



HomeCare Insurance Application Form 家居保投保書

Please complete in BLOCK LETTERS and tick where appropriate. 請以英文正楷填寫並於適當空格內加上「✓」號。

(I) Details of Applicant 申請人資料		
Full Name of Applicant 投保人姓名	<input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Miss 小姐	Date of Birth 出生日期
HKID Card 香港身份證號碼:	電郵地址 Email Address	
Occupation 職業	聯絡電話 Contact No.	
Correspondence Address 通訊地址		
Flat 室 _____, Floor 樓 _____, Block 座 _____		
Building 大廈名稱: _____		
Street 街道: _____		
District 地區: _____		
<input type="checkbox"/> HK 香港 / <input type="checkbox"/> Kowloon 九龍 / <input type="checkbox"/> NT 新界		
Address of Home to be insured (if different from above) 投保居所地址 (若與以上不同)		
Flat 室 _____, Floor 樓 _____, Block 座 _____		
Building 大廈名稱: _____		
Street 街道: _____		
District 地區: _____		
<input type="checkbox"/> HK 香港 / <input type="checkbox"/> Kowloon 九龍 / <input type="checkbox"/> NT 新界		
Year Built of your Insured Home 投保居所之樓宇落成年份		
Period of Insurance Required 要求保單生效日期		
From 由 _____ DD日 _____ MM月 _____ YY年		
To 至 _____ DD日 _____ MM月 _____ YY年		

Insurance Premium 保險費用

Section 1 - Household Contents (Basic Cover) 第一部份：家居財物全險 (基本保障)

- * The Premium is based on the gross floor area (or saleable area if it is the only basis) of your insured home. Please tick the appropriate box.
- * 本保險的收費是以你所投保居所之建築面積 (或實用面積, 若它是唯一的依據) 計算, 請在適當空格內加上「✓」號。

Gross Floor Area / Saleable Area of Your Home (in square feet) 家居建築面積 / 實用面積(平方呎)	Limit of Liability (HKD) 最高賠償金額(港幣)	Annual Premium (HKD) 年費(港幣)
<input type="checkbox"/> 500 or below / 400 or below 或小於	\$500,000	\$630
<input type="checkbox"/> 501 - 700 / 401 - 560	\$500,000	\$880
<input type="checkbox"/> 701 - 850 / 561 - 680	\$750,000	\$1,110
<input type="checkbox"/> 851 - 1000 / 681 - 800	\$1,000,000	\$1,250
<input type="checkbox"/> 1001 - 1500 / 801 - 1200	\$1,000,000	\$1,600
<input type="checkbox"/> 1501 - 2000 / 1201 - 1600	\$1,000,000	\$2,000
<input type="checkbox"/> Over 2000 / Over 1600 或以上	\$1,000,000	To be advised 另議

Insurance levy is not included in the above premium 以上保費並未包括保費徵費

Section 2 - Personal Liability (Free Cover with Section 1)

第二部份: 個人責任(隨第一部份附上的免費保障)



Section 3 - Worldwide All Risks on Valuables and Personal Effects (Optional Cover) (Annual Premium Rate: 1.5%)
第三部份:全球性個人財物全險(選擇性保障)(每年保費率:1.5%)

A. Unspecified items 非特別列明財物
 For value of each item which does not exceed HK\$5,000 每項目之價值不超過5,000港元
 Total Sum Insured 總投保額-HK\$ _____
 (Minimum Premium HK\$150 最低保費為150港元)

B. Specified Items 特別列明財物
 Value of each item exceeds HK\$5,000 and is below HK\$50,000, please provide a copy of receipt of valuation certificate 每項目之價值超過5,000港元及低於50,000港元,請出示有關收據或估值書

Items Description 物品描述	New Replacement Value (HK\$) 最新估價(港幣)
1.	
2.	

Total Sum Insured 總投保額 (A+B) HK\$ _____
 Total Premium 總保費 HK\$ _____
 (A+B)(excluding insurance levy) (不包括保費徵費) _____

Section 4 - Building All Risks (Optional Cover)
第四部份:樓宇結構全險(選擇性保障)

Total Sum Insured 總投保額 HK\$ _____
 Annual Premium Rate 年費率0.085%(Minimum Premium 最低保費為HK\$400)
 Annual Premium 年費 HK\$ _____
 (excluding insurance levy) (不包括保費徵費)

Insurance Questionnaires 保險一般資料

Please tick the appropriate box. 請在適當空格內加上「✓」號。

1. Is your insured home situated within a building which is not more than 4-storey high? Yes 是 No 否
 投保居所是否位於四層高或以下樓宇內?

2. Is the age of building over 45 years? Yes 是 No 否
 投保居所樓齡是否在四十五年以上?

3. Have you or your family member living with you sustained any loss during the last three years from any of the risks now proposed for insurance? 你或與你同住家人在過去三年內曾否就有關保險計劃列明的保障範圍蒙受損失? Yes 是 No 否

If "Yes", please specify:
 如「是」請詳述: _____

(IV) Payment Method 付款方法

Cheque should be crossed and made payable to "Boltech Insurance (Hong Kong) Company Limited" 劃線支票抬頭請寫:「保特保險(香港)有限公司」
 Cheque 支票 Visa MasterCard
 Credit Card No. 信用卡號碼

Cardholder's Name 持卡人姓名 _____
 Card Expiry Date 信用卡有效期至
 _____ M月 _____ Y年

I hereby authorize Boltech Insurance (Hong Kong) Company Limited to charge my credit card account specified for this insurance.
 本人茲授權保特保險(香港)有限公司從本人列明的信用卡賬戶支取此保險所應繳之保費

 Cardholder's Signature 持卡人簽署 Date 日期 _____

HomeCare Insurance 家居保

Declaration 聲明

I/We hereby declare and agree that:

1. I/We have read and understood the product brochure and the terms and/or conditions of the policy provisions of the product in this application.
2. 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 Bolttech Insurance (Hong Kong) Company Limited ("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.
3. 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.
4. I/We have read, understood and accepted the Personal Information Collection Statement of the Company ("PICS"). By signing below, I/We confirm this application and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the PICS, and I understand I can scan the QR code below for review of the PICS or else I can request a copy of the PICS by calling the Company's Customer Service Hotline at 3123 3344.



5. If you do not agree to the use and provision of your personal data for direct marketing as set out in paragraphs 8 and 9 of the PICS, please tick the box below and we will not use your personal data for direct marketing.
 I/We do not agree with the use and provision of my/our personal data for direct marketing purposes and do not wish to receive any promotional and direct marketing materials.
6. (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 PICS (see paragraph 4 above).
7. 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. 本人/我們已參閱並明白有關此申請之產品小冊子及保單條款。
2. 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保特保險(香港)有限公司("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。
3. 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。
4. 本人/我們已閱讀、明白及接受本公司的收集個人資料聲明。透過以下簽名，本人/我們確認此申請並同意本公司可根據收集個人資料聲明列出之目的使用及披露本公司目前或將來持有的關於本人/我們的所有個人資料，並理解本人可以掃描以下二維碼查看本公司的收集個人資料聲明，或可致電本公司的客戶服務熱線 3123 3344 索取收集個人資料聲明副本。



5. 如閣下不同意本公司根據收集個人資料聲明第8和9段使用及提供本人的個人資料以作直銷目的，請在以下有關方格內加上剔(✓)號。
 本人/我們不同意本公司使用及提供本人的個人資料以作直銷目的，並不願意接收任何推廣訊息或直銷資訊。
6. (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，其個人資料將會轉予本公司作辦理本申請之用，亦已獲通知其在收集個人資料聲明下所享有的權利(見上文第4段)。
7. 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 Personal Information Collection Statement of the Company 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 (DD / MM / YYYY)

日期(日/月/年) _____

Account Code

賬戶號碼 _____

Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.
本申請表格的中英文版本如有差異，以英文版本為準。



® Sun Flower Insurance Brokers Limited
Placing through Sun Flower Insurance Agency Limited

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Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.com

Thank you for considering Sun Flower to be one of your selected intermediaries.

We are pleased to get in touch should you have any enquiry regarding the captioned insurance.