



CHINA MERCHANTS INSURANCE COMPANY LIMITED

Suites 2303-04, 23/F., South Island Place, 8 Wong Chuk Hang Road, Hong Kong

香港黃竹坑道 8 號 South Island Place 23 樓 2303-04 室

Tel. 電話: 2890 5940 Fax 傳真: 2576 2292



Sun Flower Insurance Brokers Limited

Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong

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.

室內裝修綜合保險投保書

INTERIOR DECORATION PACKAGE INSURANCE PROPOSAL FORM

Please complete the form in block capitals and tick "✓" the appropriate boxes. 以英文正楷填寫，並在適當的空格內填上 "✓" 號

PARTICULARS OF PROPOSER 投保人資料	
Name of Proposer 投保人名稱	<input type="checkbox"/> Principal 委託人 <input type="checkbox"/> Contractor 承建商 (Please tick one only 請選擇一項類別)
Correspondence Address 通訊地址	
Contact No. 聯絡電話	E-mail Address 電郵地址
COVERAGE DETAILS 投保資料	
Name(s) of Insured 受保人名稱	Principal 委託人 Contractor 承建商
Location of Contract Works (Building age shall not exceed 45 years) 受保工程地址 (樓齡不超過 45 年為限)	
Total Contract Value 工程總額	HK\$ _____ <input type="checkbox"/> No Scaffolding Works 工程不涉及外牆棚架 <input type="checkbox"/> With Scaffolding Works of Value Up To 20% Total Contract Value # 工程涉及不超過工程總額 20% 的外牆棚架工序 #
Total Contract Value Limit 工程總額上限	<input type="checkbox"/> HK\$100,000 <input type="checkbox"/> HK\$200,000 <input type="checkbox"/> HK\$400,000 <input type="checkbox"/> HK\$600,000 <input type="checkbox"/> HK\$800,000
Scope of Works 工程範圍	Interior decoration, renovation, installation or maintenance works, incidental dismantling works which constitutes less than 20% of the contract value, repair and related works (Excluding works for building's public and common area, cage, cladding, neon sign and exterior signboard) 室內裝修、更新、安裝、保養、金額少於工程總額 20% 之拆除工序、維修及有關工程(不包括用於有關大廈公共地方、花籠、簷蓬、霓虹燈及外牆廣告牌之工程)。 <input type="checkbox"/> Dwelling 住宅 <input type="checkbox"/> Catering Services 飲食服務 <input type="checkbox"/> Shop/Showroom/Workshop 商店/展覽廳/工場 <input type="checkbox"/> Office 辦公室 <input type="checkbox"/> Industrial Premises 工業單位 <input type="checkbox"/> Others 其他
Basic Cover 基本保障	<input type="checkbox"/> Section I & II 第一及第二部份 <input type="checkbox"/> Public Liability to Third Party 第三者責任保障 <input type="checkbox"/> Section II Only 第二部份 <input type="checkbox"/> HK\$5,000,000 <input type="checkbox"/> HK\$10,000,000 <input type="checkbox"/> HK\$20,000,000
Optional Cover 自選保障	Employees' Compensation 僱員賠償保障 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Period of Insurance 保險期限	From _____ To _____ (max. 3 months) 由 _____ 至 _____ (以三個月為限) (Plus 3 months Maintenance Period 另加三個月保養期)

*Please submit a copy of works quotation (include separate items and amounts). 請提供報價單副本(包括個別項目及其金額)。

Levy collected by the Insurance Authority will be imposed on this policy at the applicable rate. For further information, please visit our website www.cm-insurance.com or contact us at (852) 2890 5940. 保險業監管局將按適用徵費率向本保險單收取徵費。詳情可瀏覽本公司網頁 www.cm-insurance.com 或致電 (852) 2890 5940 向我們查詢。

DECLARATION & AUTHORISATION 聲明及授權

I/We desire to insure with China Merchants Insurance Company Limited ("the Company") in respect of the Contract as detailed herein and hereby declare that:

- the particulars given in this Proposal are true and nothing materially affecting the insurance risk has been concealed by me/us;
- if any particulars or answers in this Proposal are not in my/our hand-writing, the person(s) filling in such particulars and answers shall be deemed to be my/our representative for such purpose;
- I/We understand that the insurance cover will not be effective unless this Proposal has been formally accepted by the Company, and
- I/We hereby agree that this Proposal and Declaration shall be incorporated in and taken as the basis of the proposed contract between me/us and the Company.
- I/We hereby declare and agree that any personal information collected by the Company may be used, stored or disclosed to any individual or organization to evaluate this application and to provide subsequent services. Requests for personal data access or correction may be addressed to the Data Protection Officer of the Company.
- I/We understand, acknowledge and agree that the Company will pay brokerage/commission to the authorized insurance intermediary, if any, during the continuance of the policy including renewals, for arranging this insurance with the Company. I/We further understand that the above agreement is necessary for the Company to proceed with this application.

本人/本公司擬向招商局保險有限公司("招商保險")投保上述工程綜合保險並謹此聲明如下:

- 此投保書內所述各項資料全屬實情,本人/本公司並無隱瞞事實或虛構;
- 此投保書內所述各項資料或答題如非投保人親筆作答,填寫此表格者會視為本人/本公司之代理人論,其內容皆屬本人授意代答;
- 本人/本公司明白此投保項目必須經招商保險批核,方可生效;
- 本人/本公司同意此投保書及聲明將作為本人/本公司與招商保險訂立契約之根據。
- 本人/我們特此聲明並授權保險公司使用、儲存或透露本投保申請書上所填寫的資料予任何有關審核此投保申請及其後提供保險服務所需的人員或機構。閣下有權查閱及要求更正保險公司持有有關之個人資料,如有需要,請以書面形式向保險公司的資料保護主任提出。
- 本人/我們明白、確知及同意,若本保險經由獲授權保險中介人安排,並由招商保險承保,招商保險會於保單有效期內(包括續保期)支付佣金予該中介人。本人/我們亦明白招商保險必須取得本人/我們以上的同意,才可以處理此保險申請。

PERSONAL INFORMATION COLLECTION STATEMENT (PICS) 個人資料收集聲明

China Merchants Insurance Co., Ltd. ("we") may use the personal data we collect about you on this application form for the following purposes:

- (i) processing and evaluating your insurance application and any future insurance application you may make;
- (ii) administering your insurance policy and providing services in relation to your insurance policy including alterations, variations, cancellation and renewal;
- (iii) investigating, processing and paying claims made under your insurance policy;
- (iv) invoicing and collecting premiums and outstanding amounts from you;
- (v) contacting you for any of the above purposes;
- (vi) other ancillary purposes which are directly related to the above purposes; and
- (vii) complying with applicable laws, regulations or any industry codes or guidelines.

We may disclose your personal data for the above purposes to the following classes of transferees:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, mailing houses, IT service providers and data processors);
- (b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- (c) in the event of default, debt collectors and recovery agents;
- (d) insurance reference bureaus or credit reference bureaus;
- (e) reinsurers and reinsurance brokers;
- (f) your insurance broker (if you have one);
- (g) our legal and professional advisors;
- (h) our related companies (as that term is defined in the Companies Ordinance);
- (i) the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- (j) the Insurance Complaints Bureau and similar industry bodies; and
- (k) government agencies and authorities as required or permitted by law.

Your personal data may be provided to any of the above parties who may be located in Hong Kong or outside of Hong Kong.

We may also use and disclose your personal data otherwise with your consent.

It is voluntary to provide your personal data, but failure to provide the personal data requested on this form may mean we are unable to process your application.

You may seek access to and request correction of any personal data we hold about you by contacting our Data Protection Officer by fax at 2576 2292 or by post to Suite 2303-04, 23/F., South Island Place, 8 Wong Chuk Hang Road, Hong Kong.

招商局保險有限公司（本公司）可能會使用閣下在申請表提供的個人資料作以下用途：

- (i) 處理及審批閣下的保險申請或閣下將來提交的保險申請；
- (ii) 執行閣下保單的管理及提供與閣下保單相關的服務，包括更改、變更、取消及續期；
- (iii) 調查、處理及支付閣下保單有關的索償；
- (iv) 發出繳交保費通知及向閣下收取保費及欠款；
- (v) 就以上用途聯絡閣下；
- (vi) 其它與上述用途有直接關係的附帶用途；及
- (vii) 遵循適用法律、條例及業內守則及指引。

本公司亦可因應上述用途披露閣下的個人資料予下列各方：

- (a) 就上述用途，向本公司提供行政、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、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）；
- (b) 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- (c) 追討欠款公司或索償代理；
- (d) 保險資料服務公司及信貸資料服務公司；
- (e) 再保公司及再保經紀；
- (f) 閣下的保險經紀（若有）；
- (g) 本公司的法律及專業業務顧問；
- (h) 本公司的關連公司（以《公司條例》內的定義為準）；
- (i) 香港保險業聯會（或同類的保險公司聯會）及其會員；
- (j) 保險投訴局及同類的保險業機構；
- (k) 法例要求或許可的政府機關。

閣下的個人資料可提供予上述在香港境內或香港境外的任何有關方。

在閣下同意的情况下，本公司可能會以其它方式使用及披露閣下的個人資料。

提供個人資料純屬自願性質，但如閣下選擇不提供本表格要求的個人資料，本公司將無法處理閣下的申請。

閣下若需查詢及更改本公司所持有閣下的個人資料，可聯絡本公司的資料保護主任，閣下可傳真至 2576 2292 或致函香港黃竹坑道 8 號 South Island Place 23 樓 2303-04 室。

IMPORTANT NOTE (Applicable to Broker's Business only) 重要事項 (只適用於保險經紀業務)

The Proposer acknowledges and agrees that, as a result of the Insured purchasing and taking up the policy issued by China Merchants Insurance Company Limited ("CMI"), commission will be paid, during the continuance of the policy including renewals, by CMI and received by the authorized insurance broker arranging the said policy. The Proposer further understands that the above agreement is necessary for CMI to continue the policy. If the Insured pays the premium, the Insured is deemed to have given permission to CMI to pay the commission to the authorized insurance broker in relation to the policy issued by CMI.

投保人確認及同意，招商局保險有限公司（“招商保險”）會就受保人購買及接受招商保險簽發的保單，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。受保人亦明白招商保險必須取得受保人以上的同意，方可以維持保單的有效性。投保人繳付保費，即視作允許招商保險就所簽發的保單支付佣金予有關的獲授權保險經紀。

Date 日期 _____

Proposer's Signature 投保人簽署 _____



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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.

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