車輛内地交強險等效保險／商業保險投保書 <br> HZMB HONG KONG CROSS BORDER MOTOR VEHICLE MAINLAND COMPULSORY TRAFFIC ACCIDENT LIABILITY UNILATERAL RECOGNITION INSURANCE／COMMERCIAL INSURANCE PROPOSAL FORM 

投保人／被保險人姓名：
Name of Proposer／Insured
身份証號碼：
H．K．I．D．No．通訊地址：
Postal Address


FOR MORE INFORMATION，CONTACT MI INSURANCE BROKERS LIMITED
TIFFANY LUNG AT＋852 25112775 OR WHATSAPP＋852 69339863

香港汽車保單號碼：
H．K．．Motor Insurance Policy No．
行業或獞業．
行業或職業：
Business or Profession

| Postal Address |  |
| :--- | :--- |
| 保險期 $:$ | 至 |
| Perid of Insurance | To |
| 電郵： |  |
| Email |  |

Period of Insurance
To
To
至
To 電郵 $\qquad$電話：
Telephone No．

