



# 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  
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ISO 9001 : 2000  
Certificate No. 202608

### 交銀商業綜合保險投保書

### Business Package Insurance Proposal Form

#### 投保人/投保公司資料 Details of the Proposer/Company

投保人姓名/投保公司名稱 Name of Proposer :		
受保業務地點 Business Premises		
保險期 Period of Insurance : 由 From _____ 至 To _____		
電話號碼 Tel No.	傳真機號碼 Fax No.	公司業務性質 Nature of Business:

#### 投保金額(港幣) Sum Insured (HK\$)

投保項目 Coverage	投保保障金額 Limit of Indemnity	
1. 財物損失 Contents	HK\$	
如貨辦與存貨之投保金額高於上述投保項目 1 財物損失之投保金額的百分之十，必須清楚列明貨辦與存貨之投保金額。 If the sum insured of trade sample & stock in trade is over 10% of contents sum insured above, please specify the insured amount.		
2. 營業中斷保障 Business Interruption	基本保障金額 Standard Limit	
3. 公眾責任保障 Public Liability		
4. 現金保障 Money Insurance		
5. 個人意外保障 Personal Accident		
<b>自選保障項目 Optional Cover</b>		
6. 僱員補償保障 Employees' Compensation	僱員人數 No. of Employees	估計全年總收入 Est. Total Annual Earnings
(a) 管理及行政人員 Managerial Staff		HK\$
(b) 內部文職人員 Indoor Clerical Staff		HK\$
(c) 外部推銷及市場拓展人員 Outdoor Sales & Marketing Staff		HK\$
(d) 室內清潔員工 Indoor Cleaning Worker		HK\$
(e) 信差及辦公室助理 Messenger & Office Assistant		HK\$
(f) 收銀員 Cashier		HK\$
(g) 室內店員及售貨員 Indoor Sales & Shop attendant		HK\$
(h) 私家車司機 Private Car Drivers		HK\$
(i) 其他(請註明) Others (Please specify)		HK\$
總數 TOTAL :		HK\$
<b>自選保障 Optional Cover</b>		
<input type="checkbox"/> 附加租金損失保障 Additional Cover for Loss of Rent (保障金額 / Limit of Indemnity: HK\$ _____)		
<input type="checkbox"/> 公眾責任保障之保障金額增至 / Limit of Indemnity under Public Liability Section increase to : HK\$ _____		
<input type="checkbox"/> 安裝於投保地點外行車路上之廣告招牌 Advertising Signboard erected to the premises over the carriageway (體積 Size _____ m <sup>2</sup> )		
<input type="checkbox"/> 辦公時間內存放於受保地點之現金保障金額增至 Limit of Indemnity of Increase Money in Premises increase to : HK\$ _____		
<input type="checkbox"/> 在香港境內押運之現保障金額增至 / Limit of Indemnity of Money in Transit increase to : HK\$ _____		

#### 投保資料 Insurance History

- 閣下於過去三年內曾否遭遇損失? Have you suffered from any loss within the past 3 years? 是 Yes  否 No   
所有答“是”者，請於下列詳述之。 If you have answer “yes” to any question, please give details below:
- 受保業務地點防盜警報系統? Is a burglary alarm installed in your business premises? 是 Yes  否 No   
(如有，請詳述該系統資料 If yes, Please gives details of alarm)

#### 投保人聲明 Declaration

- 本人/本公司投保之業務地點只供作寫字樓或商舖之用途，並無進行製造業或有關之程序。The premises are solely occupied by me/my company as an office or shop and no processing and/or manufacturing of any kind is carried out within the premises.
- 本人/本公司投保之辦公室或商舖包屋頂，全用磚石或三合土建成，並有經常維修，適宜營業。The premises are built of brick or concrete and roofed with concrete, and is in good state of repair.
- 本人/本公司從未遭受任何保險公司拒絕受理投保，續保或取消本人/本公司之保單或要求提高保費及附加特別條件始允承保。No insurer has ever cancelled, declined, refused to renew or imposed special terms or conditions on any policy held by myself or my company.
- 本人/本公司已填報一切重要的有關資料，絕無隱瞞或保留，並同意將本投保書和聲明作為與中國交銀保險有限公司和本人/本公司所訂合約之根據，並以保單上各條款為準則。I/my company have not withheld any material information and accept that this application and declaration shall be the basis of, and be incorporated in the contract between China BOCOM Insurance Co., Ltd. and myself or my company

**其他保險類別 (Other Insurance)**

除交銀商業綜合保險外，我司亦可提供多種保險項目迎合您的需求，請在有需要之類別加上“√” 並提供相關資料，我會立即跟進。In addition to Business Package Insurance, we also provide various insurance products to meet your needs. Please tick 「√」 for any insurance products you are interested and our representatives will follow up immediately.

<input type="checkbox"/> 運輸保險 Cargo Insurance	<input type="checkbox"/> 汽車保險 Motor Insurance	<input type="checkbox"/> 建築/安裝工程險 Contractor / Erection All Risks Insurance
<input type="checkbox"/> 團體醫療保險 Group Medical Insurance	<input type="checkbox"/> 董事及行政人員責任保險 Directors' & Officers' Liability	<input type="checkbox"/> 專業責任保險 Professional Indemnity Insurance
<input type="checkbox"/> 中國意外急救醫療保險 China Accident Medical Card	<input type="checkbox"/> 家居綜合險 Home Comprehensive Insurance	<input type="checkbox"/> 家傭保險 Domestic Helper Insurance
<input type="checkbox"/> 旅行保險 Travel Insurance	<input type="checkbox"/> 人身意外綜合保險 Comprehensive PA Insurance	<input type="checkbox"/> 其他 Other

\_\_\_\_\_  
投保人簽署及公司印章 Proposer's Signature with Company Chop

\_\_\_\_\_  
日期 Date

**OFFICE USE ONLY**

Agent Code		Client Code	
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