

# Proposal Form

## 投保書

H709AG

Shop I

Name of Company 公司名稱：\_\_\_\_\_

Name of Proposer & Correspondence Address 投保人姓名及通訊地址：\_\_\_\_\_

Tel. No 電話：\_\_\_\_\_ Description of Business 業務性質：\_\_\_\_\_

Address of Premises to be insured (if different from above) 投保樓宇地址(如與上述不同)：\_\_\_\_\_

How long have you been established at these premises? 閣下佔用該樓宇\_\_\_\_\_ years 年

If less than three years, please provide business history 如不足三年，請說明業務之歷史：\_\_\_\_\_

Period of insurance required 閣下希望保險生效之日期

From 由：\_\_\_\_\_ To 至：\_\_\_\_\_

**(Please note that cover is not in force until the application has been accepted by the Company). (請注意，保險必須待至本公司接受申請後方始生效)。**

### Standard Cover 標準保障

Comprising: Contents and Stock, Business Interruption and Loss of Money insurance.

包括：樓宇內設備及存貨、業務干擾及金錢損失保險。

### Contents and Stock 樓宇內設備及存貨

The replacement cost as new of your Shop Contents 貴店內所有設備之全新更換價值 HK\$港幣\_\_\_\_\_元

The actual replacement cost of Stock 存貨實際更換價值 HK\$港幣\_\_\_\_\_元

Please list below any machine, computer or item of equipment included in the Sum Insured above where the value exceeds HK\$75,000.

請列出投保金額內任何價值逾港幣75,000元之機器、電腦或器材：

Description 說明	Value (HK\$) 價值 (港幣 / 元)
1.	
2.	
3.	

### Optional Extensions 自選額外保障

#### Loss of Trading Profit 經營利潤損失

Do you require cover for loss of Trading Profit? If Yes, please state:  Yes 是  No 否

閣下是否擬保障經營利潤損失？如是，請註明：

1. Your estimated Trading Profit for the next 12 months 閣下估計未來12個月之可得之經營利潤 HK\$港幣\_\_\_\_\_元

2. Sum Insured required 所需投保金額 HK\$港幣\_\_\_\_\_元

#### Employees' Compensation 僱員賠償

Do you wish to arrange Employees' Compensation Insurance? If Yes, please provide details of all employees:  Yes 是  No 否

閣下是否選擇安排僱員賠償保險？如是，請提供所有僱員資料：

	No. of Employees 估計僱員人數	Annual Earnings (HK\$) 估計每年薪酬 (港幣 / 元)
Management/Clerical Staff 管理 / 文職人員		
Sales Representatives 營業代表		
Others (Please describe) 其他 (請說明)		



Insurance  
that sees  
the heart  
in everything

For Agent  
& Direct  
Use Only

**Public Liability 公眾責任**

Do you wish to arrange Public Liability Insurance? If Yes, please state:

 Yes 是  No 否

閣下是否選擇安排公眾責任保險？如是，請註明：

1. Estimated annual turnover 估計每年營業額
2. Estimated total annual wage roll 估計每年支薪總額

HK\$港幣 \_\_\_\_\_ 元

HK\$港幣 \_\_\_\_\_ 元

**Personal Accident 人身意外**

Do you wish to arrange Personal Accident Insurance? If Yes, please complete the following:

 Yes 是  No 否

閣下是否選擇安排個人意外保險？如是，請填妥以下資料：

Persons to be Insured 受保人	Duties 職責	Date of Birth 出生日期	No. of Units Required 所需賠償單位數量

Is each person to be insured, to your best knowledge and belief, in good health and free from physical and mental defect? 根據閣下所知及相信，是否每位受保人均健康良好，並無任何生理或心理缺陷？

 Yes 是  No 否

If No, please give details 如否，請詳述： \_\_\_\_\_

**Glass 玻璃**

Do you wish to insure against accidental breakage of glass? If Yes, please give details:

閣下是否需要保障玻璃意外破損？如是，請註明：

1. Description of glass 玻璃類型 \_\_\_\_\_

2. Replacement cost of glass 更換價值 \_\_\_\_\_

HK\$港幣 \_\_\_\_\_ 元

**Insurance History 投保歷史**

Have you or any principal in the business:(If Yes, please give details in separate sheet)

閣下或貴公司主要成員曾否：(如有者請另以紙張詳述)

1. Ever been refused insurance or had any special terms or conditions imposed by any insurer?

被拒絕投保或被任何保險公司附加任何特別條款或條件？

 Yes 有  No 沒有

2. During the last three years sustained any loss, whether insured or otherwise, in connection with any of the covers for which insurance has been requested?

過去三年曾蒙受任何與現申請投保之保障有關之損失，不論已投保與否？

 Yes 有  No 沒有

3. Ever been convicted of or is involved in any prosecution pending for any offence involving dishonesty of any kind (e.g. involving fire, fraud, theft etc)?

曾被判罪名成立或正等待由任何不誠實行為所引致的起訴之審判（例如涉及火警、詐騙、盜竊等）？

 Yes 有  No 沒有

4. Have an interest which has been declared bankrupt, been the subject of bankruptcy proceedings or made any arrangement with creditors?

擁有任何曾宣佈破產、正進行破產程序或與債權人協議任何安排的權益？

 Yes 有  No 沒有

5. Are you insured at present or have you ever proposed for insurance which provides similar coverage?

閣下現時是否已投保或曾否申請投保提供類似保障之保險？

 Yes 有  No 沒有**Declaration 聲明**

I/We declare that the foregoing statements and particulars are true and complete and that this Application shall form the basis of the contract with MSIG Insurance (Hong Kong) Limited ("MSIG").

I/We agree to accept Insurance subject to the terms and conditions of MSIG's Policy and that the insurance will not be in force until the Application has been accepted by MSIG.

本人（等）現正式聲明，前述之聲明及資料均為真確及事實之全部，本項申請將作為本人（等）與三井住友海上火災保險（香港）有限公司（「三井住友保險」）所訂立合約之基準。

本人（等）同意依據三井住友保險保單之條款與條件接受本項保險，本項保險將待至三井住友保險接受本人（等）之申請方始生效。

**Disclosure: Any facts known to you which are likely to affect acceptance or assessment of the risks proposed for insurance must be disclosed. Should you have any doubt about what you should disclose, please do not hesitate to tell us or your broker / insurance adviser. We recommend you keeping a record (including copies of letters) for your future reference, of any additional information given. Making sure we are informed is for your own protection, as failure to disclose may mean that your policy will not provide you with the cover you require, or perhaps may invalidate the policy altogether.**

資料提供：投保人必須提供可能影響本公司接受或評估與本保險計劃的風險有關之所有事實。閣下倘對應提供甚麼資料存疑，請諮詢本公司或閣下的保險經紀/保險顧問。本公司建議閣下記存所有提供予本公司的額外資料之記錄（包括函件副本），以作參考。為保障閣下，請確保向本公司提供所有有關資料，否則本公司將無法為閣下提供所需保障，或甚至可能導致保單失效。

**This form is not a policy of insurance. Please refer to the Shop Insurance Policy (which will be issued to you upon acceptance of your proposal) for the applicable terms, conditions and exclusion.**

本申請書並非保單，有關條款細則及不承保範圍，請參閱店舖綜合保險計劃保單（於接納您的投保書後奉上）。

MSIG Insurance (Hong Kong) Limited  
9/F Cityplaza One, 1111 King's Road,  
Taikoo Shing, Hong Kong  
Tel +852 2894 0555 Fax +852 2890 5741

Macau Branch  
Avenida Da Praia Grande No. 693,  
Edif Tai Wah 13 Andar A & B, Macau  
Tel +853 2892 3329 Fax +853 2892 3349

三井住友海上火災保險(香港)有限公司  
香港太古城英皇道1111號  
太古城中心第一期9樓  
電話(852) 2894 0555 傳真(852) 2890 5741

澳門分公司  
澳門南灣大馬路693號  
大華大廈13樓A-B座  
電話(853) 2892 3329 傳真(853) 2892 3349

For more information,  
please call us at  
+852 3122 6922 (Hong Kong) /  
+853 2892 3329 (Macau) or contact  
your Insurance Representative at:  
詳情請致電(852) 3122 6922 (香港) /  
(853) 2892 3329 (澳門) 或聯絡您的保險代理 / 經紀:

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msig.com.hk



## PRIVACY POLICY

MSIG Insurance (Hong Kong) Limited ("MSIG", "we" or "us") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone for any purposes. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agent, contractor or third party who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purposes. If you have any questions or inquiries regarding our privacy policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the 'Privacy Policy' link on our website homepage at msig.com.hk. You should check the Privacy Policy regularly for changes.

## Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product or any claim made under the Product.

Your personal data may be used for **obligatory purpose** or **voluntary purpose**. If personal data are to be used for an obligatory purpose, you MUST provide your personal data to MSIG if you want MSIG to provide the Product. Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The **obligatory purposes** for which your personal data may be used are as follows:-

- processing and evaluating your insurance application and any future insurance application you may make;
- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- invoicing and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings;
- exercising any right of subrogation by us;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes; and
- complying with applicable laws, regulations or any industry codes or guidelines.

The **voluntary purposes** for which your personal data may be used are any sales, marketing, promotion of other general insurance services and products provided by MSIG. The personal data we intend to use for voluntary purposes are your name, your address, your phone number and email address. We cannot use your personal data for voluntary purposes without your consent.

**If you do not wish MSIG to use your personal data for the voluntary purposes listed above, you should tick the box on the right and provide us with the following information. You may also notify us by sending an email to 'dpo@hk.msig-asia.com'. In your notification, you must supply the same required information as listed below.**

.....  
To enable us to process your opt-out request, please provide us below information.

**Full Name:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**HKID Number:**  
**(for identification purpose)** \_\_\_\_\_

**Policy / Certificate / Acknowledgement Number (if you have one):**  
\_\_\_\_\_

**NOTE: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.**  
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In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- 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);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance broker;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- the Insurance Claims Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted by law.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at (852) 3122 6922.

Proposer's Signature

Date \_\_\_\_\_ (D) \_\_\_\_\_ (M) \_\_\_\_\_ (Y)

## 私隱政策

三井住友海上火災保險（香港）有限公司（下稱「三井住友保險」、「我們」或「本公司」）請您仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異，將以英文版本為準。

三井住友保險極為重視您的私隱。為了保障您的個人資料，我們以有關法例及規例為準則，向公司內部傳達並執行我們定立之私隱及保障指引。三井住友保險採取預防措施以保障您的個人資料免遭受遺失、盜竊、誤用，以及在未經許可之情況下被取用、洩露、更改及破壞。此外，我們均不會出售您的個人資料給任何人。三井住友保險嚴格執行認可管制，只容許獲授權之職員在必需要的情況下，取用或處理您的個人資料。我們會向職員定期提供培訓，確保他們知悉任何有關私隱法律及規例的新發展。

我們只會在法律容許並必需用於業務及稅務用途之情況下，保留您的個人資料作為我們的業務記錄。我們會向以本公司之名義提供行政或其他服務之代理、承辦商或第三者，要求他們遵循本政策保護有可能收到的個人資料。本公司不會容許他們使用有關資料於任何其他目的。如您對我們的私隱政策有任何疑問，歡迎聯絡我們查詢。

我們可能不時修改此範本。修改後的範本可於本公司網頁msig.com.hk下載。您應定期查閱此範本所修改的內容。

### 個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，您須向我們不時供給與我們提供之一般保險服務及保單產品（下稱「保單」）相關的個人資料，讓我們可向您提供客戶服務及改善服務質素。當中包括但不限於您在申請表填寫或任何與保單有關之文件上或任何透過保單索償上所載之個人資料。

您的個人資料可被用於**強制性**或**自願性用途**。如個人資料是用於強制性用途，而您希望三井住友保險提供有關保單，則您必須向三井住友保險提供有關個人資料，否則三井住友保險將不能向您提供有關保單。

您的個人資料可被用於以下**強制性之用途**：

- 處理及審批您的保險申請或您將來提交的保險申請；
- 向您提供與保單及核保相關之日常運作及行政用途；
- 保單之更改、取消或續保用途；
- 發出繳交保費通知及向您收取保費及欠款；
- 評估及處理透過保單索償及任何繼後法律訴訟之用途；
- 由本公司行使代位權利之用途；
- 就以上用途聯絡您；
- 其他與上述用途有直接關係的附帶用途；及
- 遵循適用法律，條例及業內守則及指引。

而**自願性用途**則指任何三井住友保險提供的其他一般保險服務及保單產品之銷售、市場營銷及推廣。用作自願性用途之個人資料則為您的姓名、地址、電話號碼及電郵地址。未獲您同意之前我們並不能使用您的個人資料用作自願性用途。

為讓我們能夠處理您以上提出的拒絕服務之請求，請提供以下資料。

姓名: \_\_\_\_\_

聯絡電話: \_\_\_\_\_

香港身份證號碼:  
(作識別之用) \_\_\_\_\_

保單號碼 / 證書編號 / 確認編號 (如適用): \_\_\_\_\_

**附註: 此拒絕服務要求將會取代您先前給予三井住友保險一切關於直接促銷的指示。**

如您不欲三井住友保險將您的個人資料用作上述自願性用途，您應於右列方格加上剔號並必須提供如下的資料。您亦可選擇以電郵方式將您的要求連同所需的個人資料（詳情如下）電郵至“dpo@hk.msing-asia.com”。

- 就任何上述的用途，我們所收集的個人資料可能會被轉移至：
- 向我們提供行政、通訊、電腦、付款、保安及其他服務的第三方代理、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）；
  - 處理索賠個案的理賠師、理賠調查員及醫療顧問；
  - 再保公司及再保經紀；
  - 您的保險經紀；
  - 我們的法律及專業業務顧問；
  - 我們的關連公司（以《公司條例》內的定義為準）；
  - 香港保險業聯會（或同類的保險公司聯會）及其會員；
  - 保險索償投訴局及同類的保險業機構；
  - 法例要求或許可的政府機關。

為了確保您的個人資料之準確性，您同意授權本公司查閱並核實任何由保險業界內保險公司聯會所收集有關您的個人資料。

根據有關法例及規例，您有權查閱及更正本公司所持的任何載有您的個人資料之記錄。如您欲行使以上權利，可以書面形式投寄至香港太古城英皇道1111號太古城中第一期9樓三井住友海上火災保險（香港）有限公司，通知本公司的資料保護主任。

如您對此個人資料收集聲明有任何疑問或須協助，請致電(852) 3122 6922與我們聯絡。

投保人簽署

日期 \_\_\_\_\_ 日 \_\_\_\_\_ 月 \_\_\_\_\_ 年