

22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong 香港鰂魚涌太古坊華蘭路18號港島東中心22樓 Tel 電話 2968 1636 Fax 傳真 2917 6266

Email 電郵 hkcs@awac.com Website 網址 www.awac.com

Full Name 姓名 (Mr先生Mrs太太/Miss小姐): Sumame 姓 Other Name 名 Other Name A O		Agency No. 代理編號:	Policy No. 保單號碼		
Find Name 好名(中央专作大大产作的人类):			尽居樂 - 自住物業保險計劃投保書		
Enabled Contract Phone No. 開始報話:	Insured's Information 受保人資料				
Enabled Contract Phone No. 開始報話:	Full Name 姓名 (Mr先生/Mrs太太/Miss小姐	1):	Date of Bir	th 出生日期:	
Policy Commencement Data 保草生效日期:					
Property Type 程中深型:	Contact Phone No. 聯絡電話:		Fax <b>傳真</b> :		
Property Type 程中深型:	Industry 在職行業:		Policy Commencement Date	保單生效日期:	
Property Type 樓字類型:   Multi-Storey Building 多屑大便					аа д/тт д/уу 4
Home to be Insured for 投機區所用途:			use 村屋   □ Detached House 獨立屋		
Pousehold Contents 意思財務 (Peace tick D the appropriate box 該在底蓋方格內加口):				uilt 落成年份:	
Plan   計劃	(Only needed if different from Postal Address 如與郵遞地	址不同請填寫此欄)			
2. The Gross Area (in sq.ft.) of your home is:  您的居所建築面積(平方呎)為: □500 or below 或以下 □501-700 □701-1,000 □1,001-1,500 □1,501-2,000 □More than 超過2,000 (Please specify 請註明: □)  3. Have you ever been refissed for purchasing any personal property insurance? (If yes, please provide details.) □Yes 是 □No 否  您是否曾經購買個人財產保險而被拒絕? 若答「是」者・請詳細說明: □Yes 是 □No 否  您有否於過去三年內就個人財產保險申請索價? 若答「是」者・請詳細說明: □Yes 是 □No 否  您有否於過去三年內就個人財產保險申請索價? 若答「是」者・請詳細說明: □Yes 是 □No 否  6. If the insured building more than 30 years old? 您投保居所的權齡是否超過三十年? □Yes 是 □No 否  6. If the insured building is more than 30 years old, did it receive inspection and maintenance works in the past five years? (If yes, please provide details.) 如權齡已超過三十年,請問您的居所於最近五年有否進行任何維修保養工程? □Yes 是 □No 否  6. If the insured building is more than 30 years old, did it receive inspection and maintenance works in the past five years? (If yes, please provide details.) 如權齡已超過三十年,請問您的居所於最近五年有否進行任何維修保養工程? □Yes 是 □No 否  6. If the insured building is more than 30 years old, did it receive inspection and maintenance works in the past five years? (If yes, please provide details.) 如權齡已超過三十年,請問您的居所於最近五年有否進行任何維修保養工程? □Yes 是 □No 否  7. Total Sum Insured 總投保額:HKS 港幣 □元  9. Docounted Annual Premium 折實全年保費:HKS 港幣 □元  7. Total Sum Insured 總投保額:L65%  3. Please list insured items 請列出受保財物 (Please attach proof such as receity, valuation for value per item over HK\$5,000, 如每件他價值超過港幣5,000元,請附上有關證明,如收益、評估單。) Item Description 物件説明(If the space below is insufficient, please attach a separate sheet 如下列全位不是,可勞加諾張瑪瑙。) Value 價值 (HKS港幣元 ii. ii. ii. □	Household Contents 家居財物 (Pleas	e tick 🛭 the appropriate box 請在適當方格	§內加☑):		
您的居所建築面積(平方呎)為: □SOJ-700 □701-1,000 □701-1,000 □1,001-1,500 □1,50	I. Please select a Plan 請選擇計劃	□ Plan I 計劃一	□ Plan 2 計劃二		
3. Have you ever been refused for purchasing any personal property insurance? (If yes, please provide details.)	您的居所建築面積(平方呎)為: □ 500 or below 或以下  □ 501-70	00	00 (Please specify 請註明:		)
您有否於過去三年內就個人財產保險申請索償? 若答「是」者,請詳細說明:  5. Is the insured building more than 30 years old? 您投保居所的樓齡是否超過三十年?  G. If the insured building is more than 30 years old, did it receive inspection and maintenance works in the past five years? (If yes, please provide details.) 如樓齡已超過三十年,請問您的居所於最近五年有否進行任何維修保養工程?  G. Yes 是  No 否  若答「是」者,請詳細說明:  Optional Cover 自選項目I:Worldwide Personal Possessions 全球個人財產 (Please complete this section only if you select this cover 如選擇此項保障,請項妥此欄)  1. Total Sum Insured 總投保額:HK\$ 港幣		ng any personal property insurance? (I	f yes, please provide details.)	□Yes 是	□ No 否
6. If the insured building is more than 30 years old, did it receive inspection and maintenance works in the past five years? (If yes, please provide details.) 如樓齡已超過三十年,請問您的居所於最近五年有否進行任何維修保養工程?					□ No 否
如樓齡已超過三十年,請問您的居所於最近五年有否進行任何維修保養工程?	5. Is the insured building more than 30 year	s old? 您投保居所的樓齡是否超過三	三十年?	□Yes 是	□ No 否
Optional Cover 自選項目 I: Worldwide Personal Possessions 全球個人財產 (Please complete this section only if you select this cover 如選擇此項保障,請填妥此欄)  I. Total Sum Insured 總投保額:HK\$ 港幣	如樓齡已超過三十年,請問您的居所	於最近五年有否進行任何維修保養	工程?	· · · · · · · · · · · · · · · · · · ·	
(Please complete this section only if you select this cover 如選擇此項保障,請填妥此欄)  1. Total Sum Insured 總投保額:HK\$ 港幣 元  2. Discounted Annual Premium 折實全年保費:HK\$ 港幣 元 Total Sum Insured 總投保額×1.65%  3. Please list insured items 請列出受保財物 (Plese attach proof such as receipt, valuation for value per item over HK\$5,000. 如每件物件價值超過港幣5,000元,請附上有關證明,如收據、評估單。) Item Description 物件説明(If the space below is insufficient, please attach a separate sheet 如下列空位不足,可另加紙張填寫。)  Value 價值 (HK\$港幣/元]  ii	石合 定」有,萌訐細就明:				
I. Total Sum Insured 總投保額:HK\$ 港幣 元  Z. Discounted Annual Premium 折實全年保費:HK\$ 港幣 元 Total Sum Insured 總投保額 x I.65%  3. Please list insured items 請列出受保財物 (Please attach proof such as receipt, valuation for value per item over HK\$5,000. 如每件物件價值超過港幣5,000元,請附上有關證明,如收據、評估單。) Item Description 物件説明(If the space below is insufficient, please attach a separate sheet 如下列空位不足,可另加紙張填寫。)  Value 價值 (HK\$港幣/元 iii iii iii iii					
3. Please list insured items 請列出受保財物  (Plese attach proof such as receipt, valuation for value per item over HK\$5,000. 如每件物件價值超過港幣5,000元,請附上有關證明,如收據、評估單。)  Item Description 物件説明 (If the space below is insufficient, please attach a separate sheet 如下列空位不足,可另加紙張填寫。)  Value 價值 (HK\$港幣/元]  ii.  iii.	, , ,				
(Plese attach proof such as receipt, valuation for value per item over HK\$5,000. 如每件物件價值超過港幣5,000元,請附上有關證明,如收據、評估單。)  Item Description 物件説明 (If the space below is insufficient, please attach a separate sheet 如下列空位不足,可另加紙張填寫。)  Value 價值 (HK\$港幣/元]  ii	2. Discounted Annual Premium 折實全年份	R費:HK\$ 港幣	元 Total Sum Insured 總投係	<b>₹額×1.</b> 65%	
ii	(Plese attach proof such as receipt, valuation fo Item Description 物件説明 (If the space be	r value per item over HK\$5,000. 如每件物 elow is insufficient, please attach a separate	sheet 如下列空位不足,可另加紙張填寫。)	*	'alue <b>價值</b> (HK\$ <b>港幣</b> /元) 
	ii				
	iii			Total value 總值:	

Discounted Annual Premium per Domestic Helper: HK\$22 I 折實每名家傭每年之保費:	港幣 221元
I. Employees' Information 僱傭資料	
Name of Employee (in fu <b>ll</b> ) 家傭全名:	Date of Birth 出生日期: dd日/mm月/yy年
HKID Card 香港身份證 / Passport No.護照號碼:	Nationality 國籍: Sex 性別:F / M
Position 職位: □Domestic Helper 家傭 □ □Gardener 園丁 □ Chauffeur 司機 □	Others (Please specify) 其他 (請註明)
Notes 註: Local employee with driving, gardening, nursing or post-natal care duties is not eligible to this Insura	nce 本保險產品不適用於職責包括駕駛、園藝、護理、陪月的本地工人
2. Have you made any claim under your Domestic Helper Insurance within the past three years If yes, please provide details. 若答「是」者,請詳細説明:	
Optional Cover 自選項目3: Upgrade Personal Liability Cover (Applicable to Plance) (Please complete this section only if you select this cover 如選擇此項保障,請填妥此欄)	an I)提升個人法律責任保障 (只適用於計劃一)
□ Upgrade Personal Liability Cover to HK\$10,000,000 (Discounted Annual Premium HK\$30 提升個人法律責任保障至港幣10,000,000元 (折實每年保費港幣300元)	00)
Optional Cover 自選項目4: Home Building All Risks Insurance 樓宇結構「全險 (Please complete this section only if you select this cover 如選擇此項保障,請填妥此欄)	: 」保障
I. Sum Insured 投保額:HK\$ 港幣 元	
2. Discounted Annual Premium 折實全年保費:HK\$ 港幣 元 Sum Ir	sured 投保額×0.1%
3. Name of any other interested party / bank / finance ( Loan No. ) 其他享有權益人士姓名 /	銀行/財務公司(貸款編號):
Declaration 聲明	
Declaration 聲明  1. The insured situation is built of brick, stone, concrete and is roofed with concrete, slate tile or othe 該投保住宅地點是由磚、石或三合土建成,屋頂用三合土、瓦磚或其他不能燃燒的物料蓋搭。	r incombustible material.
The insured situation is built of brick, stone, concrete and is roofed with concrete, slate tile or other	
<ol> <li>The insured situation is built of brick, stone, concrete and is roofed with concrete, slate tile or othe 該投保住宅地點是由磚、石或三合土建成,屋頂用三合土、瓦磚或其他不能燃燒的物料蓋搭。</li> <li>I (Proposer) declare to the best of my knowledge and belief that the information given is true in every concrete and is roofed with concrete, slate tile or other background in the property of the property of</li></ol>	rery respect. d Assurance Company, Ltd ("Allied World") and agree that Yorld.
<ol> <li>The insured situation is built of brick, stone, concrete and is roofed with concrete, slate tile or othe 該投保住宅地點是由磚、石或三合土建成,屋頂用三合土、瓦磚或其他不能燃燒的物料蓋搭。</li> <li>I (Proposer) declare to the best of my knowledge and belief that the information given is true in ev本人(投保人)謹此聲明,根據本人所知及所信,本投保表格上所填之資料均屬實無訛。</li> <li>I understand that this proposal will not become effective until it has been accepted by Allied World this proposal and declaration shall be the basis of the insurance contract between me and Allied W本人明白本投保書被 Allied World Assurance Company, Ltd 世聯保險有限公司(「貴公司」)正式</li> </ol>	rery respect. d Assurance Company, Ltd ("Allied World") and agree that (orld. 接納後,保險責任始正式生效。本人同意本投保書和聲明將成為保險合約的
<ol> <li>The insured situation is built of brick, stone, concrete and is roofed with concrete, slate tile or othe 該投保住宅地點是由磚、石或三合土建成,屋頂用三合土、瓦磚或其他不能燃燒的物料蓋搭。</li> <li>I (Proposer) declare to the best of my knowledge and belief that the information given is true in ev 本人(投保人)謹此聲明,根據本人所知及所信,本投保表格上所填之資料均屬實無訛。</li> <li>I understand that this proposal will not become effective until it has been accepted by Allied World this proposal and declaration shall be the basis of the insurance contract between me and Allied W本人明白本投保書被 Allied World Assurance Company, Ltd 世聯保險有限公司(「貴公司」)正式基礎。</li> <li>Cover will be effective only with signature on this document and receipt of premium by Allied World World World World Note that the insurance is not proposed to the insurance contract between me and Allied World Assurance Company, Ltd 世聯保險有限公司(「貴公司」)正式基礎。</li> </ol>	rery respect.  d Assurance Company, Ltd ("Allied World") and agree that 'orld.  法接納後,保險責任始正式生效。本人同意本投保書和聲明將成為保險合約的  rld or its authorised representative.  te. For further information on the levy,
<ol> <li>The insured situation is built of brick, stone, concrete and is roofed with concrete, slate tile or othe 該投保住宅地點是由磚、石或三合土建成,屋頂用三合土、瓦磚或其他不能燃燒的物料蓋搭。</li> <li>I (Proposer) declare to the best of my knowledge and belief that the information given is true in ev 本人(投保人)謹此聲明,根據本人所知及所信,本投保表格上所填之資料均屬實無訛。</li> <li>I understand that this proposal will not become effective until it has been accepted by Allied World this proposal and declaration shall be the basis of the insurance contract between me and Allied W本人明白本投保書被 Allied World Assurance Company, Ltd 世聯保險有限公司(「貴公司」)正式基礎。</li> <li>Cover will be effective only with signature on this document and receipt of premium by Allied World 保保書需經貴公司或其授權代表簽署,並於收妥保費後,此保障計劃始正式生效。</li> <li>IA Levy collected by the Insurance Authority has been imposed on this policy at the applicable raplease visit https://donline.alliedworldgroup.com.hk/file/IALevy.pdf or contact: (852) 2968 3000. 由保險業監管局收集的保費徵費已按照適用徵費率計算在這張保單內。欲了解更多保費徵費詳價</li> </ol>	rery respect. d Assurance Company, Ltd ("Allied World") and agree that 'orld. d 接納後,保險責任始正式生效。本人同意本投保書和聲明將成為保險合約的 rld or its authorised representative.  te. For further information on the levy, 情,請登入 https://donline.alliedworldgroup.com.hk/file/IALevy.pdf 或致電我們 this proposal form.

Optional Cover 自選項目2: Employees' Compensation for Domestic Helper Insurance 家庭傭工勞工保險

Note: Premiums stated have not included the Insurance Authority (IA) levy. 註:此保單保費並未包括保險業監管局的保費徵費。

Payment Instruction and Authorisation 支付保費方法與授權書 (Please tick the appropriate box ☑ or consult your agent/broker regarding methods of payment. 請在適當的空格內加 ☑或與您的保險代理諮詢付款方法。)		
□ Cheque payable to 支票抬頭請寫:		
Allied World Assurance Company, Ltd 世聯保險有限公司 Cheque No. 支票號碼:		
□ Visa □ Mastercard □ Amex Credit Card No. 信用卡號碼: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		
Name of Cardholder 持卡人姓名:		
Issuing Bank 簽發銀行: Expiry Date 有效日期: Expiry Date 有效日期: I hereby authorise Allied World Assurance Company, Ltd to charge all relevant premium and levies to my credit card account, including any additional premium arising from policy endorsements. 本人授權 Allied World Assurance Company, Ltd 世聯保險有限公司從本人信用卡戶口內支取有關保單保費(包括批單保費)及保費徵費。		
Signature 簽署: Date 日期: (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簽署式樣相同。)		

### Personal Information Collection Statement

### Purpose of Collection

Allied World Assurance Company, Ltd ("Allied World") may collect and use your personal data to enable it to carry on its insurance business and to serve the purposes of:

- Processing your insurance application;
- Arranging a contract of insurance with you and administering the policy issued;
- Claims handling, investigation and analysis;
- Designing products and/or services for customers;
- · Promoting, improving and furthering the provision of products and/or services by Allied World and its group companies; and
- Complying with any legal or regulatory requirements applicable to Allied World.

In general it is voluntary for you to provide Allied World with your personal data. However, if you do not provide sufficient information, Allied World may not be able to provide insurance services to you.

#### Transferee

Data held by Allied World relating to you will be kept confidential but Allied World may, for the purposes set out above, transfer your personal data to:

- Allied World's group companies;
- Reinsurers:
- intermediaries including insurance brokers and insurance agents;
- claims investigators, loss adjusters and other professional advisors;
- Allied World's other appointed service providers, including for the following services: telecommunications, information technology, administration, data processing, payment processing, emergency assistance, legal, and medical;
- any insurance industry association or federation and their respective members; and
- · any other person necessary to comply with applicable legal or regulatory requirements, or orders of competent authorities,

in each case both within and outside of the Hong Kong Special Administrative Region.

## Marketing and Promotion

Treating you as a valued customer, Allied World and its group companies may use the personal data, including name and contact details, collected from you for the purposes of direct marketing of Allied World and its group companies' general insurance products, services or offers and for sending you the promotional materials or updates of such products, services or offers when they become available.

Allied World may not use your personal data for direct marketing if you have indicated objection to such use by ticking the box next to the statement above the proposer's signature block in the proposal form. You may also, at any time, request Allied World to cease the use of your personal data for direct marketing purposes, by informing Allied World's Compliance Officer at the contacts set out below.

# Access Requests and Corrections

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Allied World. Requests can be made to the Compliance Officer of Allied World Assurance Company, Ltd, by mail to 22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong or fax to +852 2968 5111, or email to hkcompliance@awac.com.

# 個人資料收集聲明

# 資料收集目的

Allied World Assurance Company, Ltd 世聯保險有限公司(「本公司」)可能收集並使用閣下的個人資料,作為營運其保險業務及下列目的之用:

- 處理閣下的保險申請;
- 安排保險合約及管理已發出的保單;
- 索償處理、調查及分析:
- 為客戶設計產品或服務:
- 推廣、改善及進一步提供本公司及其集團公司的產品、服務;及
- 遵守適用於本公司的法律或規則要求。

一般而言,閣下向本公司提供個人資料屬自願性質。如閣下未能給予足夠的資料,本公司可能無法提供所需保險服務。

# 資料轉移

本公司持有的客戶資料將予保密,但本公司可能會把閣下的個人資料提供給下列各方作上述用途:

- 本公司的集團公司;
- 再保險公司;
- 中介人包括保險代理人及保險經紀;
- 索償調查者、公證行及其他專業顧問;
- 本公司其他指定服務提供者,提供包括以下服務:電訊、資訊科技、行政、數據處理、付款處理、緊急援助、法律及醫療;
- 任何保險業組織或聯會及其成員;及
- 任何必要人士以符合任何相關的法律或規則要求,或監管機構之命令,

以上各項適用於香港特別行政區境內及境外。

# 市場推席

貴為本公司的重要客戶,本公司及其集團公司可能會透過閣下所提供的個人資料如姓名及聯絡方法,向閣下推廣本公司及其集團公司的一般保險產品、服務或優惠, 及為閣下提供該等產品、服務或優惠的市場推廣資料和最新消息。

如閣下已於投保書勾選位於投保人簽署上方的空格表示不願接收任何市場推廣資料和最新消息,本公司將不會使用閣下的個人資料作直接推廣用途。閣下亦可隨時要求本公司停止使用閣下的個人資料作直接推廣用途。屆時請按照下述聯絡方式通知本公司的條例事務主任。

# 資料查閱要求及更改

閣下有權要求查閱及更改本公司所持有的任何有關您之個人資料。有關申請可循下列途徑向本公司之條例事務主任提出:郵寄至香港鰂魚涌太古坊華蘭路18號港島東中心22樓,或傳真至+852 2968 5111,或電郵至hkcompliance@awac.com。