

Home Insurance Proposal Form 家居保險投保書

(For Macau only 只適用於澳門)

M601A

(Please complete in ENGLISH BLOCK LETTERS and “✓” the box(es) as appropriate 請以英文正楷填寫，並於適當的格內加上 “✓”)

Details of proposer 投保人個人資料			
Name of proposer: 投保人姓名：		Surname : 姓：	
		Given name: 名：	
Gender 性別： M 男 <input type="checkbox"/> F 女 <input type="checkbox"/>		Date of birth (DD/MM/YYYY): 出生日期 (日/月/年)：	
		Occupation: 職業：	
Macau ID/Passport no.: 澳門身份證/護照號碼：		Email: 電郵：	
Contact no.: 聯絡電話：		Home to be insured for: 投保居所的用途： <input type="checkbox"/> Self-occupied 自住 <input type="checkbox"/> Rental 出租 <input type="checkbox"/> Tenant 租客	
Address of insured premises 投保物業地址：			
Flat/Room 室		Floor 樓	
Block 座			
Building/Estate 大廈/屋苑			
Street/Road & district area 街道及地區			
<input type="checkbox"/> Macau 澳門 <input type="checkbox"/> Taipa 氹仔 <input type="checkbox"/> Coloane 路環			
Building type 樓宇類別：			
<input type="checkbox"/> Multi-storey building 多層住宅 <input type="checkbox"/> Village house/Bungalow/Duplex house/Townhouse/Detached house 村屋/平房/複式屋/聯排屋/獨立屋			
<input type="checkbox"/> Others 其他 _____			
Year of built: 建築年份：		Period of insurance: Commence on (D) (M) (Y) for one year 保障期：本保單由 _____ (日) _____ (月) _____ (年) 起生效，為期一年	
Correspondence address (if different from the above) 通訊地址 (如與上述地址不同)：			
Flat/Room 室		Floor 樓	
Block 座			
Building/Estate 大廈/屋苑			
Street/Road & district area 街道及地區			
<input type="checkbox"/> Macau 澳門 <input type="checkbox"/> Taipa 氹仔 <input type="checkbox"/> Coloane 路環			

Basic cover - household contents and personal liability 基本保障 - 家居物品及個人法律責任保障

Annual premium table (HK\$) 全年保費 (港幣/元)

Gross floor area (sq.ft.) 建築面積 (平方呎)	Plan A A 計劃	Plan B B 計劃	Plan C C 計劃
Below 500 以下	<input type="checkbox"/> 1,030	<input type="checkbox"/> 790	<input type="checkbox"/> 540
501 – 700	<input type="checkbox"/> 1,430	<input type="checkbox"/> 1,090	<input type="checkbox"/> 750
701 – 1,000	<input type="checkbox"/> 1,820	<input type="checkbox"/> 1,390	<input type="checkbox"/> 960
1,001 – 1,500	<input type="checkbox"/> 2,430	<input type="checkbox"/> 1,860	<input type="checkbox"/> 1,290
1,501 – 2,000	<input type="checkbox"/> 2,860	<input type="checkbox"/> 2,190	<input type="checkbox"/> 1,520
Over 2,000 以上 Please state 請列明： _____	Special quotation 個別報價	Special quotation 個別報價	Special quotation 個別報價

Insurance information (Questions 1 to 3 are applicable to all sections; question 4 is applicable to Household contents & Building sections.)
投保資料 (問題1至3適用於所有保障；問題4適用於家居物品及樓宇建築保障。)

1. Do you have any insurance of the same kind with other insurance companies?
您是否擁有其他保險公司的同類型保險？ ☐ Yes 是 ☐ No 否
2. Have you ever been refused cover or have special terms and/or additional premium been imposed to you for any insurance of the same kind you are applying for?
在申請投保同類保險時，您曾否被拒保或被要求附加特殊條款及/或額外保費？ ☐ Yes 是 ☐ No 否
3. Have you made any claims under any insurance related to your application within the past two years?
過往兩年內，您曾否就與今次申請有關的任何保險提出索賠？ ☐ Yes 是 ☐ No 否
4. Do you have any insured household contents being kept in the open or on a rooftop?
您是否有任何受保之家居物品存放在露天地方或天台？ ☐ Yes 是 ☐ No 否

Optional cover 自選保障

Annual premium table (HK\$) 全年保費 (港幣/元)

1. Building 樓宇建築		Subtotal 小計
Building 樓宇建築	Sum insured (HK\$) 投保額 (港幣/元) x 0.09% =	

2. Personal accident 個人意外					Subtotal 小計
Personal accident 個人意外	Sum insured (HK\$) 投保額 (港幣/元)	Occupational class 職業類別			
		Class 1 第一類	Class 2 第二類	Class 3 第三類	
Accidental death and permanent disablement (per injury) 意外身亡及永久傷殘 (每宗事故)	must be multiple of HK\$10,000 須為港幣10,000元的倍數	<input type="checkbox"/> 0.094%	<input type="checkbox"/> 0.104%	<input type="checkbox"/> 0.18%	
Temporary disablement (payment per week per injury) 暫時傷殘 (每宗事故的每週賠償額)	must be multiple of HK\$100 and shall not exceed 80% of weekly average earnings of the insured person 須為港幣100元的倍數及投保額不得超過受保人每週平均薪金之80%	<input type="checkbox"/> 18%	<input type="checkbox"/> 22%	<input type="checkbox"/> 31%	
Medical expenses (per injury) 醫療費用 (每宗事故)	must be multiple of HK\$100 須為港幣100元的倍數	<input type="checkbox"/> 2.2%	<input type="checkbox"/> 2.8%	<input type="checkbox"/> 4.2%	
Insured details 受保人資料	Insured person 受保人*				
Name 姓名					
Age 年齡					
Macau ID/Birth certificate no. 澳門身份證/出世紙號碼					
Date of birth (DD/MM/YYYY) 出生日期 (日/月/年)					
Occupation 職業					

Remark 註：

* Please provide details of beneficiary(ies) (if necessary) in a separate "Beneficiary Form".

如需指明受益人，請填寫有關之「受益人表格」。

3. Worldwide personal possessions ¹ 全球個人財物 ¹			Subtotal 小計
Unspecified items ² 非指定受保財物 ²	Sum insured (HK\$) 投保額 (港幣/元)	x 1.5% =	
Specified items ³ 指定受保財物 ³	Sum insured (HK\$) 投保額 (港幣/元)	x 1.5% =	
Remarks 註： 1. For any property exceeding HK\$5,000 which you would like to insure, please provide invoice to prove its value. 如欲投保任何價值超過港幣5,000元的財物，請於投保時提供收據證明。 2. The sum insured of unspecified items should represent the maximum possible value of all the properties you are likely to carry away from home at any one time. 非指定受保財物的投保額應為外出時隨身攜帶所有財物的最高總額。 3. Please describe each item insured with the value in a separate sheet. 請另紙詳述投保物品及其價值。			

Total annual premium (HK\$) 全年保費總額 (港幣/元)

Payment instruction and authorisation 付款說明及授權書

☐ I shall arrange premium and levy payment with
 本人將安排保費及保費徵費

☐ my insurance agent/broker
 支付予本人的保險代理/經紀

☐ MSIG Insurance (Hong Kong) Limited directly
 直接支付予三井住友海上火災保險 (香港) 有限公司

Payment mode 付款方式
☐ Visa ☐ MasterCard 萬事達 ☐ Cheque 支票 (please make your cheque payable to "MSIG Insurance (Hong Kong) Limited")
 (支票抬頭請填寫「三井住友海上火災保險 (香港) 有限公司」)

Credit card account number (Accept credit card in Macau currency only)
 信用卡賬戶號 (只接受澳門幣信用卡)

Expiry date
 有效日期至

- - -

MM (月) YY (年)

Issuing bank
 發卡銀行

Macau ID no.
 澳門身份證號碼

Name of cardholder
 持卡人姓名

()

I hereby authorise MSIG Insurance (Hong Kong) Limited to charge the total amount of the policy to my credit card account for this insurance.
 本人謹此授權三井住友海上火災保險 (香港) 有限公司從本人信用卡賬戶中扣除本保險的總費用。

Cardholder's signature
 持卡人簽署
 (Signature should correspond to the specimen signature of the above credit card account.
 簽署必須與上述信用卡戶口式樣相同。)
 Date
 日期 (DD日/MM月/YYYY年)

IMPORTANT NOTE: Please refer to the Home Insurance Policy (which will be issued to you upon acceptance of your proposal) for the applicable terms, conditions and exclusions.
 注意事項：有關條款細則及不承保範圍，請參閱「家居保險」保單 (於接納您的投保書後奉上)。

Declaration 聲明

I/We desire to effect the insurance specified herein and declare that I/We:

- agree that MSIG Insurance (Hong Kong) Limited ("MSIG") reserves the final right to accept or decline my application.
- agree that MSIG reserves the right to accept or reject or revise the terms of my/our application if the insured premises is aged 45 or above.
- am/are or will be by the policy commencement date, the legal owner/s or the tenant/s of the insured premises.
- warrant that the insured premises is built of and roofed with brick, stone or concrete and no household improvements made of glass, metal, plastic or the like (not applicable to non-structural indoor items).
- warrant that no illegal structure exists in the insured premises.
- warrant that the insured premises has not outbuilding items. (If not, please give full particulars in separate sheet.)
- warrant that the insured premises is solely for domestic use with no commercial purpose.
- warrant that the insured premises is not a sub-divided home or sub-let property.
- warrant that I/We must comply with all statutory obligations and take reasonable steps to prevent loss or damage; and to maintain any insured property in good condition and sound repair; if the insured premises is constructed with an open kitchen, I/We must comply with the relevant fire safety rules and regulations; and to fulfill the requirement of the deed of mutual covenant, any other relevant regulations or statutory instruments relating to the building and my/our home; I/We understand that any contravention of any regulatory requirements or rules may invalidate the coverage provided by this policy.
- warrant that the information given and answers to questions herein are true and correct to the best of my/our knowledge.
- have not withheld facts likely to influence assessment of this application.
- agree that this application, declaration and other information provided shall form the basis of the contract and agree to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the policy/policies and/or as modified or extended by any endorsements thereon.

Declarations applicable to Personal Accident Section

I/We and on behalf of each insured person (if any), herein declared that I/We:

- am/are now in good health and not suffering from any physical impairment or physical disability or mental conditions. (If not, please give full particulars in separate sheet.)
- am/are not engaging anything hazardous occupation or pursuits. (If not, please give full particulars in separate sheet.)
- warrant to inform MSIG in writing immediately in the event of any change in the employment, occupation, duties or pursuits of any insured person, or any other change which may increase the possibility of a claim under the policy and agreed MSIG reserves its right to adjust the premium as a result of any such changes.
- agree that in the event of the bodily injury results in death of the insured person(s), the benefits shall be paid to the estate of the insured person and understand I/We can submit the completed Beneficiary Form to MSIG for the designation of Beneficiary.

本人（等）特此聲明：

- 同意三井住友海上火災保險（香港）有限公司（「三井住友保險」）保留其接納或不受理本人（等）申請書的最後權利。
- 同意如投保物業之樓齡超過45年，三井住友保險會保留其接納或不受理或修訂本人（等）申請的最後權利。
- 現時或在保單生效之時是此投保物業的合法業主或住客。
- 保證投保物業及其屋頂均以磚瓦、石頭或水泥所建造及沒有任何由玻璃、金屬或塑膠建造之結構性家居改裝（非結構性室內物品則除外）。
- 保證投保物業內並無違例建築物。
- 保證投保物業並無附屬建築物。（如有，請另行詳述之。）
- 保證投保物業只作居住用途並未有任何商業用途。
- 保證投保物業並無分租或轉租。
- 本人及本人的家人保證必須遵從所有法定條例，同時採取所有合理措施以預防遺失及損壞；以及保養及保持任何受保財物的狀態良好；如投保居所內建有開放式廚房，必須遵從相關消防安全守則及規定；並確保受保的建築物及本人的家居符合公契及其他有關條例的法定要求；若違反任何法規或守則可能會使本保單的保障失效。
- 保證所填報資料及對所載問題的回答，據本人（等）確信，均為正確無訛。
- 並未隱瞞可能影響本申請書評估的事實。
- 同意本申請書，聲明及所提供的其他資料作為合法基礎，並同意接受本保單所載及/或其任何修訂或擴充的條款、限制、不承保事項、條件、條文及保證。

適用於個人意外保障的聲明

本人（等）並代表每名受保人（如適用）特此聲明，本人（等）：

- 現在身體健康，及並沒有任何身體傷殘或缺陷或精神不健全。（如有，請另行詳述之。）
- 並沒有從事任何危險的職業或工作。（如有，請另行詳述之。）
- 保證會在受保人的就業、職業、職責或職務變動，或獲悉其他可能提高保單索償風險的變化時立即以書面通知三井住友保險，並同意三井住友保險保留因上述變化而調整保費之權利。
- 同意倘若受保人因身體受傷而導到身亡，保障賠償將撥作受保人的遺產，並明白可透過向三井住友保險提交已填妥之「受益人表格」來指定受益人。

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 document in relation to the Product or any claim made under the Product.

Your personal data may be used for the purpose of:

- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- any sales, marketing, promotion of other general insurance services and products provided by us;
- variation, cancellation or renewal of the Product;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings; or
- exercising any right of subrogation by us.

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- our related, subsidiary or affiliated companies within the MSIG Group or MS&AD Insurance Group in or out of Macau;
- any other company carrying out insurance or reinsurance related business in or out of Macau;
- any association or federation of insurance companies that exists or is formed from time to time; or
- any agent, contractor or third party who provides administrative, claims handling or other services relating to the Product to MSIG or any member of the MSIG Group or MS&AD Insurance Group.

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, and to request to opt out from receiving any direct marketing communication from us. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F 1111 King's Road, Taikoo Shing, Hong Kong (for Hong Kong customers) or at Avenida Da Praia Grande No. 693, Edif Tai Wah 13 Andar A&B, Macau (for Macau customers).

Nothing in this statement shall limit your rights under the relevant laws and regulations.

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產品（下稱「產品」）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產品有關之文件上或任何透過產品索償上所載之個人資料。

您的個人資料可被用於以下用途：

- 向您提供與產品及設施相關之日常運作及行政用途；
- 任何我們提供的其他一般保險服務及產品之銷售、市場營銷及推廣用途；
- 產品變動、取消或更新用途；
- 評估及處理透過產品索償及任何繼後法律訴訟之用途；或
- 由本公司行使代位權利之用途。

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：

- 在三井住友保險集團或MS&AD保險集團內，在澳門或海外與本公司有關之機構、子公司或附屬公司；
- 任何其他在澳門或海外經營有關保險或再保險業務之公司；
- 任何現存或不時成立的協會或保險公司聯會；或
- 任何提供行政服務、索償處理或其他與三井住友保險集團或MS&AD保險集團成員相關產品服務之代理、承辦商或第三者。

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內保險公司聯會所收集有關您的個人資料。

根據相關法例及規例，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，以及要求選擇拒收任何本公司的直銷通訊。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9樓三井住友海上火災保險（香港）有限公司（適用於香港客戶）；或澳門南灣大馬路693號大華大廈13樓A-B座三井住友海上火災保險（香港）有限公司澳門分公司（適用於澳門客戶），通知本公司的資料保護主任。

此聲明所述之條文並不限制您就相關法例及規例可行使之權利。

Date (DD/MM/YY)
日期（日/月/年）

Proposer's signature
投保人簽署