太平洋车险报名表

单位（工会盖章）：

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| --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 电话 | 车牌号码 | 汽车排量 | 车辆保险到期日 | 备注 |
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单位联系人：　　　　　　　　　电话：