

周全家居綜合險投保書

Premier Home Comprehensive 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

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@bocgroup.com

客戶注意事項 Important Notes to the Customer :

1. 投保公司負責人請以英文正楷填寫及在適當方格內加「✓」號。任何答案如有更改，敬請在旁簽署。The responsible person of Proposed Insured Company has to complete the form in English BLOCK LETTERS and please put a "✓" in the box as appropriate. Any changes to be made should be signed by the proposed Insured.
2. 為保障受保人的利益，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 或您的經紀/代理查詢。若未能充份透露實情，將會使受保人得不到所需的保障，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 or contact your agent/broker for the interests of the Insured Person. Failure to disclose may mean that the policy will not provide the Insured Person with the coverage required, or may invalidate the policy altogether.
3. 此投保書申請一經被接納後，您的保單將會每年自動續保。Once the application for this proposal form is accepted, your policy will be automatically renewed each year.
4. 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.
5. 此保險計劃乃由中銀集團保險承保。This insurance plan is underwritten by BOCG Insurance.

必須填寫項目 Mandatory Fields (如果提供的附夾文件中已有投保書所需資料，或之前曾提供予中銀集團保險且無須更新的資料，可不必填寫。You are not required to fill in the mandatory fields if the supporting documents attached to your application already contain the required information, or if the information had previously been provided to BOCG Insurance and it does not need to be updated.)

投保公司資料 Details of 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.

若以信託投保，請於中銀集團保險網頁 www.bocgins.com 下載「客戶信息收集表」，填妥後連同投保書一同遞交。如有任何查詢，請聯絡客戶服務熱線(852) 3187 5100。If insured is Trust, please download "Customer Information Collection Form" in BOCG Insurance website www.bocgins.com, complete and submit together with proposal form. For any enquiries, please contact Customer Services Hotline (852) 3187 5100.

(信託指根據信託法規法律，財產授予人委託受託人成立信託，使得受益人獲得利益。Trust is a legal relationship in which settler gives its right to trustee who must keep and use it solely for beneficiary's benefit.)

1. 公司英文名稱 Company Name in English [#]	2. 公司中文名稱 Company Name in Chinese [#]
3. 商業登記證號碼 Business Registration No. [#]	4. 註冊日期及地點 Date and Place of Registration [#]
5. 公司聯絡人姓名 Name of Company Contact Person	6. 公司聯絡電話 Office Contact No.
7. 電郵地址 Email Address [#]	
8. 投保公司身份 Identity of Proposed Insured Company# <input type="checkbox"/> 業主 (自住) Homeowner (Occupier) <input type="checkbox"/> 業主 (出租) Homeowner (Rent out) <input type="checkbox"/> 租客或業主同住的家人 Tenant or Family member lives with Homeowner	
9. 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	
10. 投保家居地址 ² (如與上述地址不同) Address of the Insured Home ² (if different from the above address)	
11. 投保家居居住所建築面積 Gross floor area of the Insured Home [#] (平方呎 in square feet)	
12. 註冊辦事處地址 Address of registered office (如與通訊地址不同 if different from the Correspondence address)	
13. 業務地址 Business address (如與通訊地址不同 if different from the Correspondence address)	
14. 主要營業地點 Major place of business [#] (國家/地區 Country / Region)	

15. 投保公司行業# Industry of Proposed Insured Company	
<input type="checkbox"/> 11- 農林漁業 Agriculture, Forestry and Fisher	<input type="checkbox"/> 25- 公共行政 Public Administration
<input type="checkbox"/> 12- 採礦及採石 Mining and Quarrying	<input type="checkbox"/> 26- 教育 Education
<input type="checkbox"/> 13- 製造 Manufacturing	<input type="checkbox"/> 27- 人類保健及社會工作活動 Health and Social Work
<input type="checkbox"/> 14- 電力及燃氣供應 Electricity and Gas Supply	<input type="checkbox"/> 28- 藝術、娛樂及康樂活動 Art, Entertainment and Recreation
<input type="checkbox"/> 15- 自來水供應；污水處理、廢棄物管理及污染防治活動 Water Supply, Sewage Disposal, Waste Management and the Prevention and Control of Environmental Pollution Industries	<input type="checkbox"/> 29- 其他服務活動 Other Services
	<input type="checkbox"/> 30- 家庭住戶內部工作活動 House Holder Internal Activities
<input type="checkbox"/> 16- 建造 Construction	<input type="checkbox"/> 31- 享有治外法權的組織及團體活動 Extraterritorial Organizations and Groups
<input type="checkbox"/> 17- 進出口貿易、批發及零售 Import and Export Trade, Wholesale and Retail	<input type="checkbox"/> 32- 博彩行業 Casino/Gaming Industry
<input type="checkbox"/> 18- 運輸、倉庫、郵政及速遞服務 Transport, Warehousing, Postal and Delivery Services	<input type="checkbox"/> 33- 武器製作/銷售 Arms and Military Manufacturing Sale
<input type="checkbox"/> 19- 住宿及膳食服務活動 Accommodation and Food Services	<input type="checkbox"/> 34- 匯款機構 Remittance Agency
<input type="checkbox"/> 20- 資訊及通訊 Information and Communications	<input type="checkbox"/> 35- 貨幣兌換所 Currency Exchange Company
<input type="checkbox"/> 21- 金融及保險活動 Finance and Insurance	<input type="checkbox"/> 36- 財務公司 Finance Company
<input type="checkbox"/> 22- 地產活動 Real Estate	<input type="checkbox"/> 37- 拍賣行 Auction House
<input type="checkbox"/> 23- 專業、科學及技術活動 Profession, Science and Technology	<input type="checkbox"/> 38- 交通工具交易中心 Vehicles Trading Company
<input type="checkbox"/> 24- 行政及支援服務活動 Administration and Support Services	<input type="checkbox"/> 39- 其他 Others (請說明 Please indicate) _____

16. 股權機構及控股股東名稱 Name of shareholders and shareholding#				17. 董事/控權人名稱及身份 (如執行董事、非執行董事、擁有決策/投票權的人) Name of Directors and controlling person and its identity# (e.g. Executive director, non-executive directors, controlling person)			
名稱 Name#	控股比例 Shareholding#	國籍 Nationality# (國家/地區 Country / Region)	居住地 Place of Residence#	名稱 Name#	身份 Identity#	國籍 Nationality# (國家/地區 Country / Region)	居住地 Place of Residence#

必須填寫項目 Mandatory Fields (如果提供的附夾文件中已有投保書所需資料，或之前曾提供予中銀集團保險且無須更新的資料，可不必填寫。You are not required to fill in the mandatory fields if the supporting documents attached to your application already contain the required information, or if the information had previously been provided to BOCG Insurance and it does not need to be updated.)

保險期 Policy Period
由 From (日 D / 月 M / 年 Y) _____ 至 To (日 D / 月 M / 年 Y) _____ (首尾兩日包括在內及已繳付以後每個可調整保費及保費徵費的續保週年 Both dates inclusive and, subject to the payment of further premiums and premium levy to be adjusted, to be renewal on each anniversary thereof)

投保限制 Limitation :

1. 投保人的投保年齡須為 18 歲或以上，居於香港特別行政區的合法居民。At the time of application proposed Insured must be aged 18 or above and a legal resident of HKSAR.

投保資料 INSURED DETAILS (如投保家居住所建築面積 2,500 平方呎以上及/或樓宇保障投保額超過 HK\$1,000,000，此投保申請必須遞交中銀集團保險的承保部釐訂保費。If gross floor area of the Insured Home is above 2,500 square feet and/or the sum insured for Buildings Coverage is over HK\$1,000,000, please submit this proposal form to BOCG Insurance Underwriting Dept. for premium quotation)					保費 Premium (HK\$)	
					<input type="checkbox"/> 月繳 Monthly	<input type="checkbox"/> 年繳 Annual
I. 家居財物保障 HOME CONTENTS COVERAGE	投保家居住所 Insured Home (平方呎 in square feet)		投保計劃 Insured Plan			
	建築面積 Gross Floor Area	實用面積 Saleable Area	計劃 Plan 1	計劃 Plan 2	計劃 Plan 3	
	<=500	<=380	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	501-750	381-570	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	751-950	571-720	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	951-1,250	721-950	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1,251-1,500	951-1,130	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1,501-2,000	1,131-1,500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2,001-2,500	1,501-1,900	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	>=2,500	>=1,900	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

II. 自選保障 OPTIONAL COVERAGE 【項目 1 及 2 不適用於業主(出租)投保 Item 1 and 2 not applicable to Homeowner (rent out)】			
<input type="checkbox"/>	1. 家傭 (勞工保險) DOMESTIC HELPERS (EMPLOYEES' COMPENSATION INSURANCE) 保費已包括 10.8 % 徵款* Premium has already included 10.8 % Levy*		
	家傭人數 No. of Domestic Helpers: _____ 名 Person		
<input type="checkbox"/>	2. 全球個人物品附加保障 SUPPLEMENTARY WORLDWIDE PERSONAL BELONGINGS		
<input type="checkbox"/>	3. 樓宇保障 BUILDINGS COVERAGE 【可獨立投保 can be insured on standalone basis】		
	<input type="checkbox"/> 投保額 Sum Insured: _____ HK\$ (最少 Minimum HK\$200,000)		
總保費及保費徵費^ Total Premium and Premium Levy^ (HK\$)			
保費 Premium:			
折扣後保費 Discounted Premium (如適用 if Applicable):			
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:

*家傭保費包括基本保費及僱員補償保險徵款。其中僱員補償保險徵款不能享有任何折扣優惠。由 2010 年 7 月 1 日起，政府徵款、恐怖活動保障費用及保險公司(僱員補償)無力償債管理局供款分別為保費之 5.8%、3%及 2%，並將不時作出修訂。The premium of domestic helper includes Basic Premium and Employees' Compensation Insurance Levy. The Levy could not enjoy any privilege discount. The Government Levy, Government Terrorism Facility Charge and Employees Compensation Insurer Insolvency Bureau Contribution as from 1 July 2010 are quoted at 5.8%, 3% and 2% of the respective premium and is subject to change from time to time.

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

- | | 是 YES | 否 NO |
|--|--------------------------|--------------------------|
| 1. 您在投保任何家居財物、樓宇或個人物品保險時，曾否遭拒絕及/或被附加特別條款及/或繳付額外保費？如答案為「是」者，請詳加說明。Have you ever been declined and/or imposed special terms and conditions and/or paid additional premium in applying any Home Contents, Buildings or Personal Belongings Insurance? If you have ticked "YES", please give full details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 您在過去兩年內，曾否就任何家居財物、樓宇或個人物品保險申請索償？如答案為「是」者，請詳加說明。Have you made any claims under Home Contents, Buildings or Personal Belongings Insurance in the past 2 years? If you have ticked "YES", please give full details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 您投保的家居樓宇/住所的樓齡是否超過 40 年？如答案為「是」者，請說明樓齡。Is the age of Insured building/premises exceeding 40 years old? If you have ticked "YES", please specify the age of the insured building/premises. | <input type="checkbox"/> | <input type="checkbox"/> |

繳付保費方法 Payment Method

1. 以信用卡付款 Payment made by credit card
- 年繳 Annual Payment
請填妥第 5 頁的「信用卡付款授權書」交回「中銀集團保險有限公司」。Please attach a completed Credit Card Authorization Form in page 5 and submit to "Bank of China Group Insurance Company Limited".
- 月繳 Monthly Payment
請填妥第 5 頁的「信用卡付款授權書」交回「中銀集團保險有限公司」。首月「中銀集團保險有限公司」將向客戶的信用卡戶口收取三個月預繳保費及保費徵費。Please attach a completed Credit Card Authorization Form in page 5 and submit to "Bank of China Group Insurance Company Limited". In the first month "Bank of China Group Insurance Company Limited" will collect 3 months advance premium and premium levy from the client's credit card account.

2. 以支票付款(只限年繳) Payment made by cheque (For Annual Payment Only)

請以劃線支票抬頭寫「中銀集團保險有限公司」並交回「中銀集團保險有限公司」。Please made a crossed cheque payable to "Bank of China Group Insurance Company Limited" and submit to "Bank of China Group Insurance Company Limited".

銀行名稱 Bank Name: _____ 支票號碼 Cheque No.: _____

本公司等明白此投保書一經批核保單便會每年自動續保。現授權「中銀集團保險有限公司」從上述信用卡公司從本公司之信用卡戶口轉賬繳交「周全家居綜合險」應繳付的保費及保費徵費，包括每月保費(適用於月繳)、其後背書所更改的保費以及每個新保單年度續保保費及保費徵費，除非本公司有進一步的書面通知予「中銀集團保險有限公司」。Our company understands that once this application is accepted, the policy will be automatically renewed each year. Our company hereby authorizes "Bank of China Group Insurance Company Limited" using our above Credit Card Company to effect payment transfer from our credit card account for payment of premium and premium levy under the "Premier Home Comprehensive Insurance", including monthly premium (applicable only to monthly payment); subsequent revised premium by endorsement(s) and all renewal premiums and premium levy for each new policy year unless further written notice from me to the "Bank of China Group Insurance Company Limited".

聲明 Declaration

1. 本公司的投保家居住所只是用作住宅用途及位於香港特別行政區已落成的永久住宅大廈，且該住所及屋頂是用磚石或混凝土建造。Our company's insured home is solely used for domestic purpose and in a permanent residential building that is constructed and situated in HKSAR. And Our company's insured home is built and roofed with bricks, stone or concrete.
2. 本公司明白投保家居住所如連續空置 60 天以上者，在空置期間只承保因火災、電擊、雷擊、爆炸、地震、颱風、暴風、喉管爆裂或水災所引致投保家居住所內的家居財物損失或損毀。Our company understands that if the insured premises is remained unoccupied for more than 60 consecutive days, the loss of or damage to home contents in the insured premises will not be covered except loss or damage caused by fire, lightning, thunderbolt, explosion, earthquake, typhoon, windstorm, bursting of pipes or flood during that period.
3. 本公司謹此聲明，於本投保書內之陳述乃真確無訛，可作為簽發保單之根據。本公司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 accurate, 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 me our company and/or the Insured Person(s) may be invalidated.
4. 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 at HKSAR, in case of fraud or factual misrepresentation, the cover for our company and/or the Insured Person(s) may be invalidated.
5. 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 my application.
6. 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及/或受保人之保險責任始行生效。Our company understands that BOCG Insurance's insurance liability for our company and/or for the Insured Person(s) will only take effect provided that premium and premium levy have been fully paid and the policy was put in-force.
7. 本公司明白此投保申請一經批核，在每個保單年度期滿前，若未有接獲中銀集團保險有關修改任何條款的續保通知，本公司只須繳交下個保單年度所須的保費及保費徵費，此保單便會每年自動續保。Our company agrees that once this application for insurance is accepted, if no notice of amendment of renewal terms is sent to us from BOCG Insurance prior to the expiration of each policy year, the policy will be **automatically renewed** simply by our settling the required premium and premium levy for the upcoming policy year.

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 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 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、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's 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;

1. 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/或核對受保人任何資料 BOCG Insurance is hereby authorised to obtain access to and/or to verify any of 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)'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(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).

本公司明白此產品為自動續保產品，本公司只須繳交下個保單年度所須的保費及保費徵費，此保單便會每年自動續保。Our company understands that this is an auto renew product. The policy will be automatically renewed simply by settling the required premium and premium levy for the upcoming policy year by our company.

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。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.

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

簽署人姓名
Name of the signatory

簽署人職位
Title of Signatory

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.**

商務信用卡付款授權書 Business Credit Card Authorisation Form

<input type="checkbox"/> Visa	<input type="checkbox"/> Master		
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)
投保公司茲授權「中銀集團保險有限公司」從投保公司的商務信用卡戶口每年支付「周全家居綜合險」應繳保費及保費徵費金額，直至另行通知。 The Proposed Insured Company hereby authorise and direct "Bank of China Group Insurance Company Limited" to debit the premium and premium levy due from the Proposed Insured Company's business credit card account for "Premier Home Comprehensive Insurance" on yearly basis until further notice.			
商務信用卡持卡人簽署 Business Credit Card Cardholder's Signature (須與商務信用卡簽署式樣相同 should be the same as the specimen signature on Business Credit Card)	X 	持卡人聯絡電話號碼 Contact Phone No. of Cardholder	日期 Date (日 D/月 M/年 Y)

經紀/代理必須填寫以下欄位 (Broker/Agent must complete the below box)

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