

## 家居保險投保書

### Home Insurance Proposal Form

**甲部 投保人資料**  
**Part A Personal Details of The Proposer**

投保人姓名 Name of Proposer	中文 Chinese	英文 English	
聯絡電話 Contact No.	住宅 Home	手提 Mobile	辦公室 Office
職業 Occupation			
通訊地址 Mailing Address			
電郵地址 E-mail Address			

**乙部 受保物業地點資料**  
**Part B Details of Location of Property to be Insured**

受保物業地點 Location of Property to be Insured				
受保樓宇年齡是否超過30年? Is the age of the Insured's Building over 30 years?	<input type="checkbox"/>	是 Yes	<input type="checkbox"/>	否 No
該樓宇過往有否進行任何裝修工程? Have the building been renovated?	<input type="checkbox"/>	是 Yes	<input type="checkbox"/>	否 No
閣下如在上述回答"是", 請詳述。 If your answer is "Yes", please give full details.				
保單生效日期(日/月/年) Period of Insurance (dd/mm/yy)	由 From	至 To	(起訖兩日均包括在內) (Both dates inclusive)	

**丙部 基本保障**  
**Part C Basic Protection**

家居財物 Home Contents				
居所建築面積(以平方呎計算) Gross Floor Area of Your Home (In Square Feet)	每年保費 Annual Premium			
	投保額港幣 500,000元 Sum Insured HK\$500,000		投保額港幣 1,000,000元 Sum Insured HK\$1,000,000	
500 以下 Under 500	<input type="checkbox"/>	港幣 HK\$ 580	<input type="checkbox"/>	港幣 HK\$ 900
500 - 700	<input type="checkbox"/>	港幣 HK\$ 800	<input type="checkbox"/>	港幣 HK\$ 1,200
701 - 1,000	<input type="checkbox"/>	港幣 HK\$ 1,000	<input type="checkbox"/>	港幣 HK\$ 1,500
1,001 - 1,500	<input type="checkbox"/>	港幣 HK\$ 1,300	<input type="checkbox"/>	港幣 HK\$ 1,800
1,501 - 2,000	<input type="checkbox"/>	港幣 HK\$ 1,500	<input type="checkbox"/>	港幣 HK\$ 2,500
2,000 以上 Over 2,000		另議 To Be Negotiated		另議 To Be Negotiated

\*本公司亦會根據投保者意願, 提供投保額超過港幣1,000,000元的家居財物保險。假若閣下有此需要, 請電市場部熱線(852) 2137 7631。

The Company covers also the Home Contents in excess of HK\$1,000,000 subject to an additional premium. If You have any needs, please contact the Marketing Department via telephone number (852) 2137 7631.

個人責任保險 Personal Liability	
保障額(港幣) Limit of Liability (HK\$)	7,500,000
每年保費 Annual Premium	保費全免 Free of Charge



已部 付款方式  
Part F 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.
- 信用卡付款 Credit Card  
 VISA  MasterCard 信用卡到期日  
Credit Card Expiry Date \_\_\_\_\_ (MM/YY)  
信用卡持有人姓名 信用卡帳戶號碼  
Name of the Card Holder \_\_\_\_\_ Credit Card Account No. \_\_\_\_\_  
本人現授權中國太平洋保險(香港)有限公司從本人上述之信用卡帳戶支取有關保險之保費。  
I hereby authorize the CHINA PACIFIC INSURANCE CO., (H.K.) LTD. to debit my credit card account above for the insurance premiums of this insurance policy.

信用卡持有人簽署 Signature of Card Holder

日期 Date

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		