

A. 商業保險類 Commercial Insurance:

| | |
|--------|-----------------------------------|
| 貨運保險 | Marine Cargo |
| 僱員賠償保險 | Employees' Compensation |
| 汽車保險 | Motor Vehicles |
| 火險 | Fire and Allied Perils |
| 工商全險 | Commercial / Industrial All Risks |
| 盜竊保險 | Burglary |
| 交收保險 | Money in Transit |
| 公眾責任保險 | Public Liability |
| 專業責任保險 | Professional Indemnity |
| 建築商全險 | Contractors' All Risks |
| 綜合保險 | Business Package Policy |

B. 個人保險類 Personal Insurance:

| | |
|--------|---------------------------------|
| 家居保險 | Family Package |
| 火險 | Fire and Allied Perils |
| 人身意外保險 | Personal Accident |
| 家傭保險 | Domestic Helper Package |
| 醫療保險 | Medical |
| 私人物品全險 | All Risks - Personal Belongings |
| 汽車保險 | Motor Vehicles |
| 遊艇保險 | Pleasure Craft |
| 旅遊保險 | Travel |

永隆保險有限公司

(永隆銀行全資附屬機構)

WING LUNG INSURANCE CO. LTD.

(wholly owned subsidiary of WING LUNG BANK LTD.)

香港德輔道中 45 號

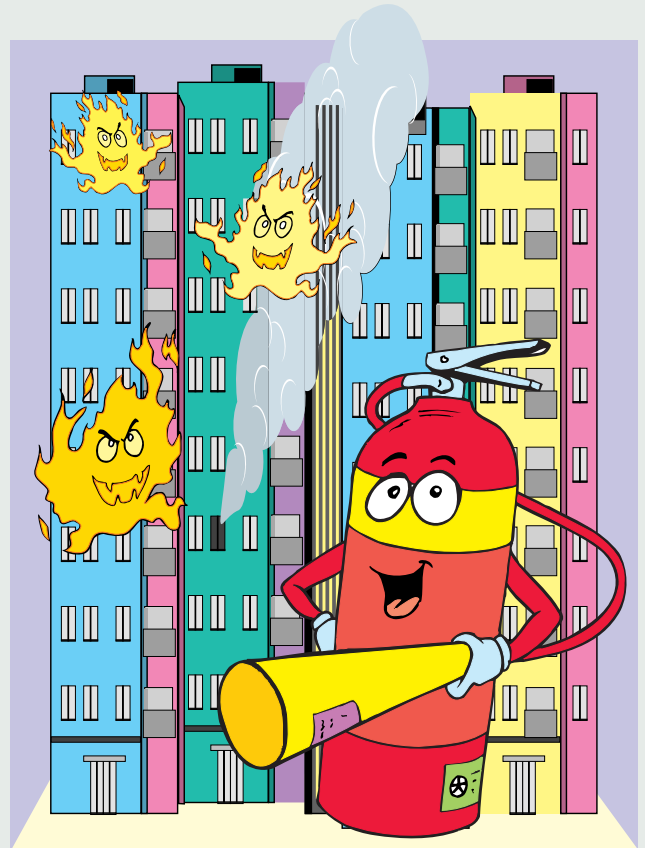
45 DES VOEUX ROAD CENTRAL, HONG KONG.

電話 TEL : (852) 2169 8900

傳真 FAX : (852) 2891 8182

代理 Agent:

Fire Insurance Proposal Form 火險投保書



永隆保險有限公司

WING LUNG INSURANCE CO. LTD.

永隆保險有限公司 WING LUNG INSURANCE CO. LTD.

Fire Insurance Proposal Form 火險投保書

N.B.: This Proposal Form forms the basis of the Policy. Please give a full answer to each question. A negative answer shall be deemed to be given if any question on this proposal is unanswered.

注意：請詳答每一問題。如以下問題未有填寫者則作「否」定論。

OFFICE USE 公司專用

Policy No. 保單編號

Agent's Name 賬戶名稱

Account No. 賬戶編號

THE PROPOSER 投保人

Name
名稱

Full Description of Business Activity
業務性質

Situation of Risk
投保地址

Period of Insurance
投保期限

From
由

To
至

Name of Mortgagee, if any
按揭財務公司名稱

PROPERTY TO BE INSURED 受保財物

| ITEM 項目 | Sum Insured (HK\$) 投保額 (港幣) |
|---|--------------------------------|
| Building(s) excluding Foundations 樓宇結構 (不包括地基) | |
| Stock in Trade 貨物 | |
| Plant and Machinery 機器 | |
| Furniture, Fixtures and Fittings 傢具、固定裝置及用品 | |
| Loss of Rent (months) 租項 | |
| Others 其他 | |
| Total Sum Insured 總保額 | |

EXTRA PERILS 額外風險

(Please tick if require 如有需要，請加✓)

| | | | |
|------------------------------|--------------------------|-------------------------|--------------------------|
| Aircraft 飛機墮地 | <input type="checkbox"/> | Malicious Damage 惡意破壞 | <input type="checkbox"/> |
| Burst Pipes 水管爆裂 | <input type="checkbox"/> | Riot and Strike 暴動罷工 | <input type="checkbox"/> |
| Earthquake 地震 | <input type="checkbox"/> | Sprinkler Leakage 灑水器洩漏 | <input type="checkbox"/> |
| Typhoon Windstorm 颱風、暴風雨 | <input type="checkbox"/> | Explosion 爆炸 | <input type="checkbox"/> |
| Impact by Road Vehicles 車輛碰撞 | <input type="checkbox"/> | | |

CLAIMS EXPERIENCE 賠償記錄

(a) Have you made any claim in the past 3 years in respect of any of the risk proposed?

閣下在過去三年內有否提出過上述任何一項有關之賠償申請？

No 否 Yes 是

If 「yes」, please provide full details. 若「是」，請詳述。

(b) Has any insurer declined, cancelled or imposed conditions on or refused renewal of insurance for the selected items?

在申請投保以上項目時，閣下曾否遭受保險公司拒絕中斷或附加任何特別條件？

No 否 Yes 是

If 「yes」, please provide full details. 若「是」，請詳述。

DECLARATION 聲明

I/We declare and agree

- that to the best of my/our knowledge and belief the information and answers given on this form are true and complete in every respect;
- that the information and answers given on this form are filled in by me/us or by any other person under my/our full instructions;
- that this Proposal and Declaration shall be the basis of and be deemed to be incorporated in the contract of insurance, including any renewal thereof, between me/us and Wing Lung Insurance Co., Ltd.

本人/本公司謹聲明及同意

- 上述填寫之資料及答案均為真實及事實之全部；
- 上述之資料及答案均屬本人/本公司填寫或經本人/本公司授意下填寫；
- 本投保書為本人/本公司與永隆保險有限公司訂立此保險契約及以後續約之根據。

Date 日期

Proposer's Signature 投保人簽署

PERSONAL INFORMATION COLLECTION STATEMENT

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of:

- any insurance or any related product or service or any alterations, variations, cancellation or renewal of them;
- any claim or analysis of it; 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 or any association or federation of insurance companies that exists or is formed from time to time.
- any person/organization to fulfil any of the above purposes and/or for the purpose of data verification within the insurance industry.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Wing Lung Insurance Co., Ltd. Requests for such access can be made to The General Administration Officer of Wing Lung Insurance Co., Ltd.

收集個人資料聲明

閣下提供的資料，為本公司提供保險業務所需，並可能使用於下列目的：

- 任何與保險或有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；
- 任何索償或索償分析；及

可能轉予：

- 現存或不時成立的任何有關的公司，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，或任何保險公司的協會或聯會。
- 任何人士/機構，用以達致上述之目的，或用以在保險業內作資料核實之用途。

閣下有權查閱及要求更正由永隆保險有限公司持有有關閣下的個人資料。如有此項要求，可向永隆保險有限公司行政事務主任提出。