

## HOUSEOWNER PROTECTION PROPOSAL FORM

保戶名稱

Proposer's Name in full \_\_\_\_\_

投保物業地址

Insured Premises Address \_\_\_\_\_

佔用性質

Occupation \_\_\_\_\_

電話

Telephone \_\_\_\_\_ (公司 Office) \_\_\_\_\_ (住宅 Home)

按揭銀行

Financial Interest \_\_\_\_\_

受保期間

Period of Insurance From \_\_\_\_\_ 由 \_\_\_\_\_ 至 \_\_\_\_\_ To \_\_\_\_\_

投保項目 Particulars of item to which this Proposal applies :-	投保金額(港幣) Sum Insured (HKD)
<input type="checkbox"/> 屋宇結構 On Building	
<input type="checkbox"/> 租金收入 為期 月 Loss of Rent For months	
<input type="checkbox"/> 業主法律責任保障 Houseowner Liability Cover	2,000,000

- 閣下之投保物業是否不是全用磚石或三合土建成(包括屋頂), 或沒有經常維令適宜於佔用性質使用?  
Is the Insured Premises not built of brick or concrete (including roof), or is not in good state of repair for occupation?  是 Yes  否 No
- 閣下是否曾購買火險及法律責任險?  
Have you ever insured for Fire Insurance and Public Liability Insurance?  是 Yes  否 No
- 閣下是否在申請以上保險或續保時被拒絕、撤回、取消或附加特別條款?  
Have you ever been declined, cancelled or refused to renew the above Insurance or imposed special terms?  是 Yes  否 No
- 在過去五年內, 有否因本保險提供之風險而蒙受損失或提出索償?  
Have you sustained any loss or claim during the past five years from any of the perils now proposed to cover?  是 Yes  否 No

閣下如在上述任何一項回答‘是’, 請詳述。 If your answer is “Yes”, please give details :

### 聲明細則 DECLARATION

本人/吾 聲明上列資料乃本人/吾 所知一切據實填報, 本人/吾 同意此投保書及聲明將構成本人/吾 與法國敬邦保險之間的合約根據。本人/吾 向法國敬邦保險所提供的資料, 將可能使用於任何與保險有關的產品或服務或該等產品或服務的任何更改, 變更, 取消或續期; 任何索償或索償分析及可能轉移予現存或不時成立之任何有關公司或任何其他從事於保險或再保險業務有關的公司或與保險業有關的中介人或索償或調查或其他服務提供者或任何保險公司的協會或聯會。本人/吾 明白本人/吾 有權查詢及要求更改已由法國敬邦保險持有有關本人/吾 的個人資料, 如有此要求, 本人/吾 可向法國敬邦保險之個人私穩主任提出。

I/We hereby declare that the particulars and statements given above are, to the best of my/our knowledge and belief, true and complete. I/We agree that this proposal shall be the basis of the contract between me and GAN Assurances (“the Company”). I/We understand and agree that the information collected is to enable the Company to carry on business and may be used for the purpose of any insurance or financial related product or service or any alterations, variations, cancellation or renewal of them; any claim or analysis of it; and may be transferred to 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 or any association or federation of insurance companies that exists or is formed from time to time. I/We understand that I/We have the right to obtain access to and to request correction of any personal information concerning myself/ourselves held by the Company. Request for such access can be made to the Company's Data Protection Officer.

Date 日期 \_\_\_\_\_

Signature of Proposer 投保人簽署 \_\_\_\_\_

保險公司自用 For Office Use Only

Account Code 賬戶號碼 \_\_\_\_\_

Name of Agent/Broker 代理人/經紀 \_\_\_\_\_