

住宅業主責任保險投保書 Premises Liability Insurance Proposal Form

甲部 投保人資料

Part A Personal Details of The Proposer

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|---------------------------|--|
| 投保人姓名 Name of Proposer | |
| 通訊地址 Mailing Address | |
| 聯絡電話 Contact No. | |
| 電郵地址 E-mail Address | |

乙部 投保物業資料

Part B Details of Premises Insured

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|---|---|--|---------------------------------------|
| 保險地址 Insured Location | | | |
| 樓宇年齡 Age of Building | | | |
| 建築面積(平方呎) Gross Floor Area (In Square Feet) | | | |
| 佔用性質 Occupation | <input type="checkbox"/> 自住 Owner-occupied | <input type="checkbox"/> 出租 Tenant-occupied | |
| 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 | |
| 閣下如在上列回答"是", 請詳述。 If your answer is "Yes", please give full details. | | | |
| 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) |

*本公司並不接納待修理或已接獲政府修葺令之樓宇之投保。

The company would not accept the Proposal if the Building is waiting for renewal / have received the Repair Order from the Government.

丙部 基本保障

Part C Basic Protection

| 住宅業主責任 Premises Liability | |
|--|-------------------|
| 每宗事故保障額 Limit of Indemnity (any one occurrence) | 港幣 HK\$ 7,500,000 |
| 全年保障額(港幣) Limit of Indemnity (any one period) | 不設上限 Unlimited |

丁部 保費

Part D Premium

| 建築面積為1,000平方呎以下 Gross Floor Area Under 1,000 Square Feet | |
|--|------------------------|
| 樓宇年齡 Age of Building | 保費 Premium |
| 20年以下 Under 20 years | 港幣 HK\$ 400.00 |
| 20年以上—35年以下 Over 20 years — Under 35 years | 港幣 HK\$ 600.00 |
| 35年以上—40年以下 Over 35 years — Under 40 years | 港幣 HK\$ 900.00 |
| 40年以上 Over 40 years | 另議 To Be Negotiated |

*本公司亦提供建築面積超過1,000平方呎之樓宇單位。假若閣下有此需要, 請電市場部熱線(852) 2137 7631。

The Company also covers premises with gross floor area in excess of 1,000 square feet. If You have any needs, please contact the Marketing Department via telephone number (852) 2137 7631.

戊部 風險評估
Part E Risk Assessment

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| 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. 閣下是否曾申請住宅業主責任保險？ Have you ever insured for Premises Liability 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. | |

己部 付款方式
Part F Payment Method

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|---|---|
| <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.

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| _____ 投保人簽署 Signature of Proposer | _____ 日期 Date |
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|-------------------|-----------------|--|-----------------|
| Official Use Only | Agent Code | | Rate and Excess |
| | Client Code | | |
| | Account Handler | | |
| | Remark | | |
| | Total Premium | | |