

公眾責任保險投保書

Public Liability Insurance Proposal Form

甲部 投保人資料

Part A Details of The Proposer

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

乙部 投保責任項目

Part B Indemnity Required

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)
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 投保人對第三者之人身傷亡及財物損失責任 Death of or Bodily Injury to Third Party & Damage to Third Party Property </div> <div style="width: 45%;"> <input type="checkbox"/> 投保人對第三者之人身傷亡責任 Death of or Bodily Injury to Third Party Only </div> </div>			
投保金額 Amount of Indemnity	港幣 HK\$	每宗事故之最高賠償額 for any one Accident	
	港幣 HK\$	全年之最高賠償額 for any one Period	

丙部 投保地點資料

Part C Details of Premises to be Insured

1	投保地點 Situation of Premises	
2	在投保範圍內進行之活動 Occupancy/Activities being carried out in the Premises	
3	投保地點的總面積 Floor Area of the Premises	
4	保戶全年營業額 Annual Turnover	
5	在投保範圍內工作之員工數目 No. of clerical staff/workers who work at the Premises	
6	在投保範圍外工作之員工數目 No. of workers who work outside the Premises	
7	投保會涉及之承辦商，如有 Sub-contractor for which cover is required, if any	
8	合約總額，如涉及合約工程 Contract Price, if a contract exists	
9	機器或其他機械設備之資料，如有 Details of Machinery, Electrical or other Mechanical Appliances, if any	
10	起重機之數量，如有 Number of Hoists or Cranes employed, if any	
11	在投保地點使用或存放之化學品、爆炸品或帶有輻射之物品資料，如有 Details of Chemicals or Explosives or Radioactive Materials used or stored, if any	
12	坐位數量(只適用於學校、教堂、酒樓或相關行業) Seating Capacity, if the occupation is a school, church, restaurant or the like	
13	會員人數(只適用於會所) No. of Members, if the occupation is a club	
14	房間數量(只適用於酒店) No. of Bedrooms, if the occupation is a hotel	

15	電梯(升降機)數目，如有 No. of Lifts in the Premises, if any	
a	電梯製造商名稱 Name of Manufacturer of the Lifts	
b	電梯可達之層數 No. of Floors served by the Lifts	
c	電梯負載重量 Maximum Carrying Capacity of each Lift	
d	電梯每年定期檢查之次數 Frequency of Lift Inspection per year	
e	為電梯作定期檢查之公司名稱 Name of Maintenance Company for the Lifts	
16	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	
17	在過去三年內，閣下是否向保險公司索取賠償？ Have you make any claims during the past 3 years? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
閣下如在上第16項或第17項回答 "是", 請詳述之。 If your answer is "Yes" in Question 16 or Question 17 above, please give details.		

丁部 付款方式 Part D Payment Method

<input type="checkbox"/>	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."
<input type="checkbox"/>	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/公司申請投保資料於上所述，本人/公司現聲明以上資料俱屬真實，並無虛報事情。

本人/公司保證遵守政府機構所公佈之一切有關各項規章條例及任何通告。

本人/公司同意本聲明及上述所簽各節應為本人/公司與中國太平洋保險(香港)有限公司立約之基礎，並同意根據保單上所載及所批註之條款，接受該公司保單。

Declaration

I/We hereby apply for insurance as stated above I/We hereby declare that the above particulars and answers are true and complete in every respect and that no material fact has been suppressed or withhold.

I/We undertake that all statutory requirements and all bye-laws and regulations imposed by any public authority are duly observed and complied with .

I/We agree that this proposal and declaration and the answers given above shall be the basis of the contract between myself/ourselves and China Pacific Insurance Co., (HK) Ltd.

投保人簽署 Signature of the Proposer

日期 Date

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