

Agency No. Policy No.  
代理編號： 保單號碼：**HOMEGUARD - OCCUPIER COVER PROPOSAL FORM 家居樂 - 自住物業保險計劃投保書**

(Please use English block letters 請用英文正楷填寫)

**Insured's Information 受保人資料**Full Name 姓名 (Mr先生/Mrs太太/Miss小姐) : \_\_\_\_\_ Date of Birth 出生日期 : \_\_\_\_\_  
Surname 姓 Other Name 名 dd日/mm月/yy年

HKID Card 香港身份證 / Passport No. 護照號碼 : \_\_\_\_\_ Email Address 電郵地址 : \_\_\_\_\_

Contact Phone No. 聯絡電話 : \_\_\_\_\_ Fax 傳真 : \_\_\_\_\_

Industry 在職行業 : \_\_\_\_\_ Policy Commencement Date 保單生效日期 : \_\_\_\_\_  
dd日/mm月/yy年

Postal Address 郵遞地址 : \_\_\_\_\_

**Insured Property's Information 受保物業資料**Property Type 樓宇類型 : ☐ Multi-Storey Building 多層大廈 ☐ Village House 村屋 ☐ Detached House 獨立屋Home to be Insured for 投保居所用途 : ☐ Self-occupied 自住 ☐ Tenant 租用 Year Built 落成年份 : \_\_\_\_\_

Insured Address 投保地址 : \_\_\_\_\_

(Only needed if different from Postal Address 如與郵遞地址不同請填寫此欄)

**Household Contents 家居財物 (Please tick ☐ the appropriate box 請在適當方格內加 ☐ ) :**

1. Please select a Plan 請選擇計劃 ☐ Plan 1 計劃一 ☐ Plan 2 計劃二
2. The Gross Area (in sq.ft.) of your home is:  
您的居所建築面積 (平方呎) 為 :  
☐ 500 or below 或以下 ☐ 501-700 ☐ 701-1,000  
☐ 1,001-1,500 ☐ 1,501-2,000 ☐ More than 超過2,000 (Please specify 請註明 : \_\_\_\_\_ )
3. Have you ever been refused for purchasing any personal property insurance? (If yes, please provide details.) ☐ Yes 是 ☐ No 否  
您是否曾經購買個人財產保險而被拒絕? 若答「是」者, 請詳細說明 : \_\_\_\_\_
4. Have you made any claim under personal property insurance within the past 3 years? (If yes, please provide details.) ☐ Yes 是 ☐ No 否  
您有否於過去三年內就個人財產保險申請索償? 若答「是」者, 請詳細說明 : \_\_\_\_\_
5. Is the insured building more than 30 years old? 您投保居所的樓齡是否超過三十年? ☐ Yes 是 ☐ No 否
6. If the insured building is more than 30 years old, did it receive inspection and maintenance works in the past five years? (If yes, please provide details.) ☐ Yes 是 ☐ No 否  
如樓齡已超過三十年, 請問您的居所於最近五年有否進行任何維修保養工程?  
若答「是」者, 請詳細說明 : \_\_\_\_\_

**Optional Cover 自選項目 I : Worldwide Personal Possessions 全球個人財產**

(Please complete this section only if you select this cover 如選擇此項保障, 請填妥此欄)

1. Total Sum Insured 總投保額 : HK\$ 港幣 \_\_\_\_\_ 元
2. Discounted Annual Premium 折實全年保費 : HK\$ 港幣 \_\_\_\_\_ 元 Total Sum Insured 總投保額  $\times$  1.65%
3. Please list insured items 請列出受保財物  
(Please attach proof such as receipt, valuation for value per item over HK\$5,000. 如每件物件價值超過港幣5,000元, 請附上有關證明, 如收據、評估單。)  
Item Description 物件說明 (If the space below is insufficient, please attach a separate sheet 如下列空位不足, 可另加紙張填寫。)
- |            | Value 價值 (HK\$港幣/元) |
|------------|---------------------|
| i. _____   | _____               |
| ii. _____  | _____               |
| iii. _____ | _____               |
- Total value 總值 : \_\_\_\_\_

**Optional Cover 自選項目2：Employees' Compensation for Domestic Helper Insurance 家庭傭工勞工保險**

(Please complete this section only if you select this cover 如選擇此項保障，請填妥此欄)

Discounted Annual Premium per Domestic Helper : HK\$221 折實每名家傭每年之保費：港幣 221元

**I. Employees' Information 僱傭資料**

Name of Employee (in full) 家傭全名：\_\_\_\_\_ Date of Birth 出生日期：\_\_\_\_\_ dd日/mm月/yy年

HKID Card 香港身份證 / Passport No. 護照號碼：\_\_\_\_\_ Nationality 國籍：\_\_\_\_\_ Sex 性別：F / M

Position 職位：☐ Domestic Helper 家傭 ☐ Gardener 園丁 ☐ Chauffeur 司機 ☐ Others (Please specify) 其他 (請註明) \_\_\_\_\_

Notes 註：

Local employee with driving, gardening, nursing or post-natal care duties is not eligible to this Insurance 本保險產品不適用於職責包括駕駛、園藝、護理、陪月的本地工人

**2. Have you made any claim under your Domestic Helper Insurance within the past three years? 您有否於過去三年內就家庭傭工保險申請索償? ☐ Yes 是 ☐ No 否**

If yes, please provide details, 若答「是」者，請詳細說明：\_\_\_\_\_

**Optional Cover 自選項目3：Upgrade Personal Liability Cover (Applicable to Plan I) 提升個人法律責任保障 (只適用於計劃一)**

(Please complete this section only if you select this cover 如選擇此項保障，請填妥此欄)

☐ Upgrade Personal Liability Cover to HK\$10,000,000 (Discounted Annual Premium HK\$300)

提升個人法律責任保障至港幣10,000,000元 (折實每年保費港幣300元)

**Optional Cover 自選項目4：Home Building All Risks Insurance 樓宇結構「全險」保障**

(Please complete this section only if you select this cover 如選擇此項保障，請填妥此欄)

1. Sum Insured 投保額：HK\$ 港幣 \_\_\_\_\_ 元

2. Discounted Annual Premium 折實全年保費：HK\$ 港幣 \_\_\_\_\_ 元 Sum Insured 投保額 × 0.1%

3. Name of any other interested party / bank / finance ( Loan No. ) 其他享有權益人士姓名 / 銀行 / 財務公司(貸款編號)：\_\_\_\_\_

**Declaration 聲明**

1. The insured situation is built of brick, stone, concrete and is roofed with concrete, slate tile or other incombustible material.

該投保住宅地點是由磚、石或三合土建成，屋頂用三合土、瓦磚或其他不能燃燒的物料蓋搭。

2. I (Proposer) declare to the best of my knowledge and belief that the information given is true in every respect.

本人(投保人)謹此聲明，根據本人所知及所信，本投保表格上所填之資料均屬實無訛。

3. I understand that this proposal will not become effective until it has been accepted by Allied World Assurance Company, Ltd ("Allied World") and agree that this proposal and declaration shall be the basis of the insurance contract between me and Allied World.

本人明白本投保書被 Allied World Assurance Company, Ltd 世聯保險有限公司 (「貴公司」) 正式接納後，保險責任始正式生效。本人同意本投保書和聲明將成為保險合約的基礎。

4. Cover will be effective only with signature on this document and receipt of premium by Allied World or its authorised representative.

投保書需經貴公司或其授權代表簽署，並於收妥保費後，此保障計劃始正式生效。

5. I have read, understood and agreed to the Personal Information Collection Statement attached to this proposal form.

本人已閱讀、明白及同意隨本投保書附上的個人資料收集聲明。

☐ I do not want to receive any promotion materials or updates on other products, services or offers of Allied World.

本人不願接收任何貴公司的其他產品、服務或優惠之市場推廣資料和最新消息。

Signature of Proposer

投保人簽署：\_\_\_\_\_ 日期：\_\_\_\_\_

Underwritten by 承保公司：Allied World Assurance Company, Ltd 世聯保險有限公司 (incorporated in Bermuda with limited liability)

(Please tick the appropriate box ☐ or consult your agent regarding methods of payment. 請在適當的空格內加 ☐ 或與您的保險代理諮詢付款方法。)

Allied World Assurance Company, Ltd 世聯保險有限公司

Cheque No. 支票號碼： \_\_\_\_\_

☐ Visa      ☐ Mastercard      ☐ Amex

Credit Card No. 信用卡號碼：| | | | | | | | | | | |

Name of Cardholder 持卡人姓名: \_\_\_\_\_

Issuing Bank 簽發銀行: \_\_\_\_\_ Expiry Date 有效日期: \_\_\_\_\_

I hereby authorise Allied World Assurance Company, Ltd to charge all relevant premium to my credit card account for this insurance policy.

本人授權 Allied World Assurance Company, Ltd 世聯保險有限公司從本人信用卡戶口內支取有關保費。

Signature 簽署 : \_\_\_\_\_ Date 日期 : \_\_\_\_\_

(Signature should correspond to the specimen signature of the above credit card account. 簽署必須與上述信用卡戶口簽署式樣相同。)

## Personal Information Collection Statement

### **Purpose of Collection**

Allied World Assurance Company, Ltd ("Allied World") may collect and use your personal data to enable it to carry on its insurance business and to serve the purposes of:

- Processing your insurance application;
- Arranging a contract of insurance with you and administering the policy issued;
- Claims handling, investigation and analysis;
- Designing products and/or services for customers;
- Promoting, improving and furthering the provision of products and/or services by Allied World and its group companies; and
- Complying with any legal or regulatory requirements applicable to Allied World.

In general it is voluntary for you to provide Allied World with your personal data. However, if you do not provide sufficient information, Allied World may not be able to provide insurance services to you.

### **Transferee**

Data held by Allied World relating to you will be kept confidential but Allied World may, for the purposes set out above, transfer your personal data to:

- Allied World's group companies;
- Reinsurers;
- intermediaries including insurance brokers and insurance agents;
- claims investigators, loss adjusters and other professional advisors;
- Allied World's other appointed service providers, including for the following services: telecommunications, information technology, administration, data processing, payment processing, emergency assistance, legal, and medical;
- any insurance industry association or federation and their respective members; and
- any other person necessary to comply with applicable legal or regulatory requirements, or orders of competent authorities,

in each case both within and outside of the Hong Kong Special Administrative Region.

### **Marketing and Promotion**

Treating you as a valued customer, Allied World and its group companies may use the personal data, including name and contact details, collected from you for the purposes of direct marketing of Allied World and its group companies' general insurance products, services or offers and for sending you the promotional materials or updates of such products, services or offers when they become available.

Allied World may not use your personal data for direct marketing if you have indicated objection to such use by ticking the box next to the statement above the proposer's signature block in the proposal form. You may also, at any time, request Allied World to cease the use of your personal data for direct marketing purposes, by informing Allied World's Compliance Officer at the contacts set out below.

### **Access Requests and Corrections**

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Allied World. Requests can be made to the Compliance Officer of Allied World Assurance Company, Ltd, by mail to 32/F, Dorset House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong or fax to +852 2968 5111, or email to [hkcompliance@awac.com](mailto:hkcompliance@awac.com).

## 個人資料收集聲明

### **資料收集目的**

Allied World Assurance Company, Ltd 世聯保險有限公司(「本公司」)可能收集並使用閣下的個人資料，作為營運其保險業務及下列目的之用：

- 處理閣下的保險申請；
- 安排保險合約及管理已發出的保單；
- 索償處理、調查及分析；
- 為客戶設計產品或服務；
- 推廣、改善及進一步提供本公司及其集團公司的產品、服務；及
- 遵守適用於本公司的法律或規則要求。

一般而言，閣下向本公司提供個人資料屬自願性質。如閣下未能給予足夠的資料，本公司可能無法提供所需保險服務。

### **資料轉移**

本公司持有的客戶資料將予保密，但本公司可能會把閣下的個人資料提供給下列各方作上述用途：

- 本公司的集團公司；
- 再保險公司；
- 中介人包括保險代理人及保險經紀；
- 索償調查者、公證行及其他專業顧問；
- 本公司其他指定服務提供者，提供包括以下服務：電訊、資訊科技、行政、數據處理、付款處理、緊急援助、法律及醫療；
- 任何保險業組織或聯會及其成員；及
- 任何必要人士以符合任何相關的法律或規則要求，或監管機構之命令，

以上各項適用於香港特別行政區境內及境外。

### **市場推廣**

貴為本公司的重要客戶，本公司及其集團公司可能會透過閣下所提供的個人資料如姓名及聯絡方法，向閣下推廣本公司及其集團公司的一般保險產品、服務或優惠，及為閣下提供該等產品、服務或優惠的市場推廣資料和最新消息。

如閣下已於投保書勾選位於投保人簽署上方的空格表示不願接收任何市場推廣資料和最新消息，本公司將不會使用閣下的個人資料作直接推廣用途。閣下亦可隨時要求本公司停止使用閣下的個人資料作直接推廣用途。屆時請按照下述聯絡方式通知本公司的條例事務主任。

### **資料查閱要求及更改**

閣下有權要求查閱及更改本公司所持有的任何有關您之個人資料。有關申請可循下列途徑向本公司之條例事務主任提出：郵寄至香港鰂魚涌英皇道979號太古坊多盛大廈32樓，或傳真至+852 2968 5111，或電郵至[hkcompliance@awac.com](mailto:hkcompliance@awac.com)。