

交銀保險「有盈」商業保障計劃投保書

CBI Profit Smart – Business Solution Proposal Form

請以英文正楷填寫，並在適當的空格內填上 Please fill in this form in English block letters and tick the boxes where appropriate

I 投保公司資料 Details of the Proposed Corporation (必須填寫 MANDATORY INFORMATION)

申請投保公司名稱 Name of Proposer's Corporation: _____		公司商業登記編號 Business Registration No. _____		
通訊地址 Correspondence Address: _____		<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT		
聯絡人名稱及職位: Contact Person	聯絡人公司電話號碼 Office Tel. No.	聯絡人手提電話 Mobile No.	電郵地址 Email	行業 Business

#申請投保公司必須為香港成立及註冊之公司。Proposer's Corporation must be incorporated and registered in Hong Kong.

II 投保資料 Insurance Particulars (必須填寫 MANDATORY INFORMATION)

公司業務性質及經營地域範圍 Nature of Business & territory scope: _____		
投保業務地點 Business Premises: _____		<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT
保險期限 Period of Insurance: FROM _____ Year _____ Month _____ Date TO _____ Year _____ Month _____ Date		
投保業務地點之總樓面面積 Insured's Premises Total Gross Floor Area: _____ (平方呎 sqft)	投保業務地點業權 Insured's Premises Ownership: <input type="checkbox"/> 自購 <input type="checkbox"/> 租用 Purchase Hire	公司僱員總人數 Total number of employees: _____
若未能提供投保業務地點之總樓面面積，請於下欄提供投保業務地點之總樓面實用面積 If the total gross floor area is not available, please fill in the total saleable area here: _____ (平方呎 sqft)	投保保障計劃 Insured Protection Plan <input type="checkbox"/> 基本計劃 Essential Plan <input type="checkbox"/> 爭先計劃 Advance Plan	佔用為 Occupancy <input type="checkbox"/> 辦公室 Office <input type="checkbox"/> 店舖 Shop <input type="checkbox"/> 其他 Others _____

III 投保項目及金額 Insured Item & Sum Insured (必須填寫 MANDATORY INFORMATION)

貨幣 Currency (港幣 HK Dollars)

投保項目 Coverage	投保保障金額 Limit of Indemnity
1. 財物損失 Material Damage for Contents	將按照上述選擇之計劃下按照投保業務地點之總樓面面積釐定實際投保金額 The actual amount of sum insured will be determined according to the total gross floor area of the business premises under the above-mentioned selection plan.
如貨辦與存貨之投保金額高於上述投保項目 1 財物損失之投保金額之百分之十，必須清楚列明貨辦與存貨之投保金額。 If the sum insured of trade sample & stock in trade is over 10% of contents sum insured above, please specify stock details and the insured amount.	存貨之說明及數量 Description of Stock in Trade and the quantity involved. 投保金額 Insured Amount \$ _____
2. 業務維持保障 Business Continuity	標準保障金額 Standard Limit
3. 一般責任保障 General Liability	
4. 客戶資料維護保障 Customer Data Security Protection	
5. 罪行損失保障 Crime Protection	
6. 人身襲擊保障 Personal Assault	

一般責任保障內之附加保障 Optional Cover append to General Liability Section (需繳交附加保費 Additional Premium is required for below extension)

- 保障金額增至 / Limit of Indemnity increase to :HK\$ _____ (最高增加港幣二千萬 increase not more than HK\$20,000,000)
- 停車位業主責任 Car Park Owner Liability Extension
- 顧客/訪客託管財物保障 Customer/Guest Property under custody or control
- 安裝於投保地點外行車路之上之廣告招牌 Advertising Signboard erected to the premises over the carriageway (體積 Size _____ m²)

自選附加保障 Additional Cover (需繳交附加保費 Additional Premium is required for below extension)

- 業務中斷導致之業務損失保障 Business Interruption
- 毛利潤損失 Loss of Gross Profit
投保額 Sum Insured HK\$ _____
- 租金收入損失 Loss of Rental Receivable HK\$ _____
(上述兩項投保額最高相等於過去 12 個月之毛利潤或租約內訂明之租金 Sum insured must not exceed the gross profit/rent accrued in last 12 months)
- 機械及設備故障 Machinery Breakdown
規格 Specifications : _____
投保額 Sum Insured HK\$ _____

IV 繳付保費方法 Premium Payment Method (必須填寫 MANDATORY INFORMATION)

請選擇下列方法繳付保費

Please select the premium payment method below :

- 銀行轉賬^A Bank Transfer^A 支票* Cheque*

^A 閣下可將應付保費轉賬至下列指定賬戶內並將轉賬收據或入數紙副本連同已簽署之投保書正本遞交至本公司辦理。

You can transfer the required premium to designated bank accounts below and return the original executed proposal form together with the copy of transfer/deposit slip to us.

銀行名稱 Bank Name	銀行賬戶編號 Bank Account Number
中國銀行(香港) Bank of China (Hong Kong)	031-350-1-0336036
恒生銀行 Hang Seng Bank	256-220138-668

*如選擇以支票付款，支票抬頭需填寫「中國交銀保險有限公司」。If paid by cheque, it should be made payable to "China BOCOM Insurance Co., Ltd."

投保申請人特別須知:

由 2018 年 1 月 1 日起，保險業監管局將會根據《保險業(徵費)令》及《保險業(徵費)規例》，向保單持有人收取保費徵費。有關徵費為應付保費的特定百分比，而且每份保單每保單周年均設有徵費上限，並透過保險公司向保單持有人收取。詳情請瀏覽保監局網頁 www.ia.org.hk。

Special Note to Insurance Applicant:

From 1 January 2018 onwards, a levy on insurance premiums for insurance policies will be payable to the Insurance Authority (IA) by policyholders pursuant to the Insurance (Levy) Order and Insurance (Levy) Regulation. Levy is a specific percentage to the premium payable with a levy cap applied per policy per policy year. The levy will be collected from policyholders through insurance companies. For details, please visit IA's website at www.ia.org.hk.

V 投保申請人過去投保資料 (只適用於投保項目 1 至 6 項) Proposer's Insurance History (Applicable to Coverage Item Nos. 1 – 6 Only)

1. 閣下於過去三年內曾否遭遇損失? Have you suffered any loss within the past 3 years? 是 Yes 否 No
(如是，請詳述資料。 If yes, please provide details) _____
2. 受保業務地點防盜警報系統? Is a burglary alarm installed in your business premises? 是 Yes 否 No
(如是，請詳述該系統資料。 If yes, please give details of alarm) _____
3. 該投保或續保曾否被拒絕或撤回? Has any such proposal or renewal ever been declined or withdrawn? 是 Yes 否 No
(如是，請詳述資料。 If yes, please give details) _____

附錄 A - 適用於投保項目 7 僱員補償保險 Appendix A – For Insurance Item No. 7 - Employee Compensation Insurance

第一部分：僱主經營的業務所涉及業務性質及或職業範疇資料

Part I: Details of Employer's Business Activities and/or Profession

1. 請提供僱主的商業活動/職業的一般說明。
Please provide a general description of the employer's business activities / profession.
2. 是否需要擴展保障僱員暫時在香港以外範圍工作之僱主責任?如需要,請列明
Do you want the Geographical Area of the Policy to be extended to apply outside Hong Kong in respect of employees working temporarily abroad? If so, please give details. 是 Yes 否 No
3. 僱主經營之業務有否涉及：
Does any of the work carry out by the employers involve:
- a) 在船舶·化學工程·離岸結構·石油或天然氣煉油廠的任何工作？
any work on ships, chemical works, off-shore structures, oil or gas refineries? 是 Yes 否 No
- b) 距離地面十米以上之高空工作或於地底下工作？
work at a height above 10 metres or underground? 是 Yes 否 No

c) 使用·處理·儲存或運輸任何有害物質·如有毒化學品·爆炸性物質·氣體·石棉·
放射性質? 是 Yes 否 No
use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substance

d) 使用有任何鋸床或蒸氣,煤氣,水力,電力或其他機械動力所推動之其他機器? 是 Yes 否 No
use any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power?

e) 任何機器或汽車的安裝·維修或保養? 是 Yes 否 No
any machinery or automobile installation, repairing or maintenance work?

f) 貨物裝運·物流·運輸和倉儲? 是 Yes 否 No
carting of goods, logistics, transportation and warehousing?

如果答案為「是」請清楚列出有關之工作包括工作性質及所涉及之僱員職位和人數。
If yes, please give nature of work, name of occupation and no. of employee(s) involved. _____

4. 僱主是否有
Does the employer

a) 聘請任何自僱人士為其工作或提供服務?「不包括外判商聘用之員工」 是 Yes 否 No
hire any self-employed persons (other than subcontractor's employees) for their business?

b) 聘請兼職員工? 是 Yes 否 No
hire any part time worker for their business?

c) 計劃在短時間內大幅增加員工人數或增加不同職業? 是 Yes 否 No
plan to increase the no of the employees substantially or add different occupations in a short period of time?

5. 閣下現在是否已付投保或曾否投保對僱員之責任保險? 若然·請列明受保公司名稱 是 Yes 否 No
Are you at present insured, or have you ever proposed for insurance in respect of your liability to your Employees?
If so, please state name of insurance company
如有請說明
If yes, please give details _____

6. 該投保或續保曾否被拒絕或撤回? 是 Yes 否 No
Has any such proposal or renewal ever been declined or withdrawn?

7. 曾否被提高費率? 是 Yes 否 No
Has an increased rate been required?

第二部分：受保僱員資料

Part II Insured Employee's Details

所有屬於僱員補償條例下受保障之僱員均須包括在內

ALL EMPLOYEES WITHIN THE SCOPE OF THE EMPLOYEES' COMPENSATION ORDINANCE MUST BE INCLUDED

1. 請提供以下資料

Please provide the following information:

投保申請人(僱主)必須提供有關的工資支出證明供保險公司作核實紀錄及審批此保險用·例如最新的強積金供款紀錄·財務報表·報稅表或其他有關文件之副本

Proposer (Employer) should provide the salary expenditure proof for approval of this insurance e.g. latest copy of MPF contribution records, financial statements, tax returns or other relevant documents as an evidence to substantiate the figures declared by them:

按不同職業類別歸類之受保僱員 Occupation of Employee(s) by Categories	全職僱員人數 Number of Full-Time Employees	預計受保全職僱員下一年度的總收入* Estimated Total Annual Earnings for full-time employees*	兼職僱員人數 Number of Part Time Employees	預計受保兼職僱員下一年度的總收入* *Estimated Total Annual Earnings for part-time employees*
(a) 管理及行政人員 Managerial Staff				
(b) 內部文職人員 Indoor Clerical Staff				
(c) 外部推銷及市場拓展人員 Outdoor Sales & Marketing Staff				
(d) 室內清潔員工 Indoor Cleaning Worker				
(e) 信差及辦公室助理 Messenger & Office Assistant				
(f) 收銀員 Cashier				
(g) 室內店員及售貨員 Indoor Sales & Shop attendant				
(h) 私家車司機 Private Car Drivers				
(i) 其他(請註明) Others (Please specify)				

- (xii) 就以上用途聯絡閣下；
- (xiii) 其它與上述用途有直接關係的附帶用途；及
- (xiv) 遵循適用法律、條列及業內守則及指引。

本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

本公司亦可因應上述用途披露閣下的個人資料予下列各方：

- (a) 就上述用途，向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問（包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商、執行直接付款方式繳付保費之銀行及數據處理服務商）；
- (b) 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- (c) 追討欠款的收數公司或索償代理；
- (d) 保險資料服務公司及信貸資料服務公司；
- (e) 再保公司及再保經紀；
- (f) 閣下的保險經紀（若有）；
- (g) 本公司的法律及專業業務顧問；
- (h) 本公司的關連公司；
- (i) 香港保險業聯會（或同類的保險公司聯會）及其會員；
- (j) 保險索償投訴局及同類的保險業機構；
- (k) 法例要求或許可的政府機關。

經閣下同意，本公司可能會以其它方式使用及披露閣下的個人資料。

“關連公司”是指本公司的控股公司『交通銀行股份有限公司』其中亦包括交通銀行股份有限公司屬下之分行、附屬公司及代表處及/或任何被交通銀行股份有限公司在管理上控制的公司及/或中國交銀保險有限公司的附屬公司及代表處，不論其所在地。

部分2: 直銷促銷

經閣下同意，本公司可能使用閣下的聯絡資料、個人基本資料及保單資料，通過書信、電郵、電話或流動短訊與閣下聯絡，提供金融及保險產品的直接促銷通訊。若閣下不欲接收有關直接促銷通訊，請在以下的方格內填上☑。

經閣下同意，本公司亦可能提供閣下的聯繫資料、個人基本資料及保單資料給本公司的關連公司，關連公司可以以書信、電郵、或流動短訊與閣下聯絡，提供金融及保險產品的直接促銷通訊。若閣下反對本公司將閣下個人資料提供給關連公司及不欲接收關連公司的直接促銷通訊，請在以下的方格內填上☑。

若閣下反對接收本公司的直接促銷通訊，請在方格內填上☑

若閣下反對接收關連公司的直接促銷通訊，請在方格內填上☑。

如閣下遞交此聲明書而沒有在以上方格內以☑顯示閣下的選擇，即代表閣下並不拒絕接收任何形式的直銷推廣。

若閣下在此聲明中已表明不同意接收關連公司的直接促銷通訊，我司將停止提供閣下的個人資料給予本公司的關連公司，但這並不代表閣下反對本公司的關連公司使用由其公司原本擁有閣下的個人資料或其公司從自己的途徑或從其他非經由本公司的途徑收集獲得閣下之個人資料所作出的直接促銷用途。

申請人需留意的重要事項

- (1) 敬請注意，如果閣下不向本公司提供閣下的個人資料，本公司可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。
- (2) 以上部分2代表閣下現在接收直銷推廣資料的選擇，這亦取代任何閣下之前已告知中國交銀保險有限公司的選擇。
- (3) 閣下如欲撤回閣下給予本公司的同意，請發信至下文“個人資料的查閱和更正”部份所列的地址通知本公司。本公司會在不收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。
- (4) 閣下如欲了解更多本公司為促銷目的使用閣下的個人資料的政策，歡迎與本公司聯絡索取進一步資料。

個人資料的查閱和更正

根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：中國交銀保險有限公司位於香港中環紅棉路8號東昌大廈18樓個人資料保護主任收。

In the event the Insurance application consisting of personal information, such application will not be processed unless this personal information collection statement is duly read and signed by the insurance applicant.

PERSONAL INFORMATION COLLECTION STATEMENT (“PICS”)

PART 1 : COLLECTION AND USE OF PERSONAL DATA

China BOCOM Insurance Co., Ltd. (hereafter called “the Company”) may use the personal data the Company collects from you (whether contained in the insurance application or otherwise) for the following purposes:

- (i) processing and evaluating your insurance application and any future insurance application you may make;
- (ii) administering your insurance policy and providing services in relation to your insurance policy;
- (iii) investigating, processing and paying claims made under your insurance policy;
- (iv) invoicing and collecting premiums, deductibles for claim settlement and/or any outstanding amounts from you;
- (v) executing the Direct Debit Payment Authorization for premium payment;
- (vi) designing products/services for customers;
- (vii) conducting market research for statistical or other purposes;
- (viii) matching any data held which relates to you from time to time for any of the purposes listed herein;
- (ix) conducting identity and/or credit checks and/or debt collection;
- (x) carrying out other services in connection with the operation of the Company's business;
- (xi) promotion of insurance and/or financial products or services and/or providing of latest product privilege, new product and/or services information when they become available;
- (xii) contacting you for any of the above purposes;
- (xiii) other ancillary purposes which are directly related to the above purposes; and

(xiv) complying with applicable laws, regulations or any industry codes or guidelines.

Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

The Company may disclose your personal data for the above purposes to the following classes of transferees:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist the Company to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers, bank for executing direct debit payment and data processors);
- (b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- (c) in the event of default, debt collectors and recovery agents;
- (d) insurance reference bureaus or credit reference bureaus;
- (e) reinsurers and reinsurance brokers;
- (f) your insurance broker (if you have one);
- (g) our legal and professional advisors;
- (h) our related companies;
- (i) the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- (j) the Insurance Claims Complaints Bureau and similar industry bodies; and
- (k) government agencies and authorities as required or permitted by law.

The Company may also use and disclose your personal data otherwise with your consent.

“Related companies” in this form means the holding company of the China BOCOM Insurance Co., Ltd (Bank of Communications Co., Ltd.) which includes branches, subsidiaries, representative offices and/or any corporations or legal entity under the effective management control by the Bank of Communications Co., Ltd. and/or any subsidiaries and/or representative offices of China BOCOM Insurance Co., Ltd, wherever situated.

PART 2 : DIRECT MARKETING

With your consent, the Company may also use your contact details, demographic information and policy details to contact you with direct marketing communications regarding financial and insurance products by mail, email, telephone or mobile message. Please tick the box below to inform us if you do not consent to receive such direct marketing communications.

With your consent, the Company may also provide your contact details, demographic information and policy details to our related companies who may send you direct marketing communications regarding financial and insurance products by mail, email, telephone or mobile message. Please tick the box below to inform us if you do not consent to us providing your personal data to our related companies and do not wish to receive direct marketing communications from our related companies.

I/We do not consent to receive marketing communications from the Company.

I/We do not consent to receive marketing communications from the related companies of the Company.

If you return this form without ticking the above box it means that you do not wish to opt-out from any form of direct marketing of the Company and/or its related companies

In the event you have informed us in this statement you do not consent to receive direct marketing communications from the related companies of the Company, we will not provide your personal information to the related companies of the Company. However it does not mean that you are not consent the use of personal data by related companies who held or collected your personal information either by its own way or from other channels other than the Company for the purpose of direct marketing communications.

IMPORTANT NOTE TO INSURANCE APPLICANT:

- (1) It is mandatory to provide all of the personal data requested on the insurance application/proposal form. Failure to provide all the personal data requested on this insurance application/proposal form may mean the Company are unable to process your application.
- (2) The above statement at Part 2 represents your present choice whether or not to receive direct marketing materials and it will supersede all previous choices communicated by you to the Company prior to this application.
- (3) You may in future withdraw your consent to the use and provision of your personal data for direct marketing. If you wish to withdraw your consent, please inform us in writing to the address in the section on “ACCESS AND CORRECTION OF PERSONAL DATA”. The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.
- (4) If you want to know the use and provision of personal data in direct marketing, please contact the Company for further information.

ACCESS AND CORRECTION OF PERSONAL DATA:

Under the Personal Data (Privacy) Ordinance (Cap. 486) (“PDPO”), you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it. Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to: **Data Privacy Officer of China BOCOM Insurance Co., Ltd. 18/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong.**

V 投保人聲明 DECLARATION

1. 本人/本人公司作為投保申請人確認投保之業務地點只供作寫字樓或商舖之用途,並無進行製造業或有關之程序./I/We, being the insurance applicant confirm that the premises are solely occupied by me/my company as an office or shop and no processing and/or manufacturing of any kind is carried out within the premises.
2. 本人/本人公司作為投保申請人確認投保之辦公室或商舖包屋頂,全用磚石或三合土建成,並有經常維修,適宜營業 I/We, being the insurance applicant confirm that the premises are built of brick or concrete and roofed with concrete, and is in good state of repair.
3. 本人/本人公司作為投保申請人確認從未遭受任何保險公司拒絕受理投保,續保或取消本人/本公司之保單或要求提高保費及附加特別條件始允承保. I/We, being the insurance applicant confirm that no insurer has ever cancelled, declined, refused to renew or imposed

- special terms or conditions on any policy held by myself or my company.
4. 本人/本人公司作為投保申請人確認已填報一切重要的有關資料，絕無隱瞞或保留，並同意將本投保書和聲明作為與中國交銀保險有限公司和本人/我們所訂合約之根據，並以保單上各條款為準則。 I/We, being the insurance applicant confirmed that I/We have not withheld any material information and accept that this application and declaration shall be the basis of, and be incorporated in the contract between China BOCOM Insurance Co., Ltd. and myself or my company.
 5. 本人/本人公司作為投保申請人確認本人/本公司已閱讀並明白收集個人資料的聲明。本人/本公司確認本人/本公司已被通知本人/本公司須詳細閱讀該聲明，而本人/本公司已詳細閱讀該聲明對貴公司所收集或持有之本人/本公司的個人資料的影響(不論是否投保申請書內所載或從其他途徑所取得)。根據以上所述，本人/本公司特此確認並同意中國交銀保險有限公司根據該聲明使用及轉移本人/本公司的個人資料，包括根據本人/本公司在上述收集個人資料聲明部分 2 中給予貴公司的指示在直接促銷中是否使用及將本人/本公司個人資料提供予其他人士。 I/We, being the insurance applicant ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement ("PICS"). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in the insurance proposal/application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by China BOCOM Insurance Co., Ltd. in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing based on my/our instruction stated at PICS Part 2 above.

Applicable to Optional Insurance Item No. 7: Employees' Compensation

只適用於附加保障項目 7: 僱員補償保險

6. 本人/本人公司作為投保申請人/僱主/僱主授權代表，在此保證本人/本公司所提供之上述於僱員補償條例(第 282 章)下受保障之僱員之職業類別、僱員人數、預計年度總收入數字及過去之賠償紀錄為真實完整。本人/本人公司完全明白本人/本公司作為投保申請人/僱主/僱主授權代表若未能正確披露所有重要事實及或不誠實提供上述資料均可能使保障/保險失效。 I/We, being the insurance applicant/employer/employer's authorized representative, warrant the above occupational categories, no. of Insured employees, estimated total annual earnings and past claim experience made by me/us or on my/our behalf are true and complete for all employees falling within the scope of the Employees' Compensation Ordinance (Chapter 282). I/We, being the insurance applicant/employer/employer's authorized representative, fully understand if I/We fail to properly disclose all material facts and or dishonestly provide such information that may invalidate the insurance cover.
7. 本人/本人公司作為投保申請人/僱主/僱主授權代表，決定向中國交銀保險有限公司依據上述及或相關由中國交銀保險有限公司發出之報價單或保障建議書內列明之保險條款投保，本人/本人公司同意當保險期屆滿時遵照中國交銀保險有限公司所需之表格格式去申報實際支付予受保僱員之薪金或工資並同意向中國交銀保險有限公司支付一切超過以上所估計之薪金或工資數額所須之額外保險費用。 I/We, being the insurance applicant/employer/employer's authorized representative, decide to effect an insurance as above according to the terms and conditions stated in above or in the insurance quotation or insurance proposal issued by China BOCOM Insurance Co., Ltd. I/We agree to keep a proper salaries or wages record and to render at the end of each period of insurance a statement in the form required by China BOCOM Insurance Co., Ltd. of all salaries or wages actually paid and agree to pay the extra premium on any salaries and wages paid in excess of the amount estimated above.
8. 本人/本人公司作為投保申請人/僱主/僱主授權代表茲聲明已閱讀及審核這投保申請書內及隨投保申請書一併提交之證明文件內容及細則均屬正確無誤，本人/本公司並無隱藏、虛報或歪曲任何事實。 I/We hereby declare that all information, statements and particulars contained hereinabove and inside all document as evidence annexed thereto this proposal form which I/We have read over and checked are true and correct that I/We have not suppressed, misrepresented or misstated any material fact that is required.
9. 本人/本人公司作為投保申請人/僱主/僱主授權代表同意本項聲明作為本人/本人公司與中國交銀保險有限公司訂立契約之基礎。 I/We, being the insurance applicant/employer/employer's authorized representative, agree that this declaration shall be the basis of the contract between me/us and China BOCOM Insurance Co., Ltd.

投保申請人/僱主之授權代表簽名及蓋章

Stamp and Authorized Signature on behalf of the Proposer/Employer

授權代表姓名

Authorized Representative Name : _____

職位

Position : _____

日期

Date : _____

報價單編號

Quotation Reference No.: _____

VI 投保人須知 IMPORTANT NOTES TO PROPOSER

- (1) 閣下必須在其知悉範圍內提供所有有關會影響保險公司於接納或釐定此保單條文的資料，如對應透露的資料有任何疑問，請即向本公司或閣下的保險代理/經紀查詢。我們建議閣下將有關的資料作記錄(包括信件副本)，以備日後作參考之用。為確保閣下的利益，閣下應如實呈報所有有關資料，否則此保單將可能無法提供閣下所需的保障，甚至可能會導致此保單無效。 Any other facts known to you which are likely to affect acceptance or 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 agent/broker. We recommend you keep a record (including copies of letters) 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.
- (2) 本保險計劃的產品單張或其他有關本保險計劃的產品文件只限在香港特別行政區內派發，並不能詮釋為在香港特別行政區境外提供或出售或游說任何人士購買中國交銀保險有限公司的產品。本計劃只限在中國香港特別行政區境內範圍銷售及辦理投保手續。 The product leaflets of this insurance plan &/or other documents related to this insurance plan is intended to be distributed within the territorial limit of Hong Kong SAR of PRC, and such act cannot be

construed as offering or selling or lobbying any person to subscribe the products of China BOCOM insurance Co., Ltd. outside the territorial limit of Hong Kong SAR of PRC. The selling and processing of insurance application of this insurance plan are limited to within the territorial limit of the Hong Kong SAR of PRC.

- (3) 本投保書及相連之產品單張內容只供一般參考。有關保障內容及條款細節，應以保險單內條文為準。The information contained in the proposal form and related product brochure is merely for reference only. Please refer to the original policy for exact policy terms, conditions and exclusions.
- (4) 若本中英文譯本有不同，概以英文為準。If there is any difference between the Chinese and the English version, English version shall prevail.
- (5) 若投保附加僱員補償保險，本公司在收妥投保申請後一般需要最少5個工作天去處理及審批有關投保申請。所以投保申請人必須於保障生效前最少5個工作天向保險公司提交投保申請書正本及相關證明文件副本否則我司將不會承諾保障能如期生效。In general, insurance company takes about 5 working days to process and approve the insurance application containing the Employees' Compensation Insurance cover upon receipt of the completed insurance application. Therefore, the proposer must submit the original proposal form together with relevant supporting documents as evidence to the insurance company at least 5 working days before the effective date of the insurance. Otherwise, our company will not promise that the required insurance will take effect as scheduled.

此部份只供內部使用 INTERNAL USE ONLY

Agent Code:		Client Code:	
Payment Term	<input type="checkbox"/> CBD <input type="checkbox"/> COD <input type="checkbox"/> Premium Warranty <input type="checkbox"/> Credit Period	Premium Paid:	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid (Reason : _____)