

商業綜合保險投保書

Business Comprehensive Insurance Proposal Form

香港中環德輔道中 71 號永安集團大廈 9 樓 9/F, Wing On House, 71 Des Voeux Road Central, Hong Kong. 網址 Website: <http://www.bocgroup.com/bocg-ins/> 傳真號碼 Fax No : 3906 9919

(為方便電腦處理, 請以英文正楷填寫及於適當方格內加 "✓" Please complete in English BLOCK letters for computer processing and please "✓" as appropriate)
本申請須經核保程序。投保書上如有任何更改, 請於更正資料旁簽署作實。This application is subject to underwriting. Any changes in this Proposal Form should be endorsed.

保戶資料 PROPOSER INFORMATION

公司名稱 Name of Company:		電子郵箱 E-mail:	
通訊地址 Correspondence Address:			
聯絡人姓名及職位 Name of Contact Person & Position:		聯絡電話 Contact No.:	傳真號碼 Fax No.:
承保期 Period of Insurance:	由 From	至 To	(日 D / 月 M / 年 Y) 首尾兩日包括在內 Both dates inclusive
客戶從以下那個途徑得知本產品? How does the customer know about this product?			
<input type="checkbox"/> 本公司銷售人員推介 Refer by our staff (BR01)		<input type="checkbox"/> 月結單插張 Statement insert (SI01)	
<input type="checkbox"/> 網站之宣傳品或客戶通訊或宣傳語句 Website, customer newsletter or promotion message (BR02)			
<input type="checkbox"/> 直銷途徑, 例如直銷郵件、電話營銷 Direct mail; telesales (DM01)		<input type="checkbox"/> 親友介紹 Refer by friend or relative (RE01)	
<input type="checkbox"/> 傳媒 Media (ME01)		<input type="checkbox"/> 本公司經紀代理推介 Refer by our broker/agent (B&A01)	
		<input type="checkbox"/> 其他 Others (OT01)	



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Room 1105-08, Hing Yip Commercial Centre,
282 Des Voeux Road Central, Hong Kong
Tel: (852) 2521-1881 Fax: (852) 2521-1919
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投保資料 Insured information:

投保地點 Insured Premises		業務性質 Nature of Business	商業登記證 ¹ Business Registration ¹
編號 No. (1) :			
編號 No. (2) :			

超過 2 個投保地點 More than 2 Insured Premises (如超過 2 個投保地點需要辦公室或商舖基本保障, 及/或需要樓宇及/或存貨自選保障, 請於本投保書第 3 頁內填上須增加的有關資料。If more than 2 Insured Premises require Office or Shop Basic cover; and/or Buildings and/or Stock required Optional cover, please fill in the additional details in Pg.3 of this Proposal Form.)

保障資料 INSURED DETAILS

I. 基本保障 Basic Coverage

投保地點 Insured Premises	投保額 Sum Insured (HK\$)	用途 Occupied as	費率 Rate	全年保費 Annual Premium (HK\$)
編號 No. (1)		<input type="checkbox"/> 辦公室 Office / <input type="checkbox"/> 商舖 Shop		
編號 No. (2)		<input type="checkbox"/> 辦公室 Office / <input type="checkbox"/> 商舖 Shop		
所有受保地點為(請填寫編號)All Insured Premises are (please fill in the No(s)):			合計 Total:	

II. 自選保障 Optional Coverage

1. 僱員補償² Employee's Compensation²

僱員類別 Type of Employee	僱員人數 No. of Employees	全年總收入 Total Annual Earnings (HK\$)	費率 Rate		全年保費 Annual Premium (HK\$)
			香港 Hong Kong	全球 Worldwide	
(i) 1. 一般文職 Clerical staff					
2. 私家車司機 Private car drivers				不適用 N/A	
3. 一般銷售員 Sales staff					
4. 需切割及操作小型機器的銷售員 Sales staff (include cuttings and operate small machines)					
5. 送貨工人及司機(包括往來碼頭或地盤) Delivery workers & drivers (exclude to and from dock or construction sites)					
6. 其他類別 Other Types (請註明 Please specify: _____)					
				小計 Sub-total:	
(ii) 政府徵款 Government Levy (10.8%)				合計 Total:	

2. 樓宇 Buildings (限於 40 年樓齡以內 applicable to buildings within 40 years old only)

投保地點 Insured Premises	投保額 Sum Insured (HK\$)	樓宇類別 Type of Building	費率 Rate	全年保費 Annual Premium (HK\$)
編號 No. (1)		<input type="checkbox"/> 商場及商業大廈 Shopping mall & commercial buildings <input type="checkbox"/> 工業大廈 Industrial buildings		
編號 No. (2)		<input type="checkbox"/> 商場及商業大廈 Shopping mall & commercial buildings <input type="checkbox"/> 工業大廈 Industrial buildings		
所有受保地點為(請填寫編號)All Insured Premises are (please fill in the No(s)):			合計 Total:	

3. 存貨 Stock

投保地點 Insured Premises	投保額 Sum Insured (HK\$)	用途 Occupied as	費率 Rate	全年保費 Annual Premium (HK\$)
編號 No. (1)		<input type="checkbox"/> 辦公室 Office / <input type="checkbox"/> 商舖 Shop		
編號 No. (2)		<input type="checkbox"/> 辦公室 Office / <input type="checkbox"/> 商舖 Shop		
所有受保地點為(請填寫編號) All Insured Premises are (please fill in the No(s)):			合計 Total:	
請詳列額外存貨資料(須要時請附另紙填寫) Please provide the detailed information for the additional stock (attach separate sheet if needed):				

III. 全年總保費³ (基本 + 自選保障 1, 2 & 3) Total Annual Premium³ (Basic + Optional Coverage 1, 2 & 3):

HK\$

註 Remarks:

1. 請將已填妥的投保書連同商業登記證副本一併交回「中銀集團保險有限公司」(下稱“中銀集團保險”)。Please submit the completed proposal form together with a copy of Business Registration to “Bank of China Group Insurance Company Limited” (named below as “BOCG Insurance”).
2. 僱員補償自選保障的費率並未包括政府徵款、恐怖活動保障費用及保險公司(僱員補償)無力償債管理局供款。The premium rate for Employees' Compensation Optional Coverage has not yet included the Government Levy, Government Terrorism Facility Charge and Employees' Compensation Insurer Insolvency Bureau Contribution.
3. 如中途終止保單, 需繳付每份保單 HK\$1,000 的最低保費。如保單同時投保僱員補償自選保障, 需繳付每份保單 HK\$1,500 的最低保費(並未包括政府徵款、恐怖活動保障費用及保險公司(僱員補償)無力償債管理局供款)。If you terminate the policy before expiry, you are required to pay a minimum premium of HK\$1,000 per policy. If Employees' Compensation Optional Coverage is also insured, you are required to pay a minimum premium of HK\$1,500 per policy (Government Levy, Government Terrorism Facility Charge and Employees' Compensation Insurer Insolvency Bureau Contribution not yet included).

保險紀錄 INSURANCE HISTORY

1. 投保的辦公室及/或商舖在過去 3 年曾否就同類保險要求索償? 若是, 請詳加說明。Have the insured office and/or shop ever filed any claim of the same type of insurance in the past 3 years? If yes, please give details. 是 YES 否 NO
2. 投保的辦公室及/或商舖在投保或續保同類保險時曾否被拒絕及/或附加任何條款及/或繳付額外保費及/或被取消有關保單? 若是, 請詳加說明。Have the insured office and/or shop ever been declined and/or imposed special terms and conditions and/or paid additional premium and/or cancelled when applying or renewing the same type of insurance. If yes, please give details. 是 YES 否 NO
3. 投保的辦公室及/或商舖並非由貴公司單獨佔用? 若是, 請詳加說明。The insured office and/or shop are not solely occupied by your company? If yes, please give details. 是 YES 否 NO
4. 投保的辦公室及/或商舖未有裝備防盜警報系統。若是, 請詳述原因。The insured office and/or shop had not installed a burglary alarm system. If Yes, please give detail reason:

聲明 DECLARATION

- (1) 本公司謹此聲明投保的辦公室及/或商舖只用作商業用途, 並無進行製造業及/或有關的程序, 辦公室及/或商舖包括屋頂, 全用磚石或三合土建成並經常維修適宜營業。Our Company declares that the insured office and/or shop is occupied by our Company for business use and no processing and/or manufacturing of any kind is carried out within the office and/or shop and is built of brick or concrete and roofed with concrete, and is good state of repair.
- (2) 本公司謹此聲明於本投保書之陳述乃真確無訛, 可作為本公司與中銀集團保險訂立契約之基礎, 並明白如資料錯誤或不詳盡或有任何訛騙或資料失實, 保單將會作廢。本公司謹此聲明, 本投保書是在香港特別行政區內簽署。本公司同意中銀集團保險保留一切有關投保書接納與否之權利, 並明白必須待中銀集團保險接納本投保書及已繳付保費後, 保障才能生效。Our Company declares that the information stated in this Proposal Form is true and complete and will form the basis of the contract between our Company and the BOCG Insurance and understand that if any information stated is untrue or incomplete or in case of fraud or factual misrepresentation, the policy shall be null and void. Our Company declares that this Proposal Form is applied and signed at HKSAR. Our Company agree BOCG Insurance reserves the right to accept or decline our application and understand that the insurance will not be in force unless this Proposal Form has had accepted by BOCG Insurance and the premium has been paid.

收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

本公司明白本公司提供的資料為中銀集團保險提供保險業務所需, 並可能使用於下列目的: Our Company understands that the information provided by our Company to BOCG Insurance is collected to enable BOCG Insurance to carry on insurance business and may be used for the purpose of:

- (1) 處理及審批本公司的保險申請或本公司將來提交的保險申請; processing and evaluating our Company's insurance application and any future insurance application our Company may make;
- (2) 執行本公司保單的行政工作及提供與本公司保單相關的服務; administering our Company's insurance policy and providing services in relation to our Company's insurance policy;
- (3) 分析或調查、處理及支付本公司保單有關的索償; analysis or investigating, processing and paying claims made under our Company's insurance policy;
- (4) 發出繳交保費通知及向本公司收取保費及欠款; invoicing and collecting premiums and outstanding amounts from our Company;
- (5) 任何與保險有關的產品或服務的任何更改、變更、取消或續期; any alterations, variations, cancellations or renewal of any insurance related product or service;
- (6) 就以上用途聯絡本公司; contacting our Company for any of the above purposes;
- (7) 中銀集團保險行使任何代位權; exercising any right of subrogation by BOCG Insurance;
- (8) 其它與上述用途有直接關係的附帶用途; other ancillary purposes which are directly related to the above purposes;及 and
- (9) 遵循適用法律、條例及業內守則及指引。 complying with applicable laws, regulations or any industry codes or guidelines.

中銀集團保險亦可因應上述用途將受保人的個人資料移轉予下列各方: BOCG Insurance may disclose the Insured Person's personal data for the above purposes to the following classes of transferees:

- a. 就上述用途, 向中銀集團保險提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問(包括: 醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商); third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist BOCG Insurance to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- b. 處理索賠個案的理賠師、理賠調查員及醫療顧問; in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- c. 追討欠款的收數公司或索償代理; in the event of default, debt collectors and recovery agents;
- d. 保險資料服務公司及信貸資料服務公司; insurance reference bureaux or credit reference bureaux;
- e. 再保公司及再保經紀; reinsurers and reinsurance brokers;
- f. 本公司的保險經紀(若有); our Company insurance broker (if our Company have one);
- g. 中銀集團保險的法律及專業業務顧問; BOCG Insurance's legal and professional advisors;
- h. 中銀集團保險的關連公司(以《公司條例》內的定義為準); BOCG Insurance's related companies (as that term is defined in the Companies Ordinance);
- i. 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」)及其會員, 以達到任何上述或有關目的, 或以便「聯會」執行其監管職能, 或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能; any association, federation or similar organization of insurance companies ("Federation") and its members that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
- j. 透過「聯會」移轉予任何「聯會」的會員, 以達到任何上述或有關目的; any member(s) of the "Federation" by the "Federation" for any of the above or related purposes;
- k. 任何有關的公司, 或任何其他從事與保險或再保險業務有關的公司, 或與保險業務有關的中介人或索償或調查或其他服務提供者, 以達到任何上述或有關目的; any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
- l. 保險索償投訴局及同類的保險業機構; the Insurance Claims Complaints Bureau and similar industry bodies;及 and
- m. 法例要求或許可的政府機關。 government agencies and authorities as required or permitted by law.

本公司在此授權中銀集團保險可向「聯會」從保險業內收集的資料中查閱及/或核對本公司及/或受保人任何資料。BOCG Insurance is hereby authorized to obtain access to and/or to verify any of our Company and/or the Insured Person's data with the information collected by the Federation from the insurance industry.

此外, 經本公司同意, 中銀集團保險可能會以其它方式使用及披露受保人的個人資料。 Moreover, BOCG Insurance may also use and disclose the Insured Person's personal data otherwise with our Company's consent.

本公司有權查閱及要求更正由中銀集團保險持有有關受保人的個人資料。如有需要, 可向中銀集團保險法律與合規部提出(電話: 2867 0888, 傳真: 3906 9939)。Our Company has the right to obtain access to and to request correction of any personal information concerning the Insured Person held by BOCG Insurance. Requests for such access can be made to BOCG Insurance's Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).



支付經紀佣金 PAYMENT OF BROKER COMMISSION

本公司明白、確知及同意，中銀集團保險會就本公司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。假如本公司為法人團體，代表本公司簽署的獲授權人員須向中銀集團保險確認他/她已獲該法人團體授權。Our Company understands, acknowledges and agrees that, as a result of our Company purchasing and taking up the policy to be issued by BOCG Insurance, BOCG Insurance will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where our Company is a body corporate, the authorized person who signs on behalf of our Company further confirms to BOCG Insurance that he or she is authorized to do so.

本公司亦明白中銀集團保險必須取得本公司以上的同意，才可以處理本公司之保險申請。Our Company further understands that the above agreement is necessary for BOCG Insurance to proceed with the application.

本公司確認同意本投保書內之所有部份，包括但不限於上列之聲明、收集個人資料聲明及支付經紀佣金。Our Company confirms our agreement to all sections in this Proposal Form, including but not limited to the above Declaration, Personal Information Collection Statement and Payment of Broker Commission.

香港 H.K./

投保公司(連公司印鑑)簽署 Signature of proposed Insured Company (with Company chop)

簽署地及日期 Signed Place and Date

本投保書在未被同意受保前，中銀集團保險不負任何責任。
The BOCG Insurance has no liability whatsoever before the application for insurance in this Proposal Form is accepted.

保險公司專用 FOR OFFICE USE ONLY

經紀/代理編號 Broker/Agent No.	保單編號 Policy No.	經辦人 Handled By	覆核人 Checked By

經紀代理資料 BROKER / AGENT INFORMATION

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I. 基本保障 Basic Coverage

投保資料 Insured information :			
編號 No. (3)	投保地點 Insured Premises	業務性質 Nature of Business	商業登記證 ¹ Business Registration ¹
	投保額 Sum Insured (HK\$)	用途 Occupied as <input type="checkbox"/> 辦公室 Office / <input type="checkbox"/> 商舖 Shop	費率 Rate 全年保費 Annual Premium (HK\$)

投保資料 Insured information :			
編號 No. (4)	投保地點 Insured Premises	業務性質 Nature of Business	商業登記證 ¹ Business Registration ¹
	投保額 Sum Insured (HK\$)	用途 Occupied as <input type="checkbox"/> 辦公室 Office / <input type="checkbox"/> 商舖 Shop	費率 Rate 全年保費 Annual Premium (HK\$)

投保資料 Insured information :			
編號 No. (5)	投保地點 Insured Premises	業務性質 Nature of Business	商業登記證 ¹ Business Registration ¹
	投保額 Sum Insured (HK\$)	用途 Occupied as <input type="checkbox"/> 辦公室 Office / <input type="checkbox"/> 商舖 Shop	費率 Rate 全年保費 Annual Premium (HK\$)

投保資料 Insured information :			
編號 No. (6)	投保地點 Insured Premises	業務性質 Nature of Business	商業登記證 ¹ Business Registration ¹
	投保額 Sum Insured (HK\$)	用途 Occupied as <input type="checkbox"/> 辦公室 Office / <input type="checkbox"/> 商舖 Shop	費率 Rate 全年保費 Annual Premium (HK\$)

投保資料 Insured information :			
編號 No. (7)	投保地點 Insured Premises	業務性質 Nature of Business	商業登記證 ¹ Business Registration ¹
	投保額 Sum Insured (HK\$)	用途 Occupied as <input type="checkbox"/> 辦公室 Office / <input type="checkbox"/> 商舖 Shop	費率 Rate 全年保費 Annual Premium (HK\$)

II. 自選保障 Optional Coverage

樓宇 Buildings

投保地點 Insured Premises	投保額 Sum Insured (HK\$)	樓宇類別 Type of Building	費率 Rate	全年保費 Annual Premium (HK\$)
編號 No. (3)		<input type="checkbox"/> 商場及商業大廈 Shopping mall & commercial buildings <input type="checkbox"/> 工業大廈 Industrial Building		
編號 No. (4)		<input type="checkbox"/> 商場及商業大廈 Shopping mall & commercial buildings <input type="checkbox"/> 工業大廈 Industrial Building		
編號 No. (5)		<input type="checkbox"/> 商場及商業大廈 Shopping mall & commercial buildings <input type="checkbox"/> 工業大廈 Industrial Building		
編號 No. (6)		<input type="checkbox"/> 商場及商業大廈 Shopping mall & commercial buildings <input type="checkbox"/> 工業大廈 Industrial Building		
編號 No. (7)		<input type="checkbox"/> 商場及商業大廈 Shopping mall & commercial buildings <input type="checkbox"/> 工業大廈 Industrial Building		

存貨 Stock

投保地點 Insured Premises	投保額 Sum Insured (HK\$)	用途 Occupied as	費率 Rate	全年保費 Annual Premium (HK\$)
編號 No. (3)		<input type="checkbox"/> 辦公室 Office / <input type="checkbox"/> 商舖 Shop		
編號 No. (4)		<input type="checkbox"/> 辦公室 Office / <input type="checkbox"/> 商舖 Shop		
編號 No. (5)		<input type="checkbox"/> 辦公室 Office / <input type="checkbox"/> 商舖 Shop		
編號 No. (6)		<input type="checkbox"/> 辦公室 Office / <input type="checkbox"/> 商舖 Shop		
編號 No. (7)		<input type="checkbox"/> 辦公室 Office / <input type="checkbox"/> 商舖 Shop		



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