

辦公室綜合保險投保書

Office-Pack Insurance Proposal Form

甲部 投保人/投保公司資料
Part A Details of Proposer

投保人/投保公司名稱 Name of Proposer/Company			
受保辦公室地址 Address of Insured Office			
通訊地址 Mailing Address			
電郵地址 E-mail Address			
聯絡電話 Contact No.		傳真 Fax	
經營業務 Business			
保單生效日期 Period of Insurance (dd/mm/yy)	由 From	至 To	(起訖兩日均包括在內) (Both dates inclusive)

乙部 基本保障
Part B Basic Coverage

投保項目 Coverage	投保額(港幣) Sum Insured (HK\$)	保費 Premium
辦公室設備 Office Contents		
營業中斷保障 Business Interruption	最高保障額 Max. Benefits \$500,000	免費 Free
現金及個人意外保障 Money & Assault	參照既定限額 As per Standard Stipulation	免費 Free
公眾責任保障 Public Liability	最高保障額 Max. Benefits \$7,500,000	免費 Free
備註 : 最低保費為港幣1,000元 Remarks : Minimum Premium is HK\$1,000.		

丙部 附加保障
Part C Optional Cover

僱員補償保障 Employees' Compensation Insurance		
僱員類別 Type of Employee	僱員人數 No. of Employee	全年總年薪(港幣) Total Annual Earnings (HK\$)
總數 Total		
備註 : 最低保費為港幣1,000元 (未包括僱員保險徵款) Remarks : Minimum Premium is HK\$1,000. This premium does not include the Employees' Compensation Insurance Levy.		

丁部 風險評估
Part D Risk Assessment

項目 Item(s)		
1. 閣下是否在申請上述保險或續保時被拒絕、撤回、取消或附加特別條款? Have you ever been declined, cancelled, refused or imposed special terms when you apply or renew the above mentioned Insurance?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
2. 在過去三年內, 閣下是否因本保險保障之風險而蒙受損失? Have you sustained any loss during the past 3 years from any of the perils now proposed to cover?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
閣下如在上列任何一項回答 "是", 請詳述。 If your answer is "Yes" in any of the above question, please give details.		

戊部 付款方式
Part E Payment Method

- 支票付款 Cheque
劃線支票抬頭人請填寫"中國太平洋保險(香港)有限公司"
Please cross your cheque and make it payable to "CHINA PACIFIC INSURANCE CO., (H.K.) LTD."
- 現金付款 Cash
請親臨中國太平洋保險(香港)有限公司 地址：香港灣仔港灣道18號中環廣場4301室
Please pay at the office of China Pacific Insurance Co., (H.K.) Ltd. Address：Suite 4301, 43/F., Central Plaza, 18 Harbour Road., Wanchai, Hong Kong.

收集個人資料聲明

閣下提供的資料，為本公司提供保險業務所需，並可能使用於下列目的：

- 任何與保險或財務有關的產品或服務或該等產品或服務的任何更改、變更、取消或續期
- 任何索償或索償分析及可能轉移予現存或不時成立的任何有關的公司或任何其他從事與保險或再保險業務有關的公司或與保險業務有關的中介人或索償或調查或其他服務提供者或任何保險公司的協會或聯會。

閣下有權查閱及要求更正由中國太平洋保險(香港)有限公司持有有關閣下的個人資料，如有此項要求，可向本公司的個人資料(私隱)條例監察主任提出。

聯絡電話：(852) 2541 4338

Personal Data Collection Statement

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of

- any insurance or financial related product or service or any alternations, variations, cancellation or renewal of them.
- any claim or analysis of it and may be transferred to any related business partners, companies carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by China Pacific Insurance Co., (H.K.) Ltd. Requests for such access can be made to our Personal Data (Privacy) Ordinance Compliance Officer. The contact number is (852) 2541 4338.

聲明

本人/吾等謹此聲明，根據本人所知及所信，上述所有資料均屬實無訛且為事實之全部，而所有能影響該項申請評估的事實因素均已呈報。

本人/吾等明白本投保書在中國太平洋保險(香港)有限公司接納後，保單始正式生效。本人/吾等亦同意此投保書及聲明將會作為本人/吾等與中國太平洋保險(香港)有限公司之間的合約基礎。

本人/吾等明白中國太平洋保險(香港)有限公司收集的所有有關本人/吾等資料是用作投保、索償調查或數據研究或轉交其他人士或機構作核證數據或再保險之用。本人/吾等有權查核及要求更改有關本人/吾等的資料。

Declaration

I/We declare that the information given above is true and complete to the best of my/our knowledge and believe that all the material facts affecting the assessment of this application has been disclosed.

I/We understand that proposal will not become effective until it has been accepted by China Pacific Insurance Co., (H.K.) Limited and agree that this proposal and declaration should be the basis of the contract between me and China Pacific Insurance Co., (H.K.) Limited.

I/We understand that all the information collected by China Pacific Insurance Co., (HK) Limited is for the purpose of underwriting, claim investigation or statistical research or being transferred to such person(s) or organization(s) for the purpose of data verification or reinsurance. I/We have the right to obtain access to and to request correction of my/our information.

投保人簽署 Signature of Proposer

日期 Date

Official Use Only	Agent Code		Rate and Excess
	Client Code		
	Account Handler		
	Total Premium		