

盜竊保險投保書

Burglary Risk Proposal Form

通訊地址: 香港中環德輔道中 71 號永安集團大廈 8 樓

Correspondence Address: 8/F., Wing On House, 71 Des Voeux Road Central, Hong Kong.

客戶服務熱線 Customer Service Hotline : 3187 5100

傳真 Fax : 3906 9948

電郵 Email: osc_policy@bcgroup.com

客戶注意事項 Important Notes to the Customer :

- 請以英文正楷填寫本投保書及在適當方格內加「✓」號。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。Please complete the form in English BLOCK LETTERS and please put a “✓” in the box as appropriate. This application is subject to underwriting. Any changes in this Proposal Form should be endorsed.
- 為保障投保公司的利益,若不清楚此投保書需要透露的資料內容,請致電中銀集團保險有限公司(下稱“中銀集團保險”)客戶服務熱線(852) 3187 5100 查詢。若未能充份透露實情,將會使投保公司得不到所需的保障,甚至使保單失效。If you have any doubt on what should be disclosed in this Proposal Form, please contact Bank of China Group Insurance Company Limited (named below as “BOCG Insurance”) customer service hotline (852) 3187 5100 for the interests of the proposed Insured Company. Failure to disclose may mean that the policy will not provide the proposed Insured Company with the coverage required, or may invalidate the policy altogether.
- 若此投保書所含的內容與保單條款有任何歧異,概以保單為準。In the event that the information contained in this Proposal Form does not conform to the terms in any policy issued, the policy terms shall prevail.
- 「盜竊保險」(下稱“本計劃”)由中銀集團保險承保。Burglary Risk (named below as “this Plan”) is underwritten by BOCG Insurance.
- 中國銀行(香港)有限公司、南洋商業銀行有限公司、集友銀行有限公司、中銀信用卡(國際)有限公司及其他代理銀行(各稱為“代理銀行/代理”)以中銀集團保險的委任保險代理身份分銷本計劃,本計劃為中銀集團保險的產品,而非代理銀行/代理的產品。Bank of China (Hong Kong) Limited, Nanyang Commercial Bank, Limited, Chiyu Banking Corporation Limited, BOC Credit Card (International) Limited and other agent banks (each an “agent Bank/agent”) are the appointed insurance agents of BOCG Insurance for distribution of this Plan. This Plan is a product of BOCG Insurance but not the agent Bank/agent.
- 對於代理銀行/代理與客戶之間因銷售過程或處理有關交易而產生的合資格爭議(定義見金融糾紛調解計劃的金融糾紛調解中心職權範圍),代理銀行/代理須與客戶進行金融糾紛調解計劃程序;而有關本計劃的合約條款的任何爭議,應由中銀集團保險與客戶直接解決。In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between the agent Bank/agent and the customer out of the selling process or processing of the related transaction, the agent Bank/agent is required to enter into a Financial Dispute Resolution Scheme process with the customer; however any dispute over the contractual terms of this Plan should be resolved between directly BOCG Insurance and the customer.
- 中國銀行(香港)有限公司已獲香港特別行政區保險業監管局根據《保險業條例》(香港法例第 41 章)發出保險代理機構牌照。(保險代理機構牌照號碼 FA2855) The Bank of China (Hong Kong) Limited is granted an insurance agency licence under the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong) by Insurance Authority in Hong Kong SAR. (insurance agency licence no. FA2855)

投保人/公司資料 Details of the proposed Insured / proposed Insured Company

(若以公司名義投保,無須填寫以下方格內之第 2 至 5 項。If insured under the name of Company, do not need to complete item 2 to 5 in the below box)

1. 投保人 / 投保公司名稱 Name of proposed Insured / proposed Insured Company# (英及中文名 / 請先填寫姓氏 Name in English and Chinese / Surname first):	
2. 性別 Sex#: <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	3. 香港身份證 / 護照號碼 HKID Card No. / Passport No.#:
4. 出生日期 Date of Birth (日 D / 月 M / 年 Y):	5. 職位 Position#:
6. 行業 / 業務性質 Industry / Business Nature#:	
7. (若以個人名義投保,不需填寫此欄 If insured under the name of person, do not need to fill in this blank) 商業登記證號碼 Business Registration No.#: _____ / 公司註冊證書編號 Certificate of Incorporation No.#: _____	
8. 通訊地址 Correspondence Address#: 室 Room / Flat _____ 層數 Floor _____ 座數 Block / Tower _____ 大廈/屋苑名稱 Name of Building / Name of Estate _____ 街道號數及名稱 Number and Name of Street/Road _____ 地區 District _____ <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT	
9. 聯絡人姓名 Name of Contact Person#:	10. 聯絡電話 Contact No#:
11. 電子郵箱 Email#:	

必須填寫項目 Mandatory Fields

投保資料 Insured details

(1) 投保地址 Insured Premises:

 與通訊地址相同 Same as Correspondence Address 其他 Other:

室 Room / Flat _____ 層數 Floor _____ 座數 Block / Tower _____

大廈/屋苑名稱 Name of Building / Name of Estate _____

街道號數及名稱 Number and Name of Street/Road _____

地區 District _____ 香港 HK 九龍 KLN 新界 NT

(2) 佔用性質 Description of Premises:

 住宅 Dwelling 辦公室 Office 零售/餐廳/酒店 Retail / Restaurant / Hotel 工業 Industrial 其他 Others: _____**承保期 Period of Insurance**

由 From (日 D / 月 M / 年 Y) _____ 至 To (日 D / 月 M / 年 Y) _____ (首尾兩日包括在內 Both dates inclusive)

投保標的物詳情 Particulars of Property to be Insured	投保額 Sum Insured	保險公司專用 For Office use only	
		費率 Rate	保費 Premium
建築物內的傢俬、裝修 Contents inside Building	HK\$		
建築物內的存貨(請說明) Stock inside Building (Please describe):	HK\$		
其他 (請說明) Others (Please describe):	HK\$		
共 Total:	HK\$		

除有另行規定者外，上述所保標的物的每件價值均不超過港幣_____元正。
No one article to be deemed of greater value than HK\$_____ unless specified otherwise.

^保險業監管局(「保監局」)將按適用徵費率向保單持有人收取保費徵費。為避免任何法律後果，保單持有人需於繳交保費時向保險公司繳付該筆保費的訂明徵費，並由保險公司將該已繳付的徵費轉付予保監局。徵費金額會因應徵費率調整而有所變更。有關詳情，請瀏覽保監局的網頁 www.ia.org.hk。The Insurance Authority ("IA") will collect premium levy from the policyholder at the applicable rate. In order to avoid any legal consequences, the policyholder must pay to the insurance company a prescribed levy for the premium for direct remittance to the IA. The levy amount may be subject to change depending on the applicable rate. For details, please visit IA's website www.ia.org.hk.

投保書陳述項目 Stated information for this Proposal Form1. 投保地址是否與其他人/公司共用? Is the premises shared with other person(s) or company? 是 Yes 否 No

若“是”，請詳述: If “Yes”, please give full particulars: _____

2. 請詳述防盜設備並提供安裝公司的名稱: Please state the entrance preventive and the name of the contractor: _____

3. 投保地址有否防盜警鐘系統? Is burglary alarm system installed at insured premises? 是 Yes 否 No若“是”，防盜警鐘系統是否直接連接保安控制中心? If “Yes”, is the burglary alarm system directly 是 Yes 否 No

linked to security control centre?

4.	投保公司從何時開始佔用投保地址？ How long have the premises been occupied by your Company? _____		
5.	投保地址是否有人留宿？ Whether the premises will be left unoccupied at any time?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
6.	當無人留宿投保地址時是否有看更人看守？ Whether any watchman is on duty whilst the premises are so unoccupied? 若“是”，請提供看更人數: If “Yes”, please provide the number of watchman: _____	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
7.	投保地址曾否投保過火險及盜竊險？ Whether the premises have been insured against Fire, Burglary or Housebreaking Insurance? 若“是”，請詳述: If “Yes”, please give details: _____	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
8.	投保地址的火險或盜竊險投保曾否被任何保險公司 Has any Insurer, in respect of Fire, Burglary or Housebreaking insurance, ever (a) 拒絕受保？ declined your proposal? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No (b) 拒絕續保或取消保單？ refused to renew or cancelled your policy? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No (c) 要求增加保費或加訂其他特別條款？ required an increased rate or imposed special conditions? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 若“是”，請列明保險公司名稱: If “Yes”, please state the name of Insurer: _____		
9.	投保公司過去曾否遭受過火災、搶竊或失竊損失？ Have your Company ever suffered loss by Fire, Burglary, Housebreaking or Larceny? 若“是”，請詳述: If “Yes”, please give details: _____	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
10.	上述損失曾否購有保險？ Was the loss insured? 若“是”，請列明保險公司名稱: If “Yes”, please state the name of Insurer: _____	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
11.	投保地址在投保公司佔用期間，曾否有盜賊進入過？ Have the premises been entered by thieves at any time occupied by your Company?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
12.	所保物品是否有完整的存貨記錄？此項記錄是否即時更新？ Do you keep, and will you continue to keep, full records of stock, and will these always be kept up to date?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
13.	上述「投保標的物詳情」的投保金額是否為全部所保標的物的總值？ Do the Sum Insured as shown above in “Particulars of Property to be Insured” represent the full value of the property?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No

聲明 Declaration

- 本人/本公司謹此聲明，於本投保書之陳述乃真確無訛，可作為簽發保單之根據。本人/本公司亦明白如資料錯誤或不詳盡，本公司及/或受保人之保障有失效之虞。 I/Our Company declares that the information stated in this Proposal Form is true and complete and will form the basis of this insurance. Our Company also understands that if any information stated is untrue or incomplete, the cover for our Company and/or Insured Person may be invalidated.
- 本人/本公司謹此聲明，本投保書是在香港特別行政區內簽署，如有任何訛騙或資料失實，本公司及/或受保人之保障有失效之虞。 I/Our Company declares that this Proposal Form is applied and signed in HKSAR, in case of fraud or factual misrepresentation, the cover for our Company and/or Insured Person may be invalidated.
- 本人/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。 I/Our Company agrees BOCG Insurance reserves the right to accept or decline our Company's application.
- 本人/本公司明白必須繳付全額保費、保費徵費及保單生效後，中銀集團保險對本人/本公司及/或受保人之保險責任始行生效。 I/Our company understand that BOCG Insurance's insurance liability for myself / our company and /or for the Insured Person(s) will only take effect provided that premium and premium levy has been fully paid and the policy was put in-force.

收集個人資料聲明 Personal Information Collection Statement

本人/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：I/Our Company understand 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) 處理及審批本人/本公司的保險申請或本人/本公司將來提交的保險申請; processing and evaluating my/our Company's insurance application and any future insurance application I/our Company may make;
- (2) 執行本公司保單的行政工作及提供與本人/本公司保單相關的服務; administering my/our Company's insurance policy and providing services in relation to my/our Company's insurance policy;
- (3) 分析或調查、處理及支付本人/本公司保單有關的索償; analysis or investigating, processing and paying claims made under my/our Company's insurance policy;
- (4) 發出繳交保費通知及向本人/本公司收取保費、保費徵費及欠款; invoicing and collecting premiums, premium levy and outstanding amounts from my/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, cancellation or renewal of any insurance related product or service;
- (6) 就以上用途聯絡本人/本公司; contacting me/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 bureaus or credit reference bureaus;
- 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，或以使「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.

本人/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，經本人/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 my and/or the Insured Person's personal data otherwise with our Company's consent.

本人/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)。I/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).

本人/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及收集個人資料聲明。I/Our Company confirms our agreement to all sections in this Proposal Form, including but not limited to the above Declaration and Personal Information Collection Statement.

投保人姓名 或 簽署人姓名(適用於公司投保)
Name of proposed Insured or Name of the Signatory (applicable for company enrollment)

簽署人職位(適用於公司投保)
Title of Signatory (applicable for company enrollment)

投保人簽署 或 授權簽署及公司蓋章(適用於公司投保)
Signature of proposed Insured or Authorized signature & company stamp (applicable for company enrollment)

簽署地: 香港及日期 (日/月/年)
Signed Place: Hong Kong and Date (DD/MM/YY)

**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.**

銀行代理專用 For Bank use only		保險公司專用 For Office use only	
經辦編號 Staff No.	保險中介人編號 Agent No.	轉介單位編號 Transfer Unit No.	保單編號 Policy No.
經辦姓名 Staff Name	經辦單位編號 Unit No.	轉介人員編號 Transfer Staff No.	經辦人 Handled By
經辦聯絡電話 Staff Contact No.	CIN 號碼 CIN No.	申請編號 TX No.	覆核人 Checked By