

財產全險投保書 Property All Risks Insurance Proposal Form

甲部 投保人資料

Part A Personal Details of The Proposer

保戶名稱 Name of Proposer			
通訊地址 Mailing Address			
電郵地址 E-mail Address			聯絡電話 Contact No.

乙部 投保財產資料

Part B Details of Property Insured

保險地址 Insured Situation			
受抵押人 Mortgagee(s)/Lien Holder(s)			
銀行檔案編號 Bank Reference Number			
樓宇年齡 Age of Building			建築物層數 No. of Storey
建築物結構 Structure of Construction	<input type="checkbox"/> 一等建築 (全鋼筋混凝土結構) Class I (Reinforced concrete throughout)	<input type="checkbox"/>	其他, 請註明: Others, please specify:
佔用性質 Occupation	<input type="checkbox"/> 住宅 Dwelling	<input type="checkbox"/> 辦公室 Office	<input type="checkbox"/> 倉庫 Storage
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)

丙部 保險標的及投保金額

Part C Insured Items and Sum Insured

項目 Item(s)	投保金額 Sum Insured
房屋樓宇結構 (溝渠及地基除外) Building/Flat - Including Landlord's Fixtures and Fittings (Excluding Drains and Foundations)	HK\$
傢俱、固定裝置及可拆除裝置 Furniture, Fixtures and Fittings	HK\$
機器及零件 (模具除外) Machinery/Plant and Equipment (Excluding Moulds of any kind)	HK\$
經營之存貨及物料 (包括製成品及半製成品) Stock and Materials in Trade - Including Finished and Semi-Finished Goods	HK\$
其他 Others, please specify	HK\$
總投保金額 TOTAL SUM INSURED	
HK\$	

丁部 風險評估

Part D Risk Assessment

項目 Item(s)	
1. 是否有任何特殊情況會提高本保險保障的風險? Are there any circumstances connected with the risks which would render the Insurance more than normally hazardous?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
2. 閣下是否曾申請財產火險或全險? Have you ever insured for Fire or Property All Risks Insurance?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3. 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
4. 在過去五年內, 閣下是否有因本保險保障之風險而蒙受損失? Have you sustained any loss during the past five years from any of the perils now proposed to cover?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
閣下如在上述任何一項回答 "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
Please pay at the office of China Pacific Insurance Co., (H.K.) Ltd.
- 地址：香港灣仔港灣道18號中環廣場4301室
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。本人亦同意此投保書及聲明將會作為本人與中國太平洋保險（香港）有限公司之間的合約基礎。

Declaration

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

I 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.

投保人簽署 Signature of Proposer

日期 Date

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