



# 中國交銀保險有限公司

## CHINA BOCOM INSURANCE CO., LTD.

香港灣仔告士打道 231-235 號交通銀行大廈 16 樓 電話 Tel (852) 2591 2938 傳真 Fax : (852) 2831 9192  
16/F., Bank of Communications Tower, 231-235 Gloucester Road, Wan Chai, Hong Kong.



ISO 9001 : 2000  
Certificate No. 202608

### 盜竊保險投保書

### BURGLARY INSURANCE PROPOSAL FORM

投保人名稱  
Name of Proposer: \_\_\_\_\_

投保地點  
Insured Situation: \_\_\_\_\_

投保人職業  
Insured's Occupation: \_\_\_\_\_ 電郵地址  
E-Mail Address: \_\_\_\_\_

保險期 月 由 年 月 日 至 年 月 日  
Period \_\_\_\_\_ Month : FROM \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Date TO \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Date

通訊地址 (如與投保地點不同者)  
Postal Address (If Different from Insured Situation): \_\_\_\_\_

投保項目 Insured Items:	保險金額 Sum Insured (HK\$)
傢俬、裝修 Furniture, Fixtures & Fittings.....	_____
機器及零件 (工模除外) Machinery / Plant & Equipment (Excluding Moulds of any kind).....	_____
經營之存貨及物料包括製成品及半製成品 Stock & Materials in Trade (Including Finished & Semi-Finished Goods).....	_____
其他 (請列明) Others (Please specify).....	_____
總 額 TOTAL SUM INSURED:	_____

如投保項目是存貨及物料、請列明貨物種類  
If Insured Item is Stock & Materials in Trade, please specify what kind of products: \_\_\_\_\_

請列明被保險物每件最高之價值  
Please state the maximum value per item of the Insured Property: \_\_\_\_\_

1. 曾在最近三年內索償保險紀錄?  
In the past 3 years have you been made any insurance claims?  是 Yes  否 No
2. 曾被保險公司拒絕投保, 取消保單或拒絕續保?  
Have you ever been declined insurance, or have any insurance been cancelled or have any renewal been refused by any insurer?  是 Yes  否 No
3. 是否在投保地點安裝防盜系統? 如有, 請提供詳細資料。  
Is the Insured Situation fitted with Burglary Alarm System? If so, please provide details.  是 Yes  否 No

若以上問題答“是”, 請詳細列明。  
If 'yes' for above questions, please provide details: \_\_\_\_\_

#### 投保人須知 Important Notes to Proposer

為了提供此項和其他保險服務予投保人, 及知會投保人本公司之最新發展, 本公司現收集並可能轉傳投保人的資料予其他有關團體。投保人有權向本公司查閱及要求更正該等資料。

To enable us to provide this and other insurance services, as well as to keep you information of our new development, your personal data is collected and may be transferred to other relevant parties. Request to access or correct the data can be made to us now or in the future.

#### 聲 明 Declaration

1. 本人/我們謹就本人/我們所知及所聲明, 上述資料全部屬實無訛。  
I / We declare that the information given above is true and complete to the best of my / our knowledge and belief.
2. 本人/我們明白本投保書被中國交銀保險有限公司接受後, 保障才正式生效及同意該投保書和聲明將被用作雙方合約之根據。  
I / We understand that this application will not become effective until this proposal has been accepted by CHINA BOCOM INSURANCE CO., LTD. and agree that this Proposal and Declaration shall be the basis of the contract between me / us and CHINA BOCOM INSURANCE CO., LTD.

投保人簽署  
Signature of Proposer: \_\_\_\_\_ 日期  
Date: \_\_\_\_\_

#### For Office Use Only:

Agent: Code		Rate / Premium	
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