

PALAS HOME INSURANCE APPLICATION FORM

PERSONAL DATA (please provide information in English and block letters)

Name: Mr./Miss/Mrs. _____

Occupation: _____

Tel (Home): _____ Tel (Mobile): _____

Tel (Office): _____ Fax: _____

Email: _____

 Insured Address: _____

 Corresponding Address: _____

Period of Insurance: (Day/Month/Year) from: _____

to: _____

CORE COVER

**HOUSEHOLD CONTENTS / PERSONAL
LIABILITY / HOME ASSISTANCE**

The premium is based on the gross floor area of your home. Except for items exceeding HK\$20,000 needed to be declared, the total limits will be based on the plan you choose.

TABLE OF PREMIUM (please tick the box corresponding to your choice)

GROSS FLOOR (IN SQUARE FEET)	CLASSIC (IN HK\$)	PRESTIGE (IN HK\$)
Below 500	<input type="checkbox"/> \$540	<input type="checkbox"/> \$680
501 - 700	<input type="checkbox"/> \$700	<input type="checkbox"/> \$980
701 - 1,000	<input type="checkbox"/> \$1,140	<input type="checkbox"/> \$1,380
1,001 - 1,500	<input type="checkbox"/> \$1,340	<input type="checkbox"/> \$1,680
1,501 - 2,000	<input type="checkbox"/> \$1,740	<input type="checkbox"/> \$2,280
2,001 - 2,500	<input type="checkbox"/> \$2,300	<input type="checkbox"/> \$2,800
2,501 - 3,000	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$3,800
Over 3,000	To be advised	To be advised

OPTIONAL COVER

WORLDWIDE POSSESSION COVER

ITEM	PROPERTY INSURED
A	Unspecified Possessions (Maximum Limit HK\$5,000/article)
B	Specified Possessions (Value HK\$5,000/article)
	1. _____
	2. _____
	3. _____

ITEM	SUM INSURED (HK\$)	PREMIUM (HK\$)
A		
Rate 1.5%		
B	1. _____	1. _____
Rate 1.5%	2. _____	2. _____
	3. _____	3. _____

Note: For any item exceeding HK\$20,000, please attach a valuation or a sales receipt.

BUILDING (FOR OWNERS ONLY)

SUM INSURED	RATE	PREMIUM
HK\$	0.08%	HK\$

Note: The sum insured shall represent the full rebuilding costs.

DOMESTIC HELPER (please tick the box corresponding to your choice.)

 Basic HK\$380 **Upgraded HK\$700**

Name of Helper: _____

Date of Birth: _____

Nationality: _____

ID/Passport Number: _____

DETAILS OF BUILDING (please tick the appropriate box)

1. Is your insured Home being village or country house, villas or luxurious house? Yes No
2. Is your insured Home a government public rental flat? Yes No
3. Is the age of building over 30 years? Yes No

GENERAL INFORMATION (please tick the appropriate box)

1. Capacity of the Insured in relation to the insured Home:-
 - (a) Owner and self-occupied
 - (b) Tenant occupying only
 - (c) Landlord rent out only

(Questions 2 & 3 not answered below shall be taken in the negative)

2. Is the insured Home not solely occupied by you and your family, or not built of brick or concrete and roofed with concrete, or is not in good state of repair? Yes No
3. Have you or any members of your family or household residing with you:-
 - (a) ever had any home insurance refused or imposed special terms? Yes No
 - (b) sustained any loss during the last three years from any of the risks now proposed to cover? Yes No

 If "Yes", please give details here: _____

IMPORTANT NOTE

Any other facts known to you which are likely to affect acceptance of assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance intermediary. We recommend you keep a record (including copy of this application) for your future reference of any additional information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether. Please note that this application will not become effective until this proposal has been accepted by the Company.

DECLARATION

I hereby declare that the particulars and statements given above are, to the best of my knowledge and belief, true and complete. I agree that this proposal shall be the basis of the contract between me and GAN Assurances ("the Company"). I 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 claim 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 understand that I have the right to obtain access to and to request correction of any personal information concerning myself held by the Company. Request for such access can be made to the Company's Data Protection Officer.

DATE (dd/mm/yy)

APPLICANT'S SIGNATURE

PAYMENT METHOD Premium Amount HK\$

(please tick the box corresponding to your choice)

- By Cheque payment to: **GAN ASSURANCES**
- By Credit Card: Product Name – PALAS HOME INSURANCE

I hereby authorize GAN Assurances to charge the required premium to my credit card as specified below:-

- Visa MasterCard

Credit card no.: | | | | | | | | | | | | | | | | | | | | | |

Expiry Date: (month) (year)

Card Issuing Bank:

Cardholder's Name:

DATE (dd/mm/yy)

CARDHOLDER'S SIGNATURE

FOR OFFICE USE ONLY

AUTHORISATION CODE NO. DATE POLICY NO.

Authorized Agent/Broker

Please fill in this application form and mail it or fax it to us