

建築工程全險投保書 (僅供一般裝修、翻新及維修工程使用)¹

Contractors' All Risks Insurance Proposal Form (Only applicable to general decoration and repair work)¹



通訊地址: 香港中環德輔道中 71 號永安集團大廈 8 樓
客戶服務熱線 Customer Service Hotline : 3187 5100

Correspondence Address: 8/F., Wing On House, 71 Des Voeux Road Central, Hong Kong.
傳真 Fax : 3906 9948 電郵 Email: osc_policy@bcgroup.com

(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.

投保人資料 Proposer's Information

投保人名稱 Name of Proposer :	<input type="checkbox"/> 業主或租戶 Principal	<input type="checkbox"/> 承建商 Contractor
* 本產品不接受承建商以「個人名義」投保 Contractor applying this product in "Personal Name" is not accepted.		
香港身份證號碼 / 商業登記證號碼 HKID Card No. / Business Registration No.	聯絡電話 Contact No.:	
傳真號碼 Fax No. :	電子郵件 E-mail:	
銀行按揭客戶(僅適用中銀香港、南商及集友) Bank Mortgage Customer (Only applicable to BOCHK, NCB & CYB) : <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	放審編號/按揭編號 CAW No./Loan No.:	
通訊地址 Correspondence Address:		

受保人及受保地點 Insured Person & Insured Premises

業主或租戶名稱 Name of Principal :	_____
承建商名稱 Name of Contractor :	_____
受保地點 Insured Premises: (如與通訊地址不同 if different from the Correspondence Address)	

物業管理 Property Management : (如適用 if applicable) _____	

投保項目 Insured Item

選擇保障部分 (請選擇其中一項) Select Section of Protection (please select 1 item)	<input type="checkbox"/> 第一及二部分 : 工程物料損毀 ³ 及第三者責任保障 ⁴ Section I & II : Material Damage ³ and Third Party Liability Protection ⁴	
	<input type="checkbox"/> 第二部分 : 第三者責任保障 ⁴ Section II : Third Party Liability Protection ⁴	
工程範圍 (可選擇多於一項) Scope of Works (can select more than 1 item)	<input type="checkbox"/> 室內工程 Interior Work	<input type="checkbox"/> 室外(包括室內外工程) Exterior (including Interior and Exterior Work)
	<input type="checkbox"/> 棚架工作 Scaffolding Work	<input type="checkbox"/> 搭建/拆除棚架 Erection/dismantling of scaffolding
	<input type="checkbox"/> 超過地面 30 呎工作 Work over 30 feet above ground level	
工程合約總金額 (港幣) Total Contract Sum (HK\$)	工程金額不超過 Contract Sum not exceeding HK\$5,000,000	
第三者責任保障額 ⁵ (港幣) Indemnity of Third Party Liability ⁵ (HK\$)		
保單生效日期 Policy Effective Date	起為期 for	月 (年/月/日) months (Y/M/D)
*工程期最長不超過 6 個月, 保單生效日期以中銀集團保險審核為準 Contract period not exceeding 6 months, policy effective date is subject to BOCG Insurance's underwriting acceptance		
(另附送 12 個月保養期, 保養期以工程實際完工日或合約屆滿日起計, 以較早者為準) (Plus 12 months maintenance period after actual completion of the contract works or the expiry of contract period whichever is earlier.)		

保費、條款及細則 Premium, Terms and Conditions (由中銀集團保險提供 Provided by BOCG Insurance)

保費 Premium (HK\$)	正價保費 Original Premium	優惠保費 Preferential Premium
自負額 Excess (HK\$)		
條款/不保事項 Condition/Exclusion	A1 A7 A10 A18 A51 A53 A68 A69 A83 B1 B2 C54 CDF HKJC PDF RTP SLE TRMC WTRM 其他條款、細則及除外責任按中銀集團保險之保單條款。Other terms, conditions and exclusions as per BOCG Insurance's Policy	

總保費及保費徵費[^] Total Premium and Premium Levy[^] (HK\$)

保費 Premium	
保監局保費徵費 Insurance Authority Premium Levy:	
應付總額 Total Payable:	

[^]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


註 Remarks:

1. 僅適用於香港之物業，不適用於全幢大廈維修或建築中地盤。Only applicable to building in Hong Kong, not applicable to renovation of the whole building or building under construction.
2. 代理銀行之物業按揭貸款客戶可享優惠保費，惟受保地點須與按揭地點相同。Mortgage Customers of the agent bank can enjoy preferential premium, but the insured location must be same as the mortgage location.
3. “工程物料損毀保障”提供工程物料“全險”保障，保障於投保地點在工期間，因火災、水浸、爆竊或爆炸等意外而引致受保物料損失或損毀。“Material Damage Protection” provides “All Risks” cover against accidental loss or damage to the insured contract works and materials caused by fire, water, burglary or explosion etc. during the contract period at the contract site.
4. “第三者責任保障”保障在工期間因疏忽或意外，導致第三者身體受傷或財物損毀而負上的法律責任，此保障可獨立投保。“Third Party Liability Protection” provides cover against the legal liability in respect of third party bodily injury and/or third party property damage arising out of carrying out of the contract works. This protection can be insured on standalone basis.
5. 每宗事故的最高賠償金額，每一保險期內不設索償次數上限。Limit of indemnity per any one accident. Unlimited claims in any one period of insurance.
6. 「建築工程全險」(本計劃)由中銀集團保險承保。“Contractors' All Risks Insurance” (the Plan) is underwritten by BOCG Insurance.
7. 中國銀行(香港)有限公司(「中銀香港」)以中銀集團保險的委任保險代理機構身份分銷本計劃，本計劃為中銀集團保險的產品，而非中銀香港的產品。Bank of China (Hong Kong) Limited (“BOCHK”) is the appointed insurance agent of BOCG Insurance for distribution of the Plan. The Plan is a product of BOCG Insurance but not BOCHK.
8. 對於中銀香港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)，中銀香港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 BOCHK and the customer out of the selling process or processing of the related transaction, BOCHK is required to enter into a Financial Dispute Resolution Scheme process with the customer; however any dispute over the contractual terms of the Plan should be resolved directly BOCG Insurance and the customer.
9. 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)

繳付保費方法 Payment Method

<input type="checkbox"/> 信用卡付款 Payment made by Credit Card 請填妥第 2 頁的「信用卡付款授權書」支付「建築工程全險」應繳保費。Please complete Credit Card Authorization Form in page 2 to debit the premium for “Contractors’ All Risks Insurance”.	<input type="checkbox"/> 其他付款方式 Other Payment Methods <input type="checkbox"/> i.)以銀行戶口過賬或現金方式入賬予中銀集團保險專用戶口。Payment to BOCG Insurance’s Designated Account by bank account payment transfer or cash. 專用戶口賬號 Designated Account No. : 012- 349- 00009828 銀行參考編號 Bank Reference No. F _____ 轉賬日期 Transfer date (日/月/年D/M/Y) : _____ <input type="checkbox"/> ii.)請以劃線支票(祈付「中銀集團保險有限公司」)。Please make a crossed cheque payable to “Bank of China Group Insurance Company Limited”. 銀行名稱 Bank Name: _____ 支票號碼 Cheque No.: _____
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信用卡付款授權書 Credit Card Authorization Form

<input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> 中銀銀聯雙幣信用卡 CUP Dual Currency credit card			
持卡人姓名 Cardholder’s Name	香港身份證號碼 HKID Card No.	信用卡戶口號碼 Credit Card Account No.	信用卡到期日 (月/年) Credit Card Expiry Date (M/Y)
本人茲授權「中銀集團保險有限公司」從本人的信用卡戶口支付「建築工程全險」應繳保費及保費徵費金額。I hereby authorize and direct “Bank of China Group Insurance Company Limited” to debit the premium and premium levy due from my credit card account for “Contractors’ All Risks Insurance”			
若信用卡持有人並非投保人，請填寫以下資料。If Cardholder is not the Proposer, please fill in the following information.			
1. 與投保人關係 Relationship with the Proposer: _____ 2. 代投保人支付保費及保費徵費原因 Reason for paying premium and premium levy on Proposer’s behalf: _____			
<input type="checkbox"/> 本人同意及承擔上述投保人之全數應繳之「建築工程全險」保費及保費徵費金額，本人亦明白如因終止保單而產生的任何退費會以支票方式給予投保人。I hereby confirm to pay the premium and premium levy of “Contractors’ All Risks Insurance” for the above Proposer. I also understand that any refund premium due to policy cancellation will be given to the Proposer by cheque. (先生/太太/女士) Mr/Mrs/Ms _____ 香港身份證號碼 HKID Card No. _____			
持卡人簽署 Cardholder’s Signature (須與信用卡簽署式樣相同 should be the same as the specimen signature on Credit Card)	x		聯絡電話號碼 Contact Phone No. 日期 Date (年 Y / 月 M / 日 D)

請銀行代理向中銀集團保險遞交以下文件 The Bank staff should submit the following documents to BOCG Insurance:

信用卡付款 Payment made by Credit Card (1) 此投保書正本或影印本 Original or photocopy of this proposal form; (2) 於第 2 頁已簽署的「信用卡付款授權書」正本 The original of the duly signed “Credit Card Authorization Form” in page 2	入賬予中銀集團保險專用戶口 Payment to BOCG Insurance’s Designated Account (1) 此投保書正本或影印本 Original or photocopy of this proposal form; (2) 保險費收款單正本或影印本 Original or photocopy of Premium Deposit Form.
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聲明 Declaration

(1) 本人/本公司謹此聲明本投保書之陳述乃真確無訛，可作為本人/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。本人/本公司謹此聲明，本投保書是在香港特別行政區內簽署。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，並明白必須待中銀集團保險接納本投保書。I/We declare that the information stated in this Proposal Form is true and complete and will form the basis of the contract between me/us 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. I/We declare that this Proposal Form is applied and signed at HKSAR. I/We agree BOCG Insurance reserves the right to accept or decline my/our application and understand that the insurance will not be in force unless this Proposal Form has had accepted by BOCG Insurance.

(2) 本人/本公司確認已閱讀及明白隨本投保書附上有關本產品的條款及細則。I/We confirm having read and understood the terms and conditions of this product as accompanied with this proposal form.

(3) 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，中銀集團保險對本公司人及/或受保人之保險責任始行生效。I/Our company understand that BOCG Insurance's insurance liability for our company and/or the insured person will only take effect provided that premium, premium levy has been fully paid and the policy was put in-force.

(4) 本人/本公司明白本人/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) 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；(ii) 執行本人/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；(iii) 分析或調查、處理及支付本人/本公司保單有關的索償；(iv) 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；(v) 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；(vi) 就以上用途聯絡本人/本公司；(vii) 中銀集團保險行使任何代位權；(viii) 其它與上述用途有直接關係的附帶用途；及(ix) 遵循適用法律、條例及業內守則及指引。中銀集團保險亦可因應上述用途將本人/本公司及/或受保人的個人資料移轉予下列各方：(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）；(b) 處理索賠個案的理賠師、理賠調查員及醫療顧問；(c) 追討欠款的收數公司或索償代理；(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) 本人/本公司的保險經紀（若有）；(g) 中銀集團保險的法律及專業業務顧問；(h) 中銀集團保險的關連公司（以《公司條例》內的定義為準）；(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；(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；(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；(l) 保險索償投訴局及同類的保險業機構；及(m) 法例要求或許可的政府機關。

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/或核對本人/本公司及/或受保人任何資料。

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本人/本公司及/或受保人的個人資料。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本人/本公司及/或受保人的個人資料。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/We understand that the information provided by me/us to BOCG Insurance is collected to enable BOCG Insurance to carry on insurance business and may be used for the purpose of：(i) processing and evaluating my/our insurance application and any future insurance application I/we may make; (ii) administering my/our insurance policy and providing services in relation to my/our insurance policy; (iii) analysis or investigating, processing and paying claims made under my/our insurance policy; (iv) invoicing and collecting premiums, premium levy and outstanding amounts from me/us; (v) any alterations, variations, cancellation or renewal of any insurance related product or service; (vi) contacting me for any of the above purposes; (vii) exercising any right of subrogation by BOCG Insurance; (viii) other ancillary purposes which are directly related to the above purposes; and (ix) complying with applicable laws, regulations or any industry codes or guidelines. BOCG Insurance may disclose my/our and/or the Insured Person(s)'s 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, telemarketers, 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 bureaux or credit reference bureaux; (e) reinsurers and reinsurance brokers; (f) my/our insurance broker (if I/we have one); (g) BOCG Insurance's legal and professional advisors; (h) BOCG Insurance's related companies (as that term is defined in the Companies Ordinance); (i) 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) any member(s) of the "Federation" by the "Federation" for any of the above or related purposes; (k) 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) the Insurance Claims Complaints Bureau and similar industry bodies; (m) government agencies and authorities as required or permitted by law.

BOCG Insurance is hereby authorized to obtain access to and/or to verify any of my/our and/or the Insured Person(s)'s data with the information collected by the Federation from the insurance industry.

Moreover, BOCG Insurance may also use and disclose my/our and/or the Insured Person(s)'s personal data otherwise with my/our consent. I/We have the right to obtain access to and to request correction of any personal information concerning myself/ourselves and/or the Insured Person(s) 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).

接收推廣訊息指示 Receive Direct Marketing Materials Instruction

本人不欲中銀集團保險使用本人的個人資料經以下渠道作直銷推廣（請以“✓”選擇渠道）I do not wish BOCG Insurance to use my personal data in direct marketing via the following channel(s) (please use“✓”to select the channel(s)):

電子推廣郵件 Promotion Email 電話短訊 SMS 直銷郵件 Direct Mailing 電話直銷 Telephone Call

如您遞交此投保書而沒有在以上任何方格內以“✓”號顯示您的選擇，即代表您並不拒絕中銀集團保險任何形式的直銷推廣。If you return this Proposal Form without ticking any of the above boxes, it means that you do not wish to opt-out from any form of direct marketing of BOCG Insurance.

以上代表您現在對是否接收直銷推廣資料的選擇，亦取代任何您之前已告知中銀集團保險的選擇。請注意，您以上的選擇適用於根據中銀集團保險的「資料政策通告」上所載的產品、服務及/或標的。請您參考該通告上有關中銀集團保險擬用於直銷推廣的個人資料種類。The above represents your present choice whether or not to receive direct marketing materials and replaces any choice communicated by you to BOCG Insurance prior to this application. Please note that your above choice applies to the direct marketing of the classes of products, services and/or subjects as set out in the Data Policy Notice of BOCG Insurance. Please also refer to the said Notice on the kinds of personal data which may be used in direct marketing.

將個人資料披露給本集團公司作直接促銷指示 Instruction to disclose personal data to the Group companies for direct marketing

為改善及提供更全面的服務予中銀集團保險的客戶，中銀集團保險可能會將您的個人資料提供予「本集團」*其他成員及其他人作其包括財務、保險、信用卡、證券、商品、投資、銀行及相關服務和產品及授信的直銷推廣（請您參考中銀集團保險的「資料政策通告」上有關中銀集團保險擬提供之直銷推廣的個人資料種類，該資料擬提供予甚麼類別的人士，以及該資料擬就甚麼類別的產品、服務及/或標的而使用。）若您不欲中銀集團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, BOCG Insurance may provide your personal data to other members of the Group* and any other persons for their use in direct marketing of financial, insurance, credit card, securities, commodities, investment, banking and related services and products and facilities and so forth. (Please refer to the Data Policy Notice of BOCG Insurance on the kinds of personal data which may be transferred to in direct marketing, the classes of persons to which your personal data may be provided to, and the classes of products, services and/or subjects in relation to which the data is to be used.) Please tick“✓”this box if you do not wish BOCG Insurance to provide your personal data to the above persons for the above purposes.

*「本集團」指中銀集團保險及其控股公司、分行、附屬公司、代表辦事處及附屬成員，不論其所在地。附屬成員包括中銀集團保險的控股公司之分行、附屬公司、代表辦事處及附屬成員，不論其所在地。The "Group" means BOCG Insurance and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated. Affiliates include branches, subsidiaries, representative offices and affiliates of BOCG Insurance holding companies, wherever situated.

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.	轉介人編號 Transfer Staff No.	Campaign Code	
經辦聯絡電話 Staff Contact No.	CIN 號碼 CIN No.	交易號碼 TX No.	經辦人 Handled By	覆核人 Checked By

條款代號及名稱 Clause Code and Title		
序號 No.	條款代號 Clause Code	條款名稱 Clause Title
1	A1	A1.EXTENSION OF COVER FOR VIBRATION OR REMOVAL OR WEAKENING OF SUPPORT
2	A7	A7. EXTENSION OF COVER FOR EMPLOYER'S PROPERTY
3	A10	WATER DAMAGE EXCESS CLAUSE
4	A18	BURNING & WELDING CLAUSE
5	A51	ABSOLUTE POLLUTION CLAUSE
6	A53	PROFESSIONAL LIABILITY EXCLUSION CLAUSE
7	A68	TOTAL ASBESTOS EXCLUSION CLAUSE
8	A69	ELECTRO-MAGNETIC FIELD EXCLUSION CLAUSE
9	A83	PRODUCTS LIABILITY EXCLUSION CLAUSE
10	B1	B1. SAFETY PRECAUTIONS
11	B2	B2. SPECIAL CONDITIONS FOR UNDERGROUND SERVICES
12	B5	B5. SPECIAL EXCESS CLAUSES
13	C51	OUTDOOR WORKS EXCLUSION
14	C52	EXTERNAL WALL WORKS EXCLUSION
15	C53	SCAFFOLDING WORKS EXCLUSION
16	C54	GONDOLA WORKS AND/OR SWINGBOAT EXCLUSION
17	C55	ERECTION AND/OR DISMANTLING OF SCAFFOLD EXCLUSION
18	C56	WORKING AT HEIGHT OVER 30 FEET ABOVE GROUND AND/OR FLOOR LEVEL EXCLUSION
19.	CDF	COMMUNICABLE DISEASE ENDORSEMENT (LMA5393 AMENDED)
20	HKJC	HONG KONG JURISDICTION CLAUSE
21	PDF	PROPERTY CYBER AND DATA EXCLUSION (LMA5401)
22	RTP	RIGHTS OF THIRD PARTIES
23	SLE	SANCTION CLAUSE
24	TRMC	TERRORISM EXCLUSION CLAUSE FOR CONTAMINATION AND EXPLOSIVES
25	WTRM	WAR AND TERRORISM EXCLUSION ENDORSEMENT

自負額註解 Notes for Excess		
簡稱	英文名稱	中文名稱
EEL	Each and Every Loss	每宗事故
Water Damage	Water Damage	因水損導致的損失
Temp Work	Damage to Temporary Work (e.g. scaffolding, working platform & hoarding)	臨時工程物料的損失 (如棚架、工作台及圍板)
TPPD/TPBI	Third Party Property Damage / Third Party Bodily Injury	第三者財物損失 / 第三者身體損傷
Vibration	Third Party Property Damage due to Vibration or Removal or Weakening of Support	因震動或缺乏支撐引致第三者財物損失
Water damage to TPP	Water Damage to Third Party Property	因水損導致第三者財物損失
Principal Property	Damage to Principal Property	業主財物損失

_____ :

多謝投保中銀集團保險的「建築工程全險」，現確認您投保申請之詳情如下：

臨時保單編號 : _____
保障項目 : _____
工程項目 : _____
業主或租戶 : _____
承建商 : _____
物業管理 : _____
受保地點 : _____
工程金額 : HK\$ _____
法律責任保額 : 第三者責任 HK\$ _____ 每一事故 / 每一保險期無限額
震動 HK\$ _____ (累計)
業主財物 HK\$ _____ (累計)
保險期 : _____ 個月 由 _____ 起 (年/月/日) (附加 12 個月保養期)

其他條款、細則及除外責任按本公司之保單條款。

中銀集團保險有限公司

_____ ,

Thank you for enrolment in the “Contractors’ All Risks Insurance”, we hereby confirm the details as below :

Temporary Policy No. : _____
Insured Item : _____
Job Description : _____
Principal : _____
Contractor : _____
Property Management : _____
Risk Location : _____
Contract Sum : HK\$ _____
Limit of Liability : T/P Liability HK\$ _____ AOA / Unlimited AOP
Vibration HK\$ _____ (in aggregate)
Principal Property HK\$ _____ (in aggregate)
Period of Insurance : _____ Months as from _____ (Y/M/D)(plus 12 months maintenance period)

Other terms, conditions and exclusions as per our Company’s Policy.

Yours sincerely,

Bank of China Group Insurance Company Limited