



投保資料更改申請書

INSURANCE PARTICULARS AMENDMENT APPLICATION FORM

保單號碼 Policy No. : _____ 保險期限 Period of Insurance: 由From _____ 至To _____

投保人名稱 Name of Insured: _____

保險中介公司/營業單位名稱 Intermediary/Business Unit Name : _____

請照下述開列事項更改並將認簽之批改單正本送至保險中介公司/營業單位。

Please amend below insurance particular(s) and forward the original endorsement to us.

批改生效日期 (日/月/年)

Amendment Effective Date: _____ (dd/mm/yy)

重要事項 IMPORTANT NOTE

閣下提出之下列保單內容修訂可能影響或改變承保風險，保險公司保留權利拒絕有關修改或在附加新的條件下才可接受有關修改申請。

Your request to amend the contents below may affect the risk exposure carried by the Company. The Company reserve right to reject or accept this application on new or additional conditions.

更改保單內容如下 Contents of insurance policy to be amended:

<input type="checkbox"/>	投保人名稱 Name of Insured	原投保人名稱 Orig. Name: _____ 新投保人名稱 New Name: _____
<input type="checkbox"/>	投保人通訊地址 Corr. Address	原通訊地址 Orig. Address: _____ 新通訊地址 New Address: _____
<input type="checkbox"/>	投保人聯絡資料 Insured contact info	聯絡電話 Contact Tel. _____ 傳真機 Facsimile _____ 電郵地址Email Address _____ 原電話號碼 Orig. No. 852- _____ 原傳真機號碼 Orig. No. 852- _____ 原地址Orig. Add: _____ 新電話號碼 New No. 852- _____ 新傳真機號碼 New No. 852- _____ 新地址New Add: _____
<input type="checkbox"/>	投保人行業 Insured's Business	原投保人行業 Orig. Business: _____ 新投保人行業 New Business: _____
<input type="checkbox"/>	保險處所 Situation of Risk	原地址 Original Address: _____ 新投處所地址 New Address: _____ 新投處所建築物落成年份 Year of Built for the Building of the situation : _____ 新投處所建築物級別 Class of Construction : _____ 建築面積(平方呎)Gross Floor Area(in Square feet) _____
<input type="checkbox"/>	保險始起日 Policy effective date	保單始起日 Policy Effective Date 改為 _____ (dd/mm/yy) <input type="checkbox"/> 延長保險期 Extend Period Insurance 保單到期日 Policy Expiry Date 改為amended to _____ (dd/mm/yy)
<input type="checkbox"/>	"取消保單 Termination of Insurance Policy	取消保單原因 Reason of termination <input type="checkbox"/> 投保標的物權益已轉讓 Transferred interest of subject matter insured <input type="checkbox"/> 其他保險公司條件較優惠 Received competitive terms from other insurance company <input type="checkbox"/> 其他原因 Others _____
*凡取消保單，投保人必須退還原保單及或複製副保單予保險公司。若屬汽車保險或業主立案法團第三者法律責任保險，投保人必須同時退還保險證書予保險公司，否則保險公司將不會辦理取消保單之申請。For cancellation, Insured should return the original &/or duplicate policies to the Company. If that is motor or Building Owners Corporation Third Party Legal Liability Insurance, the Insured should also return the Certificate of Insurance to the Company otherwise this cancellation instruction will not be processed.		
<input type="checkbox"/>	取消權益轉讓 Cancel assignment of interest	<input type="checkbox"/> 更改權益轉讓受益人 Amend beneficiary with assignment of interest 原受益人Orig. Beneficiary: _____ 新受益人New Beneficiary: _____
凡取消或更改保單內權益轉讓受益人資料，投保人必須向保險公司出示由原有權益轉讓受益人的書面同意書，否則保險公司將不會執行此項修改。If amendment is in relation to change or cancel the assignment of interest under the policy, Insured should provide the written consent from original beneficiary to the Company otherwise this amendment instruction will not be able to process.		
<input type="checkbox"/>	投保金額變動 Change in sum insured	投保項目 Insured Item _____ 原投保金額Orig.Sum Insured _____ 新投保金額Orig.Sum Insured _____ 投保項目 Insured Item _____ 原投保金額Orig.Sum Insured _____ 新投保金額Orig.Sum Insured _____

<input type="checkbox"/> 投保標的物變動 Change in subject matter insured (只適用於財產險及機械險 For Property & Machinery Insurance only)	房屋結構敘述 Building Structure Description			
	室內裝修傢俬敘述 Contents Description			
	存貨敘述 Stock Description			
	機器敘述 Machinery Description			
如投保標的物敘述繁多，請把資料填寫於附加紙上，經投保人在上面加簽連同此投保資料更改申請書一併遞交保險公司辦理。 If you have much information to describe, please write the information in separate sheet, sign hereon and return to us together with this Insurance Particulars Amendment Application Form.				
<input type="checkbox"/> 投保僱員或被保人變動 Change in insured employee (只適用於僱員補償險、人身意外或團體旅遊保險 For Employees Compensation, Personal Accident &/or Group Travel Insurance only)	僱員工作類別 / 被保人資料(包括職業、姓名、年齡及性別) Description of Employees / Insured Person Information (including occupation, name, age and sex)	僱員/被保人 人數 No. of Employee/ Insured Person	△估計年收入 / 保障金額或保障計劃 △ Estimated Annual Earnings / Limit of Benefits or Benefit Plan	更改類別 Type of Amendment (圈出選擇 Circle the choice)
				<input type="checkbox"/> 新增Add / <input type="checkbox"/> 刪除Del / <input type="checkbox"/> 更改Amend
				<input type="checkbox"/> 新增Add / <input type="checkbox"/> 刪除Del / <input type="checkbox"/> 更改Amend
				<input type="checkbox"/> 新增Add / <input type="checkbox"/> 刪除Del / <input type="checkbox"/> 更改Amend
				<input type="checkbox"/> 新增Add / <input type="checkbox"/> 刪除Del / <input type="checkbox"/> 更改Amend
△ 投保人必須提供有關的工資支出證明供審批此保險用 Insured should provide the salary expenditure proof for approval of this insurance. <input checked="" type="checkbox"/> 每月強積金供款單據 Monthly MPF Contribution Statements 期限 Period 由 from _____ 至 to _____ <input checked="" type="checkbox"/> 由核數師確認之工資支出賬目 Payroll expenditure under audited account 期限 Period 由 from _____ 至 to _____				
<input type="checkbox"/> 更改保險條款 Amend policy terms & conditions	<input type="checkbox"/> 更改保費率 Amend Premium Rate		<input type="checkbox"/> 更改自負額 Amend Excess	<input type="checkbox"/> 更改保費/折扣 Amend Premium Rate / Discount
	<input type="checkbox"/> 新增條款 Add Clause(s)		<input type="checkbox"/> 刪除條款 Delete Clause(s)	<input type="checkbox"/> 修改條款 Amend Clause(s)
<input type="checkbox"/> 其他更改事項 Other Amendment				

*投保人簽名
 *Signature of Insured/Policyholder: _____

**權益轉讓受益人簽名及公司印章
 **Stamp & Signature of Beneficiary: _____

日期 Date: _____

日期 Date: _____

*若投保人是公司，必須在投保人簽署部分蓋上公司印章。If the Insured/Policyholder is a corporation, company's chop is required.

**若此保險單涉及任何權益轉讓，受益人必須同時簽署此申請書。If assignment of interest involved in the policy, the beneficiary should sign this application simultaneously.

若中、英文版本如有差異，概以英文版本為準。If there is any difference between the English and Chinese version, the English version shall prevail.