

# 樓宇管理綜合險投保書

## Building Management Comprehensive Insurance Proposal Form



通訊地址: 香港中環德輔道中 71 號永安集團大廈 9 樓

Correspondence Address: 9/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 9906

電郵 Email: medicaladmin\_ins@bocgroup.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.
- 此保險計劃乃由中銀集團保險承保。This insurance plan is underwritten by BOCG Insurance.

### 投保公司資料 Details of the proposed Insured Company

如投保公司只有英文名稱，請提供商業登記證副本。Please provide Business Registration copy if proposed Insured Company has English Name only.

1. 公司名稱# Name of Company(英文及中文名 Name in English and Chinese):

2. 商業登記證號碼# Business Registration No.: / 公司註冊證書編號 Certificate of Incorporation No.:

3. 註冊日期# Date of Registration:

4. 註冊地點# Place of Registration:

5. 行業 / 業務性質# Industry / Business Nature:

6. 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 \_\_\_\_\_  香港 HK  九龍 KLN  新界 NT

7. 辦公地址 (如與上述地址不同) # Office Address (if different from the above address)

8. 聯絡人姓名# Name of Contact Person:

9. 聯絡電話# Contact No.:

10. 電子郵箱# Email:

### # 必須填寫項目 Mandatory Fields

### 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)

### 投保資料 Insured details

(1) 投保地址 Insured Premises:

(2) 佔用性質 Description of Premises:  住宅 Resident  商業/商住 Commercial  工業 Industry

(3) 建築年份 Constructed year:

(4) 投保金額 Sum Insured  
(財產設施總值 Total value of insured property) : 港幣 HK\$ \_\_\_\_\_ 元

## 投保僱員補償項目 Coverage for Employees' Compensation Section

- 不需要投保 No coverage.
- 需要投保 · 投保僱員人數為 \_\_\_\_\_ 名 Number of employees to be covered.

工作性質：文員、出納、保安、看更、清潔工人或一般維修工人  
Nature of works: clerk, cashier, guard, watchman, cleaning worker or general maintenance worker.

- \* 投保金額於 HK\$2,000,000 或以下 · 僱員補償項目的免費限額為 3 名或以下；  
投保金額於 HK\$2,000,001 或以上 · 僱員補償項目的免費限額為 6 名或以下；  
如超過上述限額 · 按每人每年收取額外保費 HK\$840(未包括保險徵款)。

If the sum insured is HK\$2,000,000 or below, 3 employees or less under Employees' Compensation Section will be free of charge;

If the sum insured is HK\$2,000,001 or above, 6 employees or less under Employees' Compensation Section will be free of charge;

Annual premium of HK\$840 (excluding insurance levy) for each additional employee will be charged.

註：若需投保從事其他工作性質的僱員 · 請與保險公司聯絡。

Remarks: If the proposed employees are not engaging in the listed nature of works, please contact the Insurance Company.

## 投保書陳述項目 Stated information for this Proposal Form

請回答以下問題 · 如 “有” · 需提供詳情：Please answer the following questions, if yes, full details should be given:

1. 最近十年內 · 有否進行全幢大廈維修工程？  有 Yes  否 No  
Has maintenance or repairs to the whole building been carried out in the past 10 years?

\_\_\_\_\_

\_\_\_\_\_

2. 最近十年內 · 投保樓宇有否進行必須經由有關政府部門審批的改動工程？  有 Yes  否 No  
Has any alteration ever been carried out to the situation/premises in the past 10 years, which must be approved by the relevant government department ?

\_\_\_\_\_

\_\_\_\_\_

3. 最近三年內 · 投保樓宇有否發生事故而引致金錢、財產、公眾責任或僱員補償等損失或損毀？  有 Yes  否 No  
Is there any loss or damage in respect of money, property, public liability or employees' compensation incurred at the situation/premises in the past 3 years?

\_\_\_\_\_

\_\_\_\_\_

4. 投保樓宇有否被保險公司拒絕受保、續保或取消保單？  有 Yes  否 No  
Has any of insurance applications or renewals for the situation/premises ever been declined or cancelled?

\_\_\_\_\_

\_\_\_\_\_

\*保監局已就本保單作出徵費 · 本公司會按照當局訂定的相關安排承擔本保單的保費徵費。詳情可瀏覽 [www.bocing.com](http://www.bocing.com). Insurance Authority Levy has been applied on this policy. The Levy on this policy would be borne by our Company according to the relevant arrangement. For more information, please visit [www.bocgins.com](http://www.bocgins.com).

## 聲明 Declaration

- 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。 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。 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。 Our Company agrees BOCG Insurance reserves the right to accept or decline our Company's application.
- 本人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及/或受保人之保險責任始行生效。 I understand that BOCG Insurance insurance's liability for myself 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：Our Company understands 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) 處理及審批本公司的保險申請或本公司將來提交的保險申請; processing and evaluating our Company's insurance application and any future insurance application our Company may make;
- (2) 執行本公司保單的行政工作及提供與本公司保單相關的服務; administering our Company's insurance policy and providing services in relation to our Company's insurance policy;
- (3) 分析或調查、處理及支付本公司保單有關的索償; analysis or investigating, processing and paying claims made under our Company's insurance policy;
- (4) 發出繳交保費通知及向本公司收取保費及保費徵費及欠款; invoicing and collecting premiums, premium levy and outstanding amounts from 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) 就以上用途聯絡本公司; contacting 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
- (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; 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 other such 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
- m. 法例要求或許可的政府機關。government agencies and authorities as required or permitted by law.

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 the Insured Person's personal data otherwise with our Company's consent.

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）。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、收集個人資料聲明及支付經紀佣金。Our Company confirms our agreement to all sections in this Proposal Form, including but not limited to the above Declaration, Personal Information Collection Statement and Payment of Broker Commission.

簽署人姓名  
Name of the Signatory

簽署人職位  
Title of Signatory

授權簽署及公司蓋章  
Authorized signature & company stamp

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.

## 支付經紀佣金 Payment of Broker Commission

本公司明白、確知及同意，中銀集團保險會就本公司購買及接受其簽發的保單，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。假如本公司為法人團體，代表本公司簽署的獲授權人員須向中銀集團保險確認他/她已獲該法人團體授權。Our Company understands, acknowledges and agrees that, as a result of our Company purchasing and taking up the policy to be issued by BOCG Insurance, BOCG Insurance will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where our Company is a body corporate, the authorized person who signs on behalf of our Company further confirms to BOCG Insurance that he or she is authorized to do so.

本公司亦明白中銀集團保險必須取得本公司以上的同意，才可以處理本公司之保險申請。Our Company further understands that the above agreement is necessary for BOCG Insurance to proceed with the application.

## 保險公司專用 For Office use only

經紀/代理編號  
Broker/Agent No.

保單編號  
Policy No.

經辦人  
Handled By

覆核人  
Checked By

## 經紀代理資料 Broker / Agent Information