



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

家居綜合保險投保書

HOME COMPREHENSIVE INSURANCE PROPOSAL FORM

投保人姓名 : _____ 電話 : _____ 傳真 : _____
Name of Proposer : _____ Tel. No. : _____ Fax No. : _____
投保地點 : _____
Insured Situation : _____

樓齡 Age of Building : _____
通訊地址(如有不同) Mailing Address(If any) : _____

保險期 : 由 _____ 年 _____ 月 _____ 日 至 _____ 年 _____ 月 _____ 日
Period of Insurance : From _____ D _____ M _____ Y To _____ D _____ M _____ Y
投保地點用途 Purpose of Building 自住 Owned 出租 Rented Out
住宅類別 Type of Building 公共房屋 Public Housing 私人房屋 Private Housing 獨立房屋 House
請以“√”選擇保障 Please use “√” to select coverage

家居財物保障 Home Contents Coverage	建築面積(平方呎) Gross Floor Area (in Square feet)	保費 (HK\$) Premium (HK\$)	全年保費 (HK\$) Annual Premium (HK\$)
	少於 Less than 500	<input type="checkbox"/> HK\$550	
	501 - 700	<input type="checkbox"/> HK\$800	
	701 - 1,000	<input type="checkbox"/> HK\$1,000	
	1,001 - 1,500	<input type="checkbox"/> HK\$1,200	
	1,501 - 2,000	<input type="checkbox"/> HK\$1,500	
	2,001 - 2,500	<input type="checkbox"/> HK\$1,800	
	More than 2,500 以上	<input type="checkbox"/> 另行商議 (Negotiable)	HK\$ _____
家傭保險 Domestic Helper Insurance	計劃 Plan A 計劃 Plan B *計劃 B 只適合海外家傭 Plan B for Oversea Domestic Helper	95 折優惠 Discount 95 折優惠 Discount	Less 5% : HK\$ _____ Less 5% : HK\$ _____
*請參考家傭綜合保險簡介 Please refer to Domestic Helper Comprehensive Insurance Pamphlet		全年總保費 Total Annual Premium	: HK\$ _____

在過去三年曾否有索償家居保險之記錄, 如有, 請詳細說明: _____
Have you made any claim under your home contents policy for past 3 years? If Yes, please specify

如選擇家傭保險, 請填下列家傭資料 (If you select Domestic Helper Insurance, Please provide the following information):

家傭姓名 : _____ 身份證/護照號碼 : _____
Name of Domestic Helper : _____ I.D./Passport No. : _____
出生日期 : _____ 性別 : _____ 國籍 : _____
Date of Birth : _____ Sex : _____ Nationality : _____

如選擇家傭保險計劃 B 者, 請填寫有關您的家傭健康狀況:

If you select Domestic Helper Insurance Plan B, please complete the following about the health condition of your domestic helper.

- 您是否知道上述家傭可能因某種病症而需要接受治療或手術? 是 yes 否 no
Are you aware of any condition for which your domestic helper may require medical or surgical treatment?
- 您的家傭曾否被拒保意外或醫療保險, 或需附加特別項目或條件才受保? 是 yes 否 no
Has the domestic helper ever been rejected or subject to special terms and conditions when applying for accident or illness insurance?

以上任何一項回答“是”者, 請詳細說明。 _____
If any the above answer is “yes”, please give 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

- 本人之投保居所只作投保人及其家人自住用途, 及非公共房屋、住宅結構是由磚、石或三合土建做, 以及樓齡不超過三十年。
The Insured Premises is solely occupied by me and my family for the purpose of dwelling and public estate, is built of bricks, stone or concrete and roofed with concrete, and age of building not exceed 30 years.
- 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事實之全部, 並所有能影響是項申請評估的事實因素均已呈報。
I declare that the information given above is true and complete to the best of my knowledge and belief. I further declare that all materials affecting the assessment of this application have been disclosed.
- 本人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 understand that this application will not become effective until this proposal has been accepted by CHINA BOCOM INSURANCE CO., LTD. and agreed that this Proposal and Declaration shall be the basis of the contract between me and CHINA BOCOM INSURANCE CO., LTD.

投保人簽署 : _____ 日期 : _____
Signature of Proposer: _____ Date: _____

Agent Code	
Client Code	