



Sun Flower Insurance Brokers Limited
Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong
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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.



THE PACIFIC GROUP

太平洋保險有限公司

THE PACIFIC INSURANCE CO., LTD.

(INCORPORATED IN HONG KONG IN 1960)

總行

電話 Tel : 2876 0000 傳真 Fax : 2876 0111

分行

電話 Tel : 2384 0071 傳真 Fax : 2782 1435

小型無人機第三者責任保險投保書

SMALL UNMANNED AIRCRAFT "SUA" THIRD PARTY LIABILITY INSURANCE PROPOSAL FORM

投保人姓名
Name of Proposer _____ 商業登記証/香港身份証號碼*
B.R. or C.I. / H.K.I.D. No. _____

地址
Address _____

職業 / 業務性質
Occupation / Business _____ 電郵
Email _____ 電話號碼
Telephone No. _____

* 閣下可親身出示身份証正本或提供副本以供查核。Please present your Identity Card in person or provide a copy for verification.

投保小型無人機詳情 PARTICULARS OF SMALL UNMANNED AIRCRAFT TO BE INSURED :

小型無人機種類: ☐ 甲 1 類 (≤ 250 克) ☐ 甲 2 類 (> 250 克 - 7 公斤) ☐ 乙類 (> 7 公斤 - 25 公斤) 小型無人機註冊證號碼
SUA Category: A1 (≤ 250g) A2 (> 250g - 7kg) B (> 7kg - 25kg) SUA Registration No. _____
品牌 型號 序列號
Make _____ Model _____ Serial No. _____

受保小型無人機在任何飛行期間的最高總重量為?
What is the Maximum Total Weight of Insured SUA at all time during the flight? _____

註 Note : 總重量包括任何已裝設在內, 由其運載或附連於該小型無人機的東西。 Total Weights include everything installed in, carried by or attached to the SUA.

Territorial Limits : Non-restricted flying zone within Hong Kong SAR 地域限制 : 香港特別行政區非限制飛行區域

遙控駕駛員資料 DETAILS OF REMOTE PILOTS :

遙控駕駛員姓名 Name of Remote Pilot	香港身份証號碼 H.K.I.D. No.	遙控駕駛員證書號碼 Remote Pilot Certificate No.	備註 Remark : 第三名遙控駕駛員或以不記 遙控駕駛員姓名方式將收取 額外的保費。 The third remote pilot and/or any one on unnamed basis will be subject to additional premium.
1.			
2.			
3.			
投保之小型無人機是否會由上述以外的任何遙控駕駛員操作? Will the insured SUA be operated by any remote pilot other than the above? 若是, 承保表將不會註明遙控駕駛員的姓名。 If yes, the schedule will not specify the name of the remote pilot.		是 ☐ 否 ☐ Yes No	

註 Note : 1. 請遞交小型無人機註冊證書及遙控駕駛員證書副本。 Please attach a copy of the SUA Registration Certificate and Remote Pilot Certificate.
2. 如遙控駕駛員資料有任何變更, 投保人應立即通知保險公司。 The proposer shall inform the company immediately if there are any changes in the details of remote pilots.

購買何種保險 (請在適當方格內加上✓號) RISK TO BE COVERED (PLEASE TICK AS APPROPRIATE) :

☐ 第三者責任險只限人身傷亡
Third Party Legal Liability against death &/or bodily injury only ☐ 受保責任的款額
Amount of Liability Insured - ☐ HK\$ 5,000,000
☐ HK\$10,000,000

☐ 第三者責任保險 (財物損失)
Third Party Liability (Damage to Property) ☐ 受保責任的款額
Amount of Liability Insured - ☐ HK\$ 1,000,000

保險期由 _____ 至 _____
Period of Insurance from _____ to _____

閣下的小型無人機如非只作私人遊樂用途, 請詳細說明其用途
Is the SUA used for private pleasure purpose only? If not, please state the purpose for which it will be used _____

閣下曾否投保“小型無人機”第三者責任保險? 若有, 請將該公司之名稱列下
Have you previously held a "SUA" Third Party Liability Insurance Policy? If so, with which Company? _____

最近三年曾否出現意外事故? 若有, 請說明
Any accident incurred in past three years? If so, please state _____

閣下曾否被任何保險公司拒絕受保、續保或於續保時要求增加保費或須附加任何特別條件? 若有, 請說明
Has any Insurer ever declined your Proposal, refused to renew your Policy or required an increased premium or special conditions on renewal? If so, please state _____

投保人姓名：
 Full Name of Proposer : _____

聲明 **DECLARATION**

- 本人／我們謹聲明，本投保書內所提供之資料皆屬真實無訛，並無隱瞞、虛報或歪曲任何事實。
I/We declare that all the particulars of this proposal form are true and that I/we have not withheld, mis-represented or mis-stated any material facts.
- 本人／我們謹聲明上述資料及所答各項，如非本人／我們親筆而由別人代筆者，皆由本人／我們授意代為填寫，本人／我們茲同意接受太平洋保險有限公司根據本投保書及聲明所發給之公眾責任保單。
I/We hereby declare that if any of such particulars and answers are not in my/our own writing, the person or persons filling in such particulars and answers shall be deemed to be my/our agent for that purpose.
I/We hereby agree and accept that this Proposal and Declaration shall be the basis of and be considered as incorporated in the Policy to be issued hereunder which in the ordinary form use by The Pacific Insurance Company, Limited.
- 本人／我們謹聲明本人／我們已獲得以上所提及第三者之同意使用其個人資料以填寫此投保書。
I/We hereby declare that I/we have obtained the consent of the third parties mentioned hereinbefore for the use of their personal data in completing this proposal form.

收集個人資料聲明 **PERSONAL INFORMATION COLLECTION DECLARATION**

本人／我們明白並同意本人／我們所提供之資料，為太平洋保險有限公司（“太平洋保險”）提供保險業務所需，並可能使用於下列目的：

- 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；
- 任何索償，或該等索償的調查或分析；
- 行使任何代位權；
- 由太平洋保險提供的推廣訊息包括有關太平洋保險的財務、保險及相關服務和產品的消息、優惠、推廣及資訊；及／或由太平洋保險的集團公司及商業夥伴提供的有關財務、保險及相關服務和產品的推廣訊息；及

可能轉移予：

- 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；
- 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”），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；
- 或透過聯會轉移予任何聯會的會員，以達到任何上述或有關目的；
- 如上所述的為直接推廣目的之集團公司及商業夥伴。

此外，本人／我們在此授權太平洋保險由聯會從保險業內收集的資料中查閱及／或核對本人／我們的任何資料。
 本人／我們明白本人／我們有權查閱及要求更正由太平洋保險持有有關本人／我們的資料。如有此項要求，可向香港灣仔皇后大道東 43-59 號東美中心 10 樓太平洋保險有限公司總經理提出。
 本人／我們明白並同意太平洋保險為本人／我們辦理有關事項之最低收費為港幣五十元。

The information provided by me/us to The Pacific Insurance Company, Limited (“Pacific Insurance”) is collected to enable Pacific Insurance to carry on insurance business and may be used for the purpose of:

- any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service;
- any claim or investigation or analysis of such claim;
- exercising any right of subrogation;
- provision of marketing communications containing news, offers, promotions and information regarding Pacific Insurance’s financial, insurance and related services and products; and/or marketing communications provided by Pacific Insurance’s group companies and business associates regarding their financial, insurance and related services and products; and

may be transferred to:

- 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;
- any association, federation or similar organization of insurance companies (“Federation”) 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;
- any members of the Federation by the Federation for any of the above or related purposes; and
- the group companies and business associates as specified above for direct marketing purposes.

Moreover, Pacific Insurance is hereby authorized to obtain access to and/or verify any of my/our data with the information collected by the Federation from the insurance industry.
 I/We understand that I/we have the right to obtain access to and request correction of any personal information concerning myself/ourselves held by Pacific Insurance. Requests for such access can be made to the General Manager of The Pacific Insurance Company, Limited at 10th Floor, Dominion Centre, 43-59 Queen’s Road East, Wanchai, Hong Kong. I/We also understand and agree that Pacific Insurance may charge a fee of minimum HK\$50 for accessing to my/our request.

接收直接推廣訊息指示 **RECEIVE DIRECT MARKETING MATERIALS INSTRUCTION**

太平洋保險有限公司（“太平洋保險”）不會未經閣下同意而使用或轉移閣下的個人資料給第三方為直接推廣的用途。使用的個人資料包括姓名、電話、地址及電郵地址。如閣下不同意太平洋保險使用或轉移閣下的個人資料給第三方為直接推廣的用途，請勾選以下相關方格。
 The Pacific Insurance Company, Limited (“Pacific Insurance”) may not use or transfer your personal data to third parties for direct marketing purposes without your consent. The personal data to be used includes name, telephone number, address and email address. If you object to Pacific Insurance’s use or transfer of your personal data to third parties for use in direct marketing, please tick the relevant box(es) below.

- ☐ 本人／我們**不欲**太平洋保險使用本人／我們的個人資料作直接推廣。
 I/We **do not wish** Pacific Insurance to use my/our personal data in direct marketing.
 - 如您遞交此投保書而沒有在以上方格內以 “✓” 號顯示您的選擇，即代表您並不拒絕太平洋保險任何形式的直接推廣。
If you return this Proposal Form without ticking “✓” the above box, it means you do not wish to opt-out from any form of direct marketing of Pacific Insurance.
 - 以上代表您現在對是否接收直接推廣資料的選擇，亦取代任何您之前已告知太平洋保險的選擇。
The above represents your present choice whether or not to receive direct marketing materials and replaces any choice communicated by you to Pacific Insurance prior to this application.
- ☐ 為改善及提供更全面的服務予太平洋保險的客戶，太平洋保險可能會將您的個人資料提供予「本集團」* 其他成員及商業夥伴作其包括財務、保險及相關服務和產品的直接推廣。
 若您**不欲**太平洋保險提供您的個人資料予以上人士作以上用途，請您在這方格上以 “✓” 號表示。
 To improve and provide more comprehensive services to our customers, Pacific Insurance may provide your personal data to other members of the Group* and business associates for their use in direct marketing of financial, insurance and related services and products. Please tick “✓” this box if you **do not wish** Pacific Insurance to provide your personal data to the above persons for the above purposes.
 *「本集團」包括太平洋保險及其控股公司、分行、附屬公司、代表辦事處及附屬成員，不論其所在地。
 The “Group” means Pacific Insurance and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated.

保險經紀佣金同意聲明 **CONSENT DECLARATION ON INSURANCE BROKER COMMISSION**

本人／我們明白、確知及同意，太平洋保險有限公司（“太平洋保險”）會就本人／我們購買及接受太平洋保險簽發的保單，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。假如我們為法人團體，代表我們簽署的獲授權人員須向太平洋保險確認他／她已獲我們授權簽署。
 本人／我們亦明白太平洋保險必須取得本人／我們以上的同意，才可以處理有關申請。
 I/We understand, acknowledge and agree that as a result of my/our purchasing and taking up the policy to be issued by The Pacific Insurance Company, Limited (“Pacific Insurance”), Pacific Insurance will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where we are a body corporate, the authorized person who signs on our behalf confirms to Pacific Insurance that he or she is authorized to do so.
 I/We further understand that the above agreement is necessary for Pacific Insurance to proceed with the application.

日期 Date _____	投保人簽署 Signature of Proposer _____
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除經發給正式保險單或按保單外，本公司在未接納此投保書及未收妥保費前概不負任何承保責任。
 The Company will not undertake any liability until this Proposal has been accepted and Premium received by the Company, except as provided by a Policy or an Official Cover Note issued by the Company.

本公司專用 **FOR OFFICE USE ONLY**

Policy No. : _____	Replacing Policy No. : _____
Rate : _____	Account Code : _____ Risk Code : _____
Premium : _____	Remarks : _____
Clauses/Warranties : _____	Examiner : _____