



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

財產全險投保書

PROPERTY ALL RISKS INSURANCE PROPOSAL FORM

投保人名稱
Name of Proposer: _____

投保地點
Insured Situation: _____

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

過戶 Mortgagee(s)/Lien Holder(s): _____ 銀行檔號 Bank Ref. No.: _____

建築物級別 Class of Construction: _____ 佔用性質 Occupation: _____

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

保 : On :	保險金額 Sum Insured (HK\$)
房屋 (溝渠及地基除外) Building / Flat Including Landlord's Fixtures And Fittings (but excluding drains & foundations).....	_____
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 Others.....	_____
總 額	
TOTAL SUM INSURED: _____	

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/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.
- 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 _____ 日期 _____
Signature of Proposer: _____ Date: _____

For Office Use Only:

Agent:		Rate:	
Client:		Premium:	
Comm.:		A/C Handler:	
Disc.:		Register no.:	
Excess:			