

Pleasure Craft Proposal Form

遊艇保險投保書



Please complete in BLOCK LETTER, send back this form to **FWD General Insurance Company Limited**.
請以英文正楷填寫並回傳此表格至**富衛保險有限公司**。

Please delete whichever is inappropriate *
Please tick the appropriate box

Pls provide the copy of
"Certificate of Ownership" &
"Operating License"(front &
back page) for quotation
enquiry 需要提供"擁有權證
明書"及"運作牌照"副本(正面
及背面)用作報價查詢

1) Details of Proposer 投保人資料

Full Name of Proposer : 投保人姓名	Correspondence Address : 通訊地址
HKID Card No. : 香港身份証號碼	
Contact No. 聯絡電話: Email Address 電郵地址:	Occupation/Nature of Work : 職業/工作性質
Period of Insurance: From _____ to _____ 保單生效日期 由 至	Mortgagees (if applicable) : 受抵押人 (如適用)

2) Details of Craft to be insured

a) Name of Boat :	Certificate of Ownership No. :
Proposed Sum Insured (for Comprehensive Cover) :	Year Built: Builder:
Type of Boat : <input type="checkbox"/> Junk <input type="checkbox"/> Sailing Yacht <input type="checkbox"/> Cabin Cruiser <input type="checkbox"/> Speedboat <input type="checkbox"/> Others : _____	Type of Engine: <input type="checkbox"/> inboard <input type="checkbox"/> outboard Engine No.:
(For speedboat: Will it be used for water-skiing or other water sport activities? <input type="checkbox"/> Yes <input type="checkbox"/> No)	Horse Power: Designed Max. Speed (knots):
Hull Material : <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wooden <input type="checkbox"/> Steel / Aluminum <input type="checkbox"/> Others : _____	Maximum number of persons to be carried :
Dimension : Length _____ Beam _____ Draft _____	Last boat's survey by HKSAR Marine Department :
b) Tender attached to the boat : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type : <input type="checkbox"/> Wooden <input type="checkbox"/> Inflatable <input type="checkbox"/> Fiberglass	Year Built : _____ / Dimension : Length _____ Beam _____
Proposed Sum Insured :	Engine No. : _____ / Horse Power : _____
c) Personal Effects (on board the boat) : <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If "yes", please state the following replacement value : - Maximum value per article : \$ _____ Full replacement value : \$ _____

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3) Optional Extension (applicable to sailing yacht for comprehensive cover only)

Do you need Racing Risk Extension? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state full replacement value of masts, spars, sails and rigging \$ _____
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4) Details of Mooring and Operation

Purpose of Use :	<input type="checkbox"/> Use for private pleasure purposes only and not let for hire or reward <input type="checkbox"/> Use as a houseboat
Do you employ :	<input type="checkbox"/> a boat boy <input type="checkbox"/> a watchman <input type="checkbox"/> both of them <input type="checkbox"/> none of them
Mooring Place :	When not in use or whenever typhoon signal No. 3 (or upwards) is hoisted, the boat is securely <input type="checkbox"/> moored <input type="checkbox"/> put on hard standing at : Marina Club / Typhoon Shelter* (please specify) _____
Cruising Limit :	<input type="checkbox"/> Within Hong Kong territorial waters only <input type="checkbox"/> Others, please specify : _____

5) Type of Cover Required

The following choices are subject to the current Institute Yacht Clauses so far as applicable subject to claim deductible to be agreed and subject always to the Company's sole discretion for acceptance. <input type="checkbox"/> Third Parties Liabilities Cover : <input type="checkbox"/> HK\$5,000,000.00 (the minimum requirement) or <input type="checkbox"/> _____ <input type="checkbox"/> Comprehensive Cover, including Third Parties Liabilities up to <input type="checkbox"/> HK\$5,000,000.00 (the minimum requirement) or <input type="checkbox"/> the hull value or <input type="checkbox"/> _____ (if any higher limit is required on third parties liabilities)
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6) Proposers Claims Record and Cruising Experience

1) Have you ever owned or had an interest in a boat previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	1) If 'Yes', please give the following details: (a) Name of the most recent insurer: _____ (b) Details of any claim made on any insurer for past 3 years : _____
2) Has any insurer : a) declined to insure you? b) cancelled / refused to renew your insurance?	2) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3) Please state your or the skipper's qualification and experiences in handling crafts :	3)

When accepted, the insurance shall also be subject to the warranty that all the requirements and regulations of the current Merchant Shipping (Local Vessels) Ordinance (Chapter 548) must be complied with throughout the currency of the insurance

Personal Information Collection Statement ("PICS")

1. From time to time, it is necessary for you to supply **FWD General Insurance Company Limited** (the "Company") or agents and representatives acting on its behalf with personal information and particulars in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.
 2. The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as "Your Personal Data".
 3. "Your Personal Data" will also include personal data relating to your dependents, beneficiaries, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.
 4. As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, "the Group").
 5. The purposes for which Your Personal Data may be used are as follows:
 - (i) providing our services and products to you, including administering, maintaining, managing and operating such services and products;
 - (ii) processing, assessing and determining any applications or requests made by you in connection with our services or products and maintaining your account with the Company;
 - (iii) developing insurance and other financial services and products;
 - (iv) developing and maintaining credit and risk related models;
 - (v) processing payment instructions;
 - (vi) determining any indebtedness owing to or from you, and collecting and recovering any amount owing from you or any person who has provided any security or other undertakings for your liabilities;
 - (vii) exercising any rights that the Company may have in connection with our services and/or products;
 - (viii) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
 - (ix) any purposes in connection with any claims made by or against or otherwise involving you in respect of any of our services or products, including, making, defending, analysing, investigating, processing, assessing, determining, responding to, resolving or settling such claims detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
 - (x) performing policy reviews and needs analysis (whether or not on a regular basis);
 - (xi) meeting disclosure obligations and other requirements imposed by or for the purposes of any laws, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong) binding on the Company or any other member of the Group, including making disclosure to any legal, regulatory, governmental, tax, law enforcement or other authorities (including for compliance with sanctions laws, the prevention or detection of money laundering, terrorist financing or other unlawful activities) or to any self-regulatory or industry bodies such as federations or associations of insurers;
 - (xii) for statistical or actuarial research undertaken by the Company or any member of the Group; and
 - (xiii) fulfilling any other purposes directly related to (i) to (xii) above.
 6. Your Personal Data will be kept confidential, but to facilitate the purposes set out in paragraph 5 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the following:
 - (i) other members of the Group;
 - (ii) any person or company carrying on insurance-related and/or reinsurance-related business which is engaged by the Company in connection with the Company's business;
 - (iii) any physicians, hospitals, clinics, medical practitioners, laboratories, technicians, loss adjustors, risk intelligence providers, claims investigators, organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations, other insurance companies (whether directly or through fraud prevention organizations or other persons named in this paragraphs), the police and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information, legal advisors and/or other professional advisors engaged in connection with the Company's business;
 - (iv) any agent, contractor or service provider providing administrative, distribution, credit reference, debt collection, telecommunications, computer, call centre, data processing, payment processing, printing, redemption or other services in connection with the Company's business; and/or
 - (v) any official, regulator, ministry, law enforcement agent or other person (whether within or outside Hong Kong) to whom the Company or another member of the Group is under an obligation or otherwise required or expected to make disclosures under the requirements of any law, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong).
 7. Your Personal Data may be transferred or disclosed to any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business.
 8. The Company is only allowed to (i) use Your Personal Data in direct marketing; or (ii) provide Your Personal Data to another person or company for its use in direct marketing, if you provide your consent or do not object in writing.
 9. In connection with direct marketing, the Company intends:
 - (i) to use your name, contact details, services and products portfolio information, financial background and demographic data held by the Company from time to time in direct marketing to market the following classes of services and products offered by the Company, other members of the Group and/or Our Business Partners (being providers of the product and services described below) from time to time:
 - a. insurance services and products;
 - b. wealth management services and products;
 - c. pensions, investments, brokering, financial advisory, credit and other financial services and products;
 - d. health-check and wellness services and products;
 - e. media, entertainment and telecommunications services;
 - f. reward, loyalty or privileges programmes and related services and products; and
 - g. donations and contributions for charitable and/or non-profit making purposes; and
 - (ii) to provide your name and contact details to FWD Life Insurance Company (Bermuda) Limited or any members of the Group and/or Our Business Partners for their use in direct marketing the classes of services and products described in paragraph 9(i) above (including, in the case of Our Business Partners, for money or other commercial benefit).
- The Company intends to send you marketing communications or materials and use Your Personal Data in accordance with paragraphs 8 & 9 above. If you do NOT agree to receive such marketing communications or the Company's intended use of Your Personal Data, you may write to the Corporate Data Protection Officer of the Company at the address below to opt out from direct marketing at any time:**
- Corporate Data Protection Officer
FWD General Insurance Company Limited
8th Floor, FWD Financial Centre,
308 Des Voeux Road Central
Hong Kong
10. To facilitate the purposes set out in paragraphs 5 and 9 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the parties set out in paragraphs 6 and 9(ii) and you acknowledge that those parties may be based outside Hong Kong and that Your Personal Data may be transferred to places where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the Personal Data (Privacy) Ordinance.
 11. Under the Personal Data (Privacy) Ordinance you have the right to request access to Your Personal Data held by the Company and request correction of any of Your Personal Data which is incorrect and the Company has the right to charge you a reasonable fee for processing and complying with your data access request.
 12. Requests for access to or correction of Your Personal Data should be made in writing to the Corporate Data Protection Officer of the Company at the address above. Should you have any queries, please do not hesitate to call our Customer Service Hotline on 3123 3123.
 13. In case of discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
 14. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.

收集個人資料聲明

- 閣下需要不時向富衛保險有限公司（「本公司」）或本公司的代理及代表就本公司的服務及產品提供個人資料及詳情。如未能提供所需資料及詳情，可能會導致本公司無法向閣下提供或繼續提供有關服務及產品。
 - 本公司亦可以利用閣下提供的資料及詳情製作及匯編額外的個人資料。本公司不時收集、製作及匯編的所有個人資料，以下統稱為「閣下的個人資料」。
 - 「閣下的個人資料」亦包括由閣下提供有關閣下的受養人、受益人、獲授權代表及其他人士的資料。如閣下代表他人提供個人資料，閣下確認閣下乃是他們的父母或監護人或閣下已取得有關人士之同意提供有關人士之個人資料予本公司作本聲明之用途。
 - 如本聲明所述，閣下的個人資料亦可能被本公司的附屬公司、控股公司、聯營或聯屬公司或本公司控制的公司或與本公司受共同控制的公司（統稱「本集團」）處理。
 - 閣下的個人資料可能用於以下用途：
 - 向閣下提供本公司的服務及產品包括管理、維持、處理及運作有關服務及產品；
 - 處理、評估及決定閣下就本公司的服務或產品而提出的任何申請或要求，以及維持閣下在本公司的賬戶；
 - 發展保險及其他金融服務及產品；
 - 發展及維持本公司信貸及風險之相關模型；
 - 處理付款指示；
 - 釐訂任何欠付閣下或閣下所欠的負債，及向閣下或任何為閣下的債務提供擔保或其他承諾的人士收取及追討欠款；
 - 行使與本公司的服務及／或產品有關的任何權利；
 - 就本公司之服務及產品作出資格、信貸、身體、醫療、擔保、承保及／或身份核証；
 - 用於任何因本公司的產品或服務而由閣下提出或本公司對閣下提出的申索，包括作出、抗辯、分析、調查、處理、評核、決定、回應、解決或和解有關申索以及偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的目的是；
 - 進行保單審閱及需求分析（不論是否定期進行）；
 - 本公司或本集團的其他成員根據任何法律、規則、規例、實務守則或指引（不論在香港境內或境外適用）要求而須作出披露，包括向任何法定機構、監管機構、政府機構、稅務機構、執法機構或其他機構（包括為遵守制裁法、避免或偵查洗錢、恐怖分子資金籌集或其他不法活動）或向任何獨立監管或行業團體（如保險業聯會或協會等）作出披露；
 - 作本公司或本集團的任何成員的統計或精算研究；及
 - 履行與上文第(i)至(xii)段直接有關的其他用途。
 - 閣下的個人資料將被保密但為達成上文第5段列出的用途，本公司可能將閣下的個人資料轉移、披露、讓其查閱或與以下各方共同使用：
 - 本集團的其他成員；
 - 任何因本公司業務而聘用之經營保險相關及／或再保險相關業務之人士或公司；
 - 任何因本公司業務而聘用的治療師、醫院、診所、醫生、化驗所、技師、損失理算人、風險情報供應商、索賠調查人、整合保險業申索和承保資料的組織、防欺詐組織、其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）、警察、和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）、法律顧問及／或其他專業顧問；
 - 任何向本公司之業務提供行政、分銷、信貸資料庫、債務追討、電訊、電腦、熱線中心、資料處理、付款處理、印刷、贖回或其他服務的代理人、承包商或服務供應商；及／或
 - 任何本公司或本集團的其他成員負有責任或需要或預期要根據任何法律、規則、規例、實務守則或指引（不論在香港境內或境外適用）作出披露的官員、規管者、部門、執法代理或其他人士（不論在香港境內或境外）。
 - 閣下的個人資料可能被轉移或披露予任何承讓人、受讓人、本公司業務的任何實質部分的參與人或次參與人。
 - 本公司只可在閣下作出書面同意或不反對的情況下 (i) 使用閣下的個人資料作直接促銷用途，或 (ii) 將閣下的個人資料提供予其他人士或公司作其直接促銷用途。
 - 就直接促銷而言，本公司擬：
 - 使用本公司不時持有的閣下姓名、聯絡資料、服務及產品組合資料、財務背景及人口統計資料作直接促銷用途；銷售本公司、本集團其他成員及／或本公司之業務夥伴（即以下產品及服務的供應商）不時提供的下列服務及產品：
 - 保險服務及產品；
 - 財富管理服務及產品；
 - 退休金、投資、經紀、財務諮詢、信貸及其他金融服務及產品；
 - 健康檢查及健康服務及產品；
 - 媒體、娛樂及電信服務；
 - 獎賞、客戶忠誠或優惠計劃及相關服務及產品；及
 - 為慈善及／或非牟利用途的捐款及捐贈。
 - 將閣下的姓名及聯絡資料提供予富衛人壽保險（百慕達）有限公司及本集團任何成員及／或本公司之業務夥伴，讓其用於直接促銷上文第9(i)段所載的服務或產品（如為業務夥伴，則包括作金錢或其他商業利益）。
- 本公司有意向閣下送交推廣訊息或資料及根據上述第8及第9段使用閣下的個人資料。如閣下不同意接收有關的推廣訊息或本公司擬對閣下的個人資料的使用，閣下可於任何時間致函本公司的資料保護主任並將函件郵寄至以下地址，藉以行使閣下不同意此項安排的權利：
- 富衛保險有限公司
香港德輔道中 308 號
富衛金融中心 8 樓
- 為達成上文第5及第9段所列出的目的，本公司可能將閣下的個人資料轉移、披露、讓其查閱或與上文第6及第9(ii)段所列的各方共同使用及閣下知悉有關一方可能設在香港以外的地方及閣下的個人資料可能被轉往的地方未必設有與《個人資料（私隱）條例》大致相同或用作同一用途的資料保護法。
 - 根據《個人資料（私隱）條例》，閣下有權要求查閱本公司所持有閣下的個人資料，並要求改正閣下的不正確個人資料及本公司有權就處理及遵行閣下的查閱資料要求而收取合理費用。
 - 查閱或改正閣下的個人資料要求，應以書面形式向本公司的資料保護主任提出並將函件郵寄至上述地址。如閣下有任何疑問，敬請致電本公司之客戶服務熱線 3123 3123。
 - 中英文本如有歧異，概以英文本為準。
 - 本公司保留隨時增補、更改、更新及修訂本聲明之權利，並任何更改將於發出通知時起生效。

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Important Notes

The Applicant (i.e. You are) is required to disclose all material facts which you know FWD General Insurance Company Limited (the "Company") as an insurer would regard them as likely to influence the acceptance and assessment of this proposal. If you are in doubt whether certain facts are material you should disclose them. We recommend you to keep a record (including a copy of completed proposal) for your future reference of all information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide with the cover you require and may even invalidate the policy altogether.

重要事項

申請人(即你)必須提供所有可能影響富衛保險有限公司(「本公司」)接受承保及評估之重要事實, 如未能確定這項事實是否具有實質性的關係, 應將該等事實填報, 我們建議你將有關的資料(包括此投保書副本作紀錄), 以備日後作參考之用。為確保你的利益, 你應如實呈報所有有關資料, 否則此保單將可能無法提供你所需的保障, 甚至可能會導致此保單無效。

Declaration 聲明

I/WE HEREBY DECLARE AND AGREE THAT:

1. The information and particulars provided on this application form are accurate, true and complete and are given to the best of my knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between the Company and me/us. I hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about this application may render the Company unable to accept or process this application or the insurance policy void.
2. The insurance coverage applied for shall only take effect when this application has been accepted by the Company and I/We have paid the required premium.
3. (If applicable) I/We have obtained the authorisation from the insured person to provide the information requested in this application and to deal with and receive or request information concerning the insured person from the Company in relation to any matters arising from this application. I/We further acknowledge that the insured person has been explicitly informed and agrees that his/her personal data will be transferred to the Company for the purpose of this application and has been informed of his/ her rights under the Personal Data (Privacy) Ordinance.
4. I/We have read, understood and accepted the PICS.

The Company intends to send you marketing communications or materials and use your Personal Data in accordance with paragraphs 8 & 9 of the PICS. If you do not agree to receive such marketing communications or the Company's intended use of your Personal Data, please tick below to exercise your right to opt-out.

Opt-out marketing communications or materials and the Company's intended use of my personal data

Where the Applicant(s) has/have an Insurance Broker:

I/We understand, acknowledge and agree that, as a result of the purchasing and taking up the policy by me/us, with the policy issued by the Company, the Company will pay my/our authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. (If applicable) Where the applicant is a body corporate, I/We am/are the authorized person(s) signing on behalf of the applicant and I/We further confirm to the Company that I/We am/are authorized to do so.

I/We understand that the above agreement is necessary for the Company to proceed with the application.

本人/ 我們, 謹此聲明並同意:

1. 於此申請表格內所提供的資料及細節均是準確無誤, 真實及為事實之全部, 並且是盡本人/ 我們所知及所信而作答的。本人/ 我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為本公司及本人/ 我們之保險合約之承保根據。本人/ 我們在此確認, 如未能提供真實及準確無誤之資料或通知本公司任何有關此保險申請之重要資料, 將可能導致本公司不能接受或處理此保險申請或令本保單失效。
2. 保障一概必須在本申請獲本公司接納後及本人/ 我們已繳交應付保費後始可生效。
3. (如適用) 本人/ 我們已獲受保人授權提供本申請所需之一切資料, 並就本申請之相關事宜, 與本公司進行交涉, 並向其接收或索取與受保人有關之資料。本人/ 我們並確認受保人已獲明確通知及同意, 其個人資料將會轉介予本公司作辦理本申請之用, 亦已獲通知其在個人資料(私隱)條例下所享有的權利。
4. 本人/ 我們已閱讀、明白及接受收集個人資料聲明。

本公司有意向閣下送交推廣訊息或資料及根據收集個人資料聲明第8及第9段使用閣下的個人資料。如閣下不同意接收有關的推廣訊息或本公司擬對閣下的個人資料的使用, 請在以下有關方格內加上剔(✓)號。

拒絕接收推廣訊息或資料及富衛擬對本人的個人資料的使用

如申請人有保險經紀:

本人/ 我們明白、確知及同意, 本公司會就本人/ 我們購買及接受其簽發的保單, 於保單有效期內(包括續保期)向負責替本人/ 我們安排有關保單的獲授權保險經紀支付佣金。(如適用)假如申請人為法人團體, 本人/ 我們為代表申請人簽署的獲授權人員並向本公司確認本人/ 我們已獲該法人團體授權。本人/ 我們亦明白本公司必須取得申請人的上述同意, 才可以處理其保險申請。

Signature of Applicant / Individual to whom the PICS is given

申請人/ 獲發收集個人資料聲明人士簽署

Name of Agent / Broker/ Technical Representative

代理人/ 經紀/ 業務代表

Date

日期

Account Code

賬戶號碼