

Please complete the following sections in ENGLISH using block letters and tick✓ the box(es) as appropriate. 請以英文正楷填寫下列部份，並於適當的空格內加上✓號。

Details of Proposer 投保人資料 (*Please delete if not appropriate. *請刪除不適用項目)

Name of Company / Business Entity:

公司 / 機構名稱: _____

Name of Contact Person (Mr./Mrs./Ms.):*

聯絡人姓名 (先生 / 太太 / 女士)*: Surname 姓 _____ Given Name 名 _____

Tel No.: Office 電話號碼: _____ Mobile 手提 _____ Description of Business: 業務性質: _____

Correspondence Address: 通訊地址: Flat/Room* 室 / 單位 * _____ Floor 樓 _____ Block 座 _____ Building 大廈 _____

No. & Street Name/Lot. No.* 街名及門牌 / 地段 * _____ District 地區 _____ Taipa/Macau* 氹仔 / 澳門 *

Address of Premises to be insured (if different from the above): 投保樓宇地址 (如與上述地址不同): Flat/Room* 室 / 單位 * _____ Floor 樓 _____ Block 座 _____ Building 大廈 _____

No. & Street Name/Lot. No.* 街名及門牌 / 地段 * _____ District 地區 _____ Taipa/Macau* 氹仔 / 澳門 *

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

Period of insurance required: (Please note that the cover is not in force until the application has been accepted by the Company) 閣下希望保險生效之日期: (請注意，保險必須待至本公司接受申請後方始生效):

From: 由 _____ (D) _____ (M) _____ (Y) _____
To: 至 _____ (D) _____ (M) _____ (Y) _____

Standard Cover 標準保障

Comprising: Office Contents, Additional Expenditure, Money and Public Liability Cover

包括: 樓宇內設備、額外開支、金錢損失及公眾責任保障

☒ Office Contents 樓宇內設備:

What is the replacement cost as new of all your office contents? 閣下寫字樓內所有設備之全新更換價值: HK\$ _____ 港幣 _____ 元

Please list below any one item of office equipment, computer or machine included in the Sum Insured above where the value exceeds HK\$100,000.

如在投保金額內有任何一件辦公室器材、電腦或機器價值超過港幣100,000元，請註明:

Description 說明	Value (HK\$) 價值 (港幣/元)
1.	
2.	
3.	
4.	
5.	

Optional Extensions 自選保障

☐ Loss of Gross Profit 毛利損失:

- Your anticipated gross profit for the next 12 months: 閣下估計未來12個月可得之毛利: HK\$ 港幣 _____ 元
- Maximum indemnity period required: 所需最長補償期: 12/18/24* months 個月
- Sum Insured required: 所需投保金額: HK\$ 港幣 _____ 元

Note: If your maximum indemnity period is more than 12 months, your figure for gross profit should be proportionately increased, e.g. 18 months indemnity will equal to at least 1.5 times of the annual gross profit.

註: 閣下之最長補償期如超過12個月，毛利額應按比例增加，例如18個月之投保額最少應為每年毛利額的1.5倍。

* Please delete if not appropriate.
* 請刪除不適用項目。

- The premium could be optional dealt with Patacas, the exchange rate is HK\$1.00 equivalent to MOP1.03.
- 保費可選擇以澳門幣結算，兌換率為港幣1元相等於澳門幣1.03元。

Insurance History 投保紀錄

Have you or any principal in the business 閣下或貴公司主要成員曾否:

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 否

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 否

Ever been convicted of or is any prosecution pending for any offence involving dishonesty of any kind (e.g. involving fire, fraud, theft)? 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)? ☐ Yes 有 ☐ No 否

If any of the above answers is "Yes", please give details in a separate sheet 如上述任何一項回答為「是」，請另行詳細說明

Payment Instruction 付款說明

I shall arrange the payment with 本人將安排保費

- ☐ 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

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」

Declaration:

I/We desire to effect insurance specified herein and declared that I/We:
- agree that MSIG Insurance (Hong Kong) Limited reserves its right to reject my application
- 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

聲明:

本人特此聲明:
- 同意三井住友海上火災保險 (香港) 有限公司保留其不受理本人投保的權利
- 保證所填報資料及對所載問題的回應，據本人確信，均為正確無訛
- 並未隱瞞可能影響本投保書評估的事實
- 同意本投保書、聲明及所提供的其他資料作為合約基礎，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

Proposer's Signature 投保人簽署
Date 日期 _____ (D) _____ (M) _____ (Y) _____
日 月 年

This form is not a policy of insurance. Please refer to the policy terms and conditions which will be issued to you upon acceptance of your proposal.
本表格並非保單。有關保單將於接納您的投保申請後奉上，屆時請參閱保單中的條款及條件。