

# 業主立案法團第三者責任保險投保書

## Owners' Corporations Third Party Liability Insurance Proposal Form



通訊地址: 香港中環德輔道中 71 號永安集團大廈 8 樓  
電話 Tel : 3187 5100 傳真 Fax : 3906 9948

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

保戶資料 PROPOSER INFORMATION			
業主立案法團名稱 Name of Owner's Corporations		電子郵箱 E-mail:	
投保樓宇 <sup>1</sup> (名稱及地址) Insured Premises <sup>1</sup> (Name and Address)		樓宇落成年份 Year of built	
通訊地址 (如與上述地址不同) Correspondence Address (if different from the above address)		大廈管理員人數 No of Watchmen	
聯絡人姓名及職位 Name of Contact Person and Position		聯絡電話 Contact No.	傳真號碼 Fax No.
佔用性質 Nature of use	<input type="checkbox"/> 住宅 Residential	<input type="checkbox"/> 商業 / 商住 Commercial /Semi-Commercial	<input type="checkbox"/> 工業 Industrial
客運電梯數目 No. of Passenger Lift	貨運電梯數目 No. of Cargo Lift	自動電梯數目 No. of Escalator	
投保樓宇是否已受保於同類的第三者責任保險? 如是, 請提供以下資料。Has the Insured Premises been covered under similar third party liability insurance? If yes, please provide the following information :			<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
承保公司名稱 Name of the Insurance Company: _____			
保單號碼及投保額 Policy No. and the insured amount: _____			
承保期 Period of Insurance	由 From	至 To	(日 D /月 M /年 Y) (首尾兩日包括在內 Both dates inclusive)

保障資料 INSURED DETAILS		
(若認為「基本投保額」欄內的保額不足, 請在「自選投保額」欄內填寫所需投保額。 If the insured limit under "Basic Sum Insured" column is considered inadequate, please provide the required insured limit under "Optional Sum Insured" column)		
承保範圍 Scope of Coverage	<input type="checkbox"/> 基本投保額 <sup>2</sup> (HK\$) Basic Sum Insured <sup>2</sup>	<input type="checkbox"/> 自選投保額 <sup>3</sup> (HK\$) Optional Sum Insured <sup>3</sup>
保障第三者死亡或身體受傷的法律責任 Protect against legal liability in respect of third party's death or bodily injury	10,000,000 每宗事故 per event	每宗事故 per event
<b>免費附加保障 Free Additional Coverage</b> 保障第三者財物損毀的法律責任 Protect against legal liability in respect of third party's property damage	2,000,000 每宗事故/每年 per event/per year	每宗事故/每年 per event/per year
<b>免費延伸保障 Free Extension Coverage:</b> i. 廣告標誌或裝飾責任 Advertising Signs and Decorations Liability ii. 更改、維修、修補及增設 Alterations, Maintenance, Repairs and Additions (每張維修工程合約的總金額上限為 HK\$500,000。The maximum total amount per maintenance contract is HK\$500,000) iii. 停車場責任 Car Park Liability (最高保額每年不超過 HK\$1,500,000、每宗事故不超過 HK\$500,000、及每部車輛不超過 HK\$200,000。The maximum amount of indemnity shall not exceed HK1,500,000 per year, HK\$500,000 per event, and HK\$200,000 per vehicle) (因任何盜竊引致的損失除外。Any loss arising from theft is excluded)		
<b>全年保費<sup>4</sup> Annual Premium<sup>4</sup> (HK\$) :</b>		

### 註 Remarks:

- 樓宇 Building :** 只適用於單幢式樓宇 Applicable to single block building only.
- 自負額 Excess :**
  - 2.1 每宗事故為 HK\$3,000 ; Each and every loss is HK\$3,000;
  - 2.2 若因水災導致的損失, 每宗事故的自負額為 HK\$10,000 或損失的 10% , 以較高者為準 (只適用於第三者財物損毀的法律責任) 。 In respect of water damage, the excess per event is HK\$10,000 or 10% of loss, whichever is greater (applicable to legal liability in respect of third party's property damage only).
- 自選投保額 Optional Sum Insured :** 若選擇加大保額, 自負額將按自選投保額調整。 If added sum insured is chosen, excess will be adjusted based on the amount of optional sum insured.
- 最低保費 Minimum Premium :** 如保戶於保單有效期內終止保單, 需繳付最低保費或從已繳保費扣除詳列保單內的短期保費率的數額(以較高者為準)。每份保單最低保費為 HK\$400。 If the policy terminates before expiry, the proposer required to pay the minimum premium or the amount after deducting the short period premium rate as stated in the policy from the paid premium (whichever is higher). Each policy is subject to a minimum premium of HK\$400.

保險紀錄 INSURANCE HISTORY		是 YES	否 NO
<b>A. 此部份必須填寫 This part must be completed</b>			
1.	投保樓宇是否未設大廈管理員及/或未有安裝自動灑水系統及/或其他防火設備；及/或在過去 5 年內未有進行大廈固定電力裝置檢查及/或維修？若答案為「是」，請述原因。Is it true that there is no watchman and/or not having any automatic sprinkler system installed and/or not having any other fire protection facilities; and/or in the past 5 years there is no inspection and/or maintenance to the fixed electrical installations in the insured premises? If yes, please specify reason	<input type="checkbox"/>	<input type="checkbox"/>
2.	投保樓宇是否未有制定任何遇颱風或水浸等特別事故時的風險管理及安全守則？Is it true that there is no risk management and safety control manual being set up in dealing with special risk such as typhoon, flooding and the like in the insured premises?	<input type="checkbox"/>	<input type="checkbox"/>
3.	投保樓宇內是否設有停車場。若答案為「是」，請詳述停車場總泊車數目、停車場層數及其位置。Are there any car parks within the insured premises? If yes, please specify total no. of car parks, no. of storey in the car park and their location.	<input type="checkbox"/>	<input type="checkbox"/>
4.	投保樓宇是否擁有或須要保養會所、游泳池或其他公共設施，如斜坡、護土牆或私家路？若答案為「是」，請詳述性質、地點及曾否為此作出保養或維修。Is there any club house, swimming pool or other public facilities such as slope, retained wall, private road owned or maintained by the insured premises? If yes, please give full details such as the nature, location and whether maintenance or repair work has been done before.	<input type="checkbox"/>	<input type="checkbox"/>
5.	最近 3 年內，投保樓宇曾否發生事故而引致第三者身體受傷或死亡或第三者財物損失或損毀或被保險公司拒絕受保、拒絕續保或取消保單？若答案為「是」，請詳加說明。In the past 3 years, has there been any loss or damage incurred in respect of third party's injury or death or third party's property loss or damage at the insured premises or the insurance applications or renewals of the insured premises have been declined or cancelled? If yes, please give full details.	<input type="checkbox"/>	<input type="checkbox"/>
6.	投保樓宇內或其相鄰地方是否擁有違例建築物或斜坡？投保樓宇曾否收到屋宇署根據《建築物管理條例》的任何命令或有關文書，或政府其他部門機構的任何命令？若答案為「是」，請詳加說明。Are there any illegal structure or dangerous slope within or adjacent to the insured premises? Has the insured premises received any order or relevant instruction by Building Department under Building Management Ordinance or by any other authorities of the Government? If yes, please give full details.	<input type="checkbox"/>	<input type="checkbox"/>
7.	投保樓宇是否現正或即將在 3 個月內進行維修工程？如是，請詳述維修工程時間的日期。Are there any maintenance work carrying out in the insured premises at present or will be carried out in coming 3 months? If yes, please specify the date of the maintenance work period.	<input type="checkbox"/>	<input type="checkbox"/>

<b>B. 此部份只適用於投保樓宇的樓齡是 40 年以上。This part is only applicable if the insured premises is over 40 years.</b>			
1.	請詳列過去 10 年內所有在投保樓宇進行的維修工程項目及/或經由有關政府部門審批的改動工程。Please specify all the maintenance work items and/or any alteration work as approved by the relevant government department being carried out in the insured premises over the past 10 years.		
2.	請提供投保樓宇公用地方的照片。Please provide pictures on common area of the insured premises.		

### 聲明 Declaration

1. 本集團謹此聲明投保樓宇結構是全用不易燃燒的材料建成，包括但不限於磚石、鋼筋混凝土及/或石屎版及經常維修。  
We declare that the structure of the insured premises is entirely built of non-combustible materials including but not limited to brickwork, reinforced concrete and/or autoclaved aerated concrete, and is in a good state of repair.
2. 本集團謹此聲明，於本投保書內之陳述乃真確無訛，可作為吾等與「中銀集團保險有限公司」（下稱「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。吾等謹此聲明，本投保書是在香港特別行政區內簽署。吾等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及已繳付保費後，保障才能生效。  
We declare that the information stated in this Proposal Form is true and complete and will form the basis of the contract between us and the "Bank of China Group Insurance Company Limited" (named below as "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. We declare that this Proposal Form is applied and signed at HKSAR. We agree BOCG Insurance reserves the right to accept or decline our application and understand that the insurance will not be in force unless this Proposal Form has had accepted by BOCG Insurance and the premium has been paid.

### 收集個人資料聲明 Personal Information Collection Statement

- 本集團明白本集團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 We understand that the information provided by us to BOCG Insurance is collected to enable BOCG Insurance to carry on insurance business and may be used for the purpose of:
1. 處理及審批吾等的保險申請或吾等將來提交的保險申請 processing and evaluating my insurance application and any future insurance application we may make;
  2. 執行吾等保單的行政工作及提供與吾等保單相關的服務 administering our insurance policy and providing services in relation to our insurance policy;
  3. 分析或調查、處理及支付吾等保單有關的索償 analysis or investigating, processing and paying claims made under our insurance policy;
  4. 發出繳交保費通知及向吾等收取保費及欠款 invoicing and collecting premiums and outstanding amounts from us;
  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. 就以上用途聯絡吾等 contacting us 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吾等的個人資料移轉予下列各方 BOCG Insurance may disclose our 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. 吾等的保險經紀 (若有) our insurance broker (if I 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 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.

本法團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/或核對本法團及/或受保人任何資料 BOCG Insurance is hereby authorized to obtain access to and/or to verify any of our and/or the Insured Person's data with the information collected by the Federation from the insurance industry.

此外,經本法團同意,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 consent.

本法團有權查閱及要求更正由中銀集團保險持有有關吾等的個人資料。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) We have 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).

**本法團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。 We confirm my agreement to all sections in this Proposal Form, including but not limited to the above Declaration and Personal Information Collection Statement.**

業主立法法團授權簽署及蓋印 Authorized signature of Owners' Corporations and Chop

香港 H.K./

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.**

**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
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**經紀代理資料 BROKER / AGENT INFORMATION**

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