

## 中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

香港銅鑼灣新寧道8號中國太平大廈19字樓  
19/F, China Taiping Tower, 8 Sunning Road, Causeway Bay, Hong Kong

Tel: (852) 2815 1551 Fax: (852) 2541 6567 E-mail: info@hk.cntaiping.com Website: www.hk.cntaiping.com Customer Service Hotline: (852) 3716 1616

### 火險投保書

### FIRE INSURANCE PROPOSAL FORM

請填報以下項目資料，並在適當的空格填上☑，如有變更必須通知保險公司

Please answer items below and tick the boxes where appropriate ☑ and inform Co. if any of them has been altered

被保險人資料 PARTICULARS OF INSURED			
公司 Company	名稱： Name:		商業登記證號碼： B.R. No.:
個人 Individual	姓名： Name:	性別： Sex:	香港身份證號碼： HKID Card No.:
通訊地址： Correspondence Address:			
電郵地址： E-mail Address:		聯絡電話： Contact Tel. No.:	傳真號碼： Fax No.:
投保細則 INSURANCE COVER			
過戶： Mortgagee:			
保險處所： Risk Situation:			
佔用性質： Occupation:			
建築等級： Construction:		一等建築(全鋼筋混凝土結構) Class 1 (Reinforced concrete throughout)	其他 Others
如建築等級選擇為「其他」，請詳述： If select "Others", please specify:			
承保日期：(日/月/年) Period of Insurance: (dd/mm/yyyy)		由 From	至 To (起迄兩天均包括在內) (Both dates inclusive)
承保風險： Insured Perils:		火災保障 Fire Only	附加保障* AP2*
<p>* 按照條文 Subject to Endorsement:</p> <p>附加保障：保火災、爆喉、自動滅火花灑滲漏、爆炸、颱風及水浸、地震、飛行物體墜落、車輛撞擊、罷工暴動及惡意破壞。</p> <p>AP2: Fire, Bursting Pipes, Sprinkler Leakage, Explosion, Typhoon &amp; Flood, Earthquake, Aircraft Damage, Vehicle, Impact, Riot &amp; Strike and Malicious Damage.</p> <p>* 遇損失發生時，保險產物總值高於保險金額時，保險賠償將會按比例減少。</p> <p>In the case of loss, if the property insured shall be greater value than the sum insured the insured shall be considered as being his own insurer for the difference and the indemnity under this insurance will be made proportionately.</p>			

保險產物資料 PROPERTY INSURED DETAILS		
保險產物 Property Insured	幣別 Currency (港幣 HKD/美金 USD/人民幣 CNY)	保險金額 Sum Insured
1. 房屋部份但陰溝地基除外 On fabric of building, including landlord's fixtures and fittings but excluding drains and foundations		
2. 傢俱、設備、裝修包括生財器具 On furniture, fixtures & fittings including trade utensils		
3. 貨物包括原料及半製成品 On stock-in-trade including raw materials & semi-finished products		
4. 機器及其附件(但不包括公模) On machinery & accessories, excluding moulds of any kind		
5. 其他，請詳述： Others, please specify:		
	合計 TOTAL	

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公司 Company	名稱： Name:	商業登記證號碼： B.R. No.:	
個人 Individual	姓名： Name:	性別： Sex:	香港身份證號碼： HKID Card No.:

投保書補充資料欄 SUPPLEMENT OF PROPOSAL FORM

### 收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

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，或該等索償的調查或分析；及本公司行使任何代位權。

上述資料可能移轉予：

- 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，以達到任何上述或有關目的；
- 現存或不時成立的任何保險公司協會或聯會或類同組織（統稱為「聯會」），以達到任何上述或有關目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；及
- 或透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的。

此外，在此授權本公司可向「聯會」從保險業內收集的資料中查閱及／或核對 閣下任何資料。閣下有權查閱及要求更正由本公司持有有關 閣下的個人資料。如有需要，請以書面形式向本公司總經理辦公室經理提出，地址為香港銅鑼灣新寧道8號中國太平大廈19字樓。

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 alterations, variations, cancellation or renewal of such product or service;
- any claim or investigation or analysis of such claim; and exercising any right of subrogation.

The said information may be transferred to -

- any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
- any association, federation or similar organization of insurance companies (collectively called "the Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation, and
- any members of the Federation by the Federation for any of the above or related purposes.

Moreover, the Company is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right to obtain, to access to and to request correction of any personal information concerning yourself held by the Company. Requests for such access can be made in writing to our Manager of the Office of the General Manager at 19/F., China Taiping Tower, 8 Sunning Road, Causeway Bay, Hong Kong.

### 投保人聲明 DECLARATION

- 本人謹此聲明本投保書所列全部資料乃就本人所知一切據實填報。本人明白本投保書及聲明將構成本人與中國太平保險(香港)有限公司之間的合約依據。  
I declare that to the best of my knowledge and belief the information given on this form is true and complete in every respect. I agree that this proposal and declaration will be the basis of the contract between me and CHINA TAIPING INSURANCE (HK) COMPANY LIMITED.
  - 本人同意有關保險須在該公司接受本投保書後才生效。  
I agree that the insurance will not be in force until the proposal has been accepted by the Company.
- ☐ 本人反對使用本人的個人資料於擬作出保險產品/服務的直接促銷。  
I object to the use of my personal data for direct marketing of insurance products/services.

日期：  
Date :

投保人簽署及蓋章：  
Signature of Proposer &  
Company Chop :

(日/月/年 dd/mm/yyyy)

由本公司填寫 FOR OFFICE USE ONLY							
PC:				IT:			
CC:				CC:			
AT:				AC:			
DI:	M	201:	%	202:	%	203:	%
	S	201:	%			204:	%
	O	R:	%			213:	%
SC:							
REMARK:							