

MyHomeGuard Proposal Form (Upgraded)

我的家居保險投保書 (提升版)

Important Information 注意事項:	For Intermediary's use only (由中介人填寫):	
1. Please put an "X" in the appropriate box(es) and complete in ENGLISH BLOCK CAPITALS. 請在適當的方格內加「X」, 並用英文正楷填寫。	Agent / Broker Information 代理人 / 經紀資料:	
2. If there is not enough space, please attach an additional page. 如填寫位置不足, 請另行附上資料補足。	Name 名稱:	Code 編號:
	Email Address 電郵地址:	Contact No. 聯絡號碼:

Part I – Proposer Details 第一部分 – 投保人資料

Name of Policyholder 投保人名稱:	Date of Birth 出生日期:
	DD 日 MM 月 YY 年
HKID Card / Passport No. 香港身份證 / 護照號碼:	Gender 性別: <input type="checkbox"/> M 男 / <input type="checkbox"/> F 女
	Contact Telephone No. 聯絡電話:
Email Address 電郵地址:	Policy Commencement Date 保單生效日期:
	DD 日 MM 月 YY 年

Part II – Insured Premises Details 第二部分 – 投保居所資料

Flat / Room 室	Floor 樓	Block 座	Type of Building 樓宇類別: <input type="checkbox"/> High Rise House 高樓 <input type="checkbox"/> Low Rise House 矮房
Name of Building 大廈名稱	Name of Estate 屋苑名稱		

No. and Name of Street 街道號數及名稱

District 地區:	<input type="checkbox"/> Hong Kong 香港	<input type="checkbox"/> Kowloon 九龍	<input type="checkbox"/> NT 新界
Correspondence Address 通訊地址 (If different from above 若與以上不同):			

* The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid. 此保單提供的保障, 必須在本公司確定接納投保後, 及收妥保費後, 才能正式生效。

Part III – Annual Premium 第三部分 – 全年保費 (HK\$ 港幣)

Basic Cover 基本保障			
Plan Selected 選擇計劃	Plan A (計劃)	Plan B (計劃)	Plan C (計劃)
High Rise House 高樓	<input type="checkbox"/> \$665	<input type="checkbox"/> \$980	<input type="checkbox"/> \$1,610
Low Rise House 矮房	<input type="checkbox"/> \$1,085	<input type="checkbox"/> \$1,680	<input type="checkbox"/> \$3,010

Optional Benefit 自選保障

Premium of Optional Benefit is subject to quotation 自選保障之保費需個別核保

<input type="checkbox"/> Building Cover 建築物保障	Sum Insured (HK\$) 投保額 (港幣):
<input type="checkbox"/> Additional Valuables* 額外貴重物品	Total Sum Insured (HK\$) 總投保額 (港幣):
*Full description of the specified personal effects with receipts or valuation certificates 請列明各項指定額外貴重物品詳情並附上發票或價值証明	
1.	Sum Insured 投保額 (HK\$ 港幣)
2.	

Part IV – Declaration 第四部分 – 投保人聲明

I declare that to the best of my knowledge and belief the above statement and particulars contained are in all respects true and complete and are made without reservation of any kind. I further hereby declare and agree that the personal information collected or held by Chubb Insurance Hong Kong Limited, whether contained in this proposal form or otherwise obtained, may be used by Chubb Insurance Hong Kong Limited or disclosed to any individual or organization such as legal firms, accountants, actuaries, loss adjudicators and claims investigators, doctors and other medical service provider within or outside Hong Kong and as more particularly set out in the Chubb Privacy Information Collection Statement for the following purposes: (1) to assess and process this application, (2) to provide insurance and customers services, (3) to conduct insurance claims or analysis. I understand that if I do not provide such consent, or revoke my/our consent, Chubb Insurance Hong Kong Limited may not be able to process or assess my application. A copy of the Chubb Privacy Information Collection Statement can be found at www.chubb.com/hk.

Any persons from whom Chubb Insurance Hong Kong Limited has collected information as aforesaid shall have the right of access to and to request correction of any personal information concerning themselves held by Chubb Insurance Hong Kong Limited. A request for such access may be made to the Personal Data Privacy Officer of Chubb Insurance Hong Kong Limited at 25th Floor Shui On Centre, No. 6-8 Harbour Road, Wanchai, Hong Kong.

本人謹此聲明本人確信以上所填報之資料及所列各項之事件乃屬完全真確並無作任何資料之保留。本人亦在此聲明及同意由安達保險香港有限公司所收集或持有的個人資料, 不論包含在這投保書或以其他方式獲取, 均可供安達保險香港有限公司使用或向在香港境內或境外之任何人士或機構如律師事務所、會計人員、精算師、公證人、索償調查員、醫生及其他醫護服務提供者及其他已載於安達收集個人資料聲明之人士及機構披露作以下用途: (1) 評核此項申請, (2) 提供保險及客戶服務, (3) 處理保險的索償或有關之分析。本人明白如本人不同意或撤回此聲明, 安達保險香港有限公司或未能處理及評核本人之投保申請。安達收集個人資料聲明之副本已載於 www.chubb.com/hk。

就提供上述資料的任何人士有權查閱及要求更改由安達保險香港有限公司所持有有關他們的任何個人資料。任何關於個人資料查閱或更改之要求, 可向安達保險香港有限公司之個人資料私隱主任提出, 地址為香港灣仔港灣道 6-8 號瑞安中心 25 樓。

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Chubb Insurance Hong Kong Limited (Chubb), Chubb will pay the authorized insurance broker commission during the continuance of the policy (including renewals), for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Chubb that he or she is authorized to do so.

The applicant further understands that the above agreement is necessary for Chubb to proceed with the application.

申請人明白、確知及同意, 安達保險香港有限公司會就申請人購買及接受其簽發的保單, 於保單有效期內 (包括續保期) 向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體, 代表申請人簽署的獲授權人員須向安達保險香港有限公司確認他/她已獲該法人團體授權。

申請人亦明白安達保險香港有限公司必須取得申請人以上的同意, 才可以處理其保險申請。

Signature of Policyholder 投保人簽署:	Date Signed 簽署日期:
----------------------------------	-------------------