

財產全險投保書
PROPERTY ALL RISKS INSURANCE PROPOSAL FORM

1. 保戶名稱
Proposer's name in full _____
2. 通訊地址
Correspondence Address _____
3. 行業
Business _____
4. 電話
Telephone _____ (公司 Office) _____ (住宅 Home)

投保地址 Insured Location		
保址用途 Occupied as		
按揭銀行 Financial Interest		
受保期間 Period of Insurance	由 From _____ 至 To _____	
投保項目 Particulars of item to which this Proposal applies :-		
<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"/>	商品及存貨主要包括 On Stock in trade consisting chiefly of	
<input type="checkbox"/>	機器及用具 On Machinery, Utensils & Tools in trade	
<input type="checkbox"/>	商用傢俬裝修及設備 On Business Furniture, Fixtures, Fittings & Office Equipment	
<input type="checkbox"/>	住宅之傢俬裝修, 衣物及私人物品 On Household Furniture, Fixtures, Fittings, Clothing & Personal Effects	
<input type="checkbox"/>	其他 (請詳述) Others (Please specify)	
投保總額 Total Sum Insured		

1. 閣下是否曾購買財產火險或全險?
Have you ever insured for Fire or Property All Risks Insurance? 是 Yes 否 No
2. 閣下是否在申請上述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-mentioned insurance or imposed special terms? 是 Yes 否 No
3. 在過去五年內, 有否因本保險提供之風險而蒙受損失?
Have you sustained any loss during the past five years from any of the perils now proposed to cover? 是 Yes 否 No

閣下如在上列任何一項回答‘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的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 IARD (“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