

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 _____ Day TO _____ Year _____ Month _____ Day		
投保業務地點之總樓面面積 Insured's Premises Total Gross Floor Area: _____ (平方尺 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: _____ (平方尺 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的百分之十，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元 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[^] Bank Transfer[^] 支票* Cheque*

[^]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，支票抬頭須填寫「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.	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 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?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 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?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 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· 放射性物質? use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substance	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
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? use any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
e) 任何機器或汽車的安裝·維修或保養? any machinery or automobile installation, repairing or maintenance work?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
f) 貨物裝運·物流·運輸和倉儲? carting of goods, logistics, transportation and warehousing?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
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」 hire any self-employed persons (other than subcontractor's employees) for their business?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
b) 聘請兼職員工? hire any part time worker for their business?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
c) 計劃在短時間內大幅增加員工人數或增加不同職業? plan to increase the no of the employees substantially or add different occupations in a short period of time?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
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 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 _____	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
6. 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?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
7. 曾否被提高費率? Has an increased rate been required?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

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)				

- 1 向您推介、提供和營銷我們、我們集團或我們的商業合作夥伴（請參閱下文「在直接促銷中使用及將其個人資料提供予其他人士」部份）之產品／服務，以及執行、維持、管理和運營該等產品／服務；
- 2 使我們能夠與您溝通，並驗證您的身份，處理您的查詢，並提供報價；
- 3 評估您的保險／財務需求，處理您就我們、我們集團或我們的商業夥伴所提供之產品／服務提出的申請或要求；
- 4 向您提供後續服務，包括但不限於執行／管理已發出的保險單，並視情況而定進行調整、取消、更新保單，續保或附加批註、處理續保通知及相關服務、籌劃共同保險及／或再保險、發出發票及收取保費包括執行直接付款授權指令、進行身份和／或信用核查和／或債務追收；
- 5 與就我們和／或我們集團和／或業務合作夥伴提供的任何產品／服務而由您或針對您提出的，或者其他涉及您的任何索賠相關的任何目的，包括索賠調查、和解、行使代位權（視情況而定）及索賠追討（如有）；
- 6 為客戶設計產品／服務；
- 7 為統計或其他目的進行市場研究；
- 8 不時就本聲明所列的任何有關目的核對及匹配所持有的與您有關的任何資料；
- 9 就與我們及我們集團分享資料遵守任何義務、要求、政策、程序、措施或安排；
- 10 遵守任何適用司法管轄區的法律、規則、規例、業務守則或指引並按照要求進行披露，以協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查，或遵守與其他任何政府或監管機構協議、執法及進行制裁、預防、偵測或調查洗黑錢、恐怖主義融資、欺詐或其他非法活動；
- 11 開展與我們業務經營有關的其他服務；
- 12 與上述任何有關目的直接有關的其他目的；及
- 13 其他在收集個人資料時或之前向您通知之目的。

個人資料的轉移：個人資料將予以保密，但在遵守任何適用法律條文的前提下，我們可能就上述有關目的把您的個人資料披露給及轉移至以下或由之轉移：

1. 向我們提供技術或其他服務包括直接營銷服務、任何提供付款、數據處理、網站託管、郵件中心管理、印刷服務，及／或與本公司業務營運和保單管理和保險服務之提供有關的其他服務的代理、承辦商或第三者，例如保險中介機構、為保險公司承保的分保公司、理賠師、索償調查公司(包括私家偵探)、僱主、緊急救援服務供應商、醫護專業人士、醫院、保健組織、會計師、財務顧問、律師、整合保險業申訴和承保資料的組織和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）、防欺詐組織、警察、其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）、金融機構和信用卡公司、信貸資料評級機構、追收債務機構等，不論在香港或其他地方，並有同等的保密義務，就此方面而言，您同意將您的資料轉移至香港境外；
2. 相關的保險業協會／聯會及其成員包括保險索償投訴局、香港保險業聯會及其成員及同類機構；
3. 我們集團成員、聯營公司和商業夥伴；
4. 精算或研究機構；
5. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；
6. 政府、司法機構、執法機構、稅務機關（如適用）、政府監管機構、或任何根據法例和／或監管責任而需作出披露的人士；及
7. 其他在收集個人資料時向您通知的人士，

而以上資料轉移均適用於香港境內或境外。假如我們需要把您的個人資料轉移至香港境外地區，我們會確保受轉移者擁有至少相當於我們的政策、程序、合適的安全伺服器及其他措施。

如欲了解本公司為促銷目的使用您的個人資料的政策，請參閱下文「在直接促銷中使用及將其個人資料提供予其他人士」部份。

您的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

第二部份：

在直接促銷中使用及將其個人資料提供予其他人士：

我們可能會不時使用、披露或轉移您的姓名、聯絡資料（包括但不限於電話號碼、電郵地址、郵寄地址、服務及產品組合、交易模式及行為、財務及背景資料、及人口統計數據）讓我們、交銀集團的成員及我們的聯營公司和商業合作夥伴（不論有獲利與否）可以使用相關個人資料，為您提供以下產品和服務進行直接促銷(包括但不限於提供獎賞、客戶或會員優惠計劃)：

1. 保險、銀行、金融、證券、資產管理和相關產品及服務；
2. 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體及高級消費類產品及服務。

在使用您的個人資料作上文所述的目的或提供予上文所述的人士之前，我們須獲得您的書面同意，及只在獲得您的書面同意後方可使用您的個人資料及提供予其他人士作任何推廣及促銷用途。

如您不同意我們及／或交銀集團成員使用或披露您的個人資料作直銷用途，但作續保通知及相關服務則例外，請在方格填上剔號／。

- 我不同意接收交銀保險的直銷通訊。
 我不同意接收交銀保險以外的交銀集團其他成員公司的直銷通訊。

若您在遞交這申請表時將上述方格都留空，這即代表您並不拒絕接收我們及／或我們集團任何形式的直銷推廣。

如您選擇拒收交銀集團的成員公司的直銷推廣，我們將停止提供您的個人資料予他們，但這並不代表您反對他們集團使用其原本擁有、從自己的渠道收集、或經其他並非源自我們而獲得的您的個人資料所作出的直銷推廣。

您現在的選擇將取代您在提交本申請表之前已通知本公司的選擇。

您日後可撤回您給予我們有關使用您的個人資料及提供予其他人士作任何直接促銷用途的同意。

您如欲撤回您給予我們的同意，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我們。我們會在不收取任何費用的情況下確保不會將您納入日後的直接促銷活動中。如果您想了解直接營銷中個人資料的使用和提供，歡迎您與我們聯繫。

個人資料的查閱和更正：根據條例，您有權查明我們是否持有您的個人資料、獲取該資料的副本、及更正任何不準確的資料。您還可以要求我們告知您我們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香港中環紅棉路 8 號東昌大廈 18 樓中國交銀保險有限公司 - 個人資料保護主任。

PERSONAL INFORMATION COLLECTION STATEMENT ('PICS')

UNLESS THIS PICS IS DULY READ AND SIGNED BY YOU, WE ARE UNABLE TO PROCESS YOUR APPLICATION WHEREVER IT CONTAINS PERSONAL DATA

PART 1

China BOCOM Insurance Company Limited (referred to hereinafter as 'Company', 'CBIC', 'We', 'Us' and 'Our') is a wholly owned subsidiary of Bank of Communications Co., Ltd. ('BOCOM') which is the holding company of a well-established banking group with associated, affiliated and subsidiary members companies as added from time to time (together referred to hereinafter as 'Our Group' or 'BOCOM Group'). We recognize our responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486 of the laws of Hong Kong) ("PDPO"). 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 Us is accurate. We will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

Please note that if you do not provide Us with your personal data, We may not be able to provide the information, products or services you need or process your request.

Purposes: From time to time it is necessary for Us to collect your personal data (including credit information and claims history) whether contained in this application or otherwise which may be used, stored, processed, transferred, disclosed or shared by Us for purposes (“Purposes”), including:

1. promoting, offering, providing and marketing the products/services of Us, Our Group or Our business partners (see the section “Use and provision of personal data in direct marketing” below) to you, and administering, maintaining, managing and operating such products/services;
2. enabling Us to communicate with you, to verify your identity, response to your queries and provide quotation;
3. evaluating your insurance / financial needs, processing applications or requests made by you for products/services offered by Us, Our Group and business partners;
4. providing subsequent services to you, including but not limited to administering the policies issued, carrying out variations, cancellations, endorsements or renewals and related services as the case may be, arrangement of co-insurance and/or reinsurance, invoicing and premium collection including execution of Direct Debit Payment Authorization, conducting identity and/or credit checks and/or debt collection;
5. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by Us and/or Our Group and/or business partners, including investigation of claims, settlement, exercising subrogation (as appropriate) and claims recovery (if any);
6. designing products/services for customers;
7. conducting market research for statistical or other purposes;
8. verifying and matching any data held which relates to you from time to time for any of the Purposes listed herein;
9. complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within Us and Our Group;
10. complying with and making disclosure as required by the laws of any applicable jurisdiction, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in sanctions or prevention or detection of money laundering, terrorist financing, fraud or other unlawful activities, in Hong Kong or elsewhere outside of Hong Kong;
11. carrying out other services in connection with the operation of Our business;
12. other purposes directly relating to any of the above; and
13. other purposes notified to you on or before the time of collection or use.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, We may, for the Purposes set out above, disclose and transfer your personal data to or from:

1. any agent, contractor or third party who provides technology or other services to Us including direct marketing services, payment, data processing, website hosting, mailing house administering, printing and/or other services in connection with Our Company's operations and provision of policy administration and insurance services, such as insurance intermediaries, reinsurers, loss adjusters, claims investigations companies (including private investigators), employers, emergency assistance providers, health care professionals, hospitals, healthcare organizations, accountants, financial advisors, solicitors, databases or registers (and their operators) used by the insurance industry to analyze and check data provided against existing data, organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations, police, other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph), financial institutions and credit card companies, credit reference agencies and debt collection agencies etc. in Hong Kong or elsewhere and who has a duty of confidentiality to the same, and in this regard you consent to the transfer of your data outside of Hong Kong;
2. related insurance industry associations/federations including Insurance Claims Complaint Bureau, Hong Kong Federation of Insurers and their members, and the like;
3. any member of the Our Group, Our associates and business partners;
4. organizations conducting actuarial or research studies;
5. any actual or proposed assignee, transferee, participant or sub-participant of Our rights or business;
6. government, judicial, law enforcement, tax authority (where applicable) or governmental regulatory bodies or any person to whom We are under a legal and/or regulatory obligation to make disclosure; and
7. other persons as notified to you on or before the time of collection or use,

in each case, both within and outside of Hong Kong. Where We transfer your personal data outside of Hong Kong, We will ensure that the recipient of your personal data has in place policies, procedures, suitably secure servers and other measures at least equivalent to Our own.

For Our policy on using your personal data for marketing purposes, please see the section “Use and provision of personal data in direct marketing” below.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

PART 2

Use and provision of personal data in direct marketing:

We may, from time to time, use, disclose or transfer your name and contact details (including but not limited to telephone number, email address, postal address, services and products portfolio, behavior and transaction pattern, financial and demographic data) to the BOCOM Group and Our associates and business partners (whether for gain or not) for their use for the purposes of conducting direct marketing (including but not limited to providing reward, loyalty or privileged programs) in relation to the following classes of products and services that We, Our Group and Our associates or business partners may offer:

1. insurance, banking, financial, securities and asset management and related products and services; and
2. products and services in relation to health, wellness and medical, food and beverage, sporting activities and membership, entertainment, fitness or similar leisure activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products.

Before using your personal data for the purposes and providing to the transferees set out above, We must obtain your written consent, and only after having obtained such written consent, We may use and provide your personal data for any promotional or marketing purpose.

Please tick the box below if you disagree that We and/or the members of the BOCOM Group use and disclose your personal information for direct marketing purposes, other than for renewal notification and related services.

I do not consent to receive direct marketing communications from CBIC.

I do not consent to receive direct marketing communications from the members of the BOCOM Group (other than CBIC)

Should you return this form by leaving blank to the above box(es), it means that you do not wish to opt-out from any form of direct marketing from Us and/or Our Group.

We will not transfer your personal data to the members of the BOCOM Group should you have selected to opt-out from receiving direct marketing communications from them. Nonetheless, this does not constitute a disagreement to reject direct marketing communications from Our Group by use of your personal data they have held, collected or obtained via channels other than from Us.

Your current choice here will supersede all your previous choices communicated to the Company prior to this application.

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 “Access and correction of personal data” below. We shall, without charge to you, ensure that you are not included in the future direct marketing activities. You are welcome to contact Us if you want to know about the use and provision of personal data in direct marketing.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether We hold your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request Us 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 types of data held by the Company should be addressed in writing to [Data Privacy Officer, 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 : _____)