

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



香港中環德輔道中 71 號永安集團大廈 9 樓

9/F., Wing On House, 71 Des Voeux Road Central, Hong Kong.

網址 Website: <http://www.bocgroup.com/bocg-ins/>

電話 Tel: 3187 5100

NOTE 備註:

1. 投保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 proposed Insured 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”）保險熱線 (852) 3187 5100 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") Hotline (852) 3187 5100 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. 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.
4. 「建築工程全險」（下稱“本計劃”）由中銀集團保險承保。“Contractors' All Risks Insurance” (named below as “this Plan”) is underwritten by BOCG Insurance.
5. 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.
6. 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.

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.:	電子郵箱 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)
(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.)		
*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		

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 CRE ITC 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	

註 Remarks:

1. 僅適用於香港特別行政區內之物業,不適用於全幢大廈維修或建築中地盤。Only applicable to building in HKSAR, 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.

繳付保費方法 Payment Method

請選擇以下其中一種繳付方法 Please select one of the following payment methods:

<input type="checkbox"/> 信用卡付款 Payment made by Credit Card		<input type="checkbox"/> 入賬予中銀集團保險專用戶口 Payment to BOCG Insurance's Designated Account	
信用卡戶口號碼 : Credit Card Account No.		銀行戶口號碼 Bank Account No. * : (如適用, if applicable)	
<input type="checkbox"/> 於銀行刷卡 Swipe card in the Bank	<input type="checkbox"/> 授權中銀集團保險於本人之信用卡扣賬 Authorize BOCG Insurance to debit my Credit Card (請填妥以下「信用卡付款授權書」Please complete the below “Credit Card Authorization Form”)		

* 請注意以上資料僅為繳費方式的確認,並不能作授權直接付款。Please note that the above information is only for confirmation of payment method, not for authorization of direct debit.

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」應繳保費金額。I hereby authorize and direct “Bank of China Group Insurance Company Limited” to debit the premium 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. 代投保人支付保費原因 Reason for paying premium 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 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)

聲明 Declaration

(1) 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及已繳付保費後,保障才能生效。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 and the premium has been paid.

(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 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.

香港 H.K./

投保人簽署 Signature of Proposer

簽署地及日期 Signed Place and Date

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

於銀行繳付保費 Payment at the Bank

請銀行代理向中銀集團保險提供以下資料 The Bank staff should submit the following information to BOCG Insurance:

信用卡付款 Payment by Credit Card	中銀集團保險專用戶口 BOCG Insurance's Designated A/C
<input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> 中銀銀聯雙幣信用卡 BOC CUP Dual Currency credit card	戶名：中銀集團保險有限公司 A/C Name : Bank of China Group Insurance Co. Ltd.
信用卡戶口號碼 Credit Card Account No. :	專用戶口賬號 Designated A/C No. :
刷卡日期 (年/月/日) Swipe card date (Y/M/D) :	轉賬日期 (年/月/日) Transfer date (Y/M/D) :
確認編號 Approval code :	銀行參考編號 Bank Ref. No. : F
Trace No. :	

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:

- | | |
|--|---|
| (1) 此投保書正本或影印本 Original or photocopy of this proposal form; | (1) 此投保書正本或影印本 Original or photocopy of this proposal form; |
| (2) 銀行/商戶存根正本或影印本 Original or photocopy of the Bank/Merchant Copy. | (2) 保險費收款單正本或影印本 Original or photocopy of Premium Deposit Form. |

授權中銀集團保險以信用卡扣賬 Authorize BOCG Insurance to Debit the Credit Card

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:

- (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.

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	C14	SANCTION CLAUSE
14	C51	OUTDOOR WORKS EXCLUSION
15	C52	EXTERNAL WALL WORKS EXCLUSION
16	C53	SCAFFOLDING WORKS EXCLUSION
17	C54	GONDOLA WORKS AND/OR SWINGBOAT EXCLUSION
18	C55	ERECTION AND/OR DISMANTLING OF SCAFFOLD EXCLUSION
19	C56	WORKING AT HEIGHT OVER 30 FEET ABOVE GROUND AND/OR FLOOR LEVEL EXCLUSION
20	CRE	CYBER RISKS EXCLUSION CLAUSE
21	ITC	IT CLARIFICATION CLAUSE
22	TRMC	TERRORISM EXCLUSION CLAUSE FOR CONTAMINATION AND EXPLOSIVES
23	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

