



火險申請書

Fire Insurance Application Form

Return Form By

遞交申請書 : By Fax : 2519-6301 / 2827-0622 (for Credit Card Payment only) 傳真 : 2519-6301 / 2827-0622 (只供信用咭付款)

By Post : Room 2305-16, Sun Hung Kai Centre, 30 Harbour Road, Wanchai, H.K.

郵寄 : 香港灣仔港灣道 30 號新鴻基中心 23 樓 2305-16 室

FOR FAX APPLICATION, DO NOT SEND THE ORIGINAL SIGNED FORM BY POST IN ORDER TO AVOID DUPLICATION.

凡以傳真申請, 請勿將此正本表格寄回, 以免重複。

Insured's Personal Information 投保人資料

Please use Block Letters (請用英文正楷填寫)

Name of Insured 投保人姓名 H.K.I.D.Card No. 香港身份證號碼 Sex 性別 Date of Birth 出生日期 Correspondence Address 通訊地址 Contact Telephone No. 聯絡電話 Fax No. 傳真 Email 電子郵件 SHKP Club Membership No. 新地會會員編號	Surname 姓	Given Name 名	
	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女		
	(D 日/M 月/Y 年)		
	Flat 單位	Floor 層	Block 座
	Building/Estate Name 大廈/屋苑名稱		
	Street No. and Name 街道號數及名稱		
	District 地區		
	Hong Kong/Kowloon/New Territories 香港 / 九龍 / 新界		
	mobile 手提	home 住宅	office 辦公室
	Ordinary Member 普通會員 : _____ Star Member 星級會員 : _____		

Insurance Particulars 投保事項

Home Address to be insured (if different from above) 投保地址 (如與上述不同)	Car Park No. 車位號碼	Floor 層	
	Unit 單位	Floor 層	Block 座
	Building/Estate Name 大廈/屋苑名稱		
	Street No. and Name 街道號數及名稱		
	District 地區		
Hong Kong/Kowloon/New Territories 香港 / 九龍 / 新界			
Mortgagee & Address 按揭銀行名稱及地址			
Mortgage Loan No. 按揭貸款編號			
Covering 投保項目	On Building including landlords fixtures and fittings but excluding foundations and drains 樓宇結構包括發展商之裝修, 但地基及渠道除外		
Cover Against 承保範圍	Fire; Aircraft dropped; Earthquake; Explosion; Riot & Strike; Malicious Damage; Overflowing of Water Tanks; Typhoon; Windstorm & Flooding; Bursting Pipes; Landslide & Subsidence 火災、飛機撞毀、地震、爆炸、暴動及罷工、惡意破壞、水箱滿溢、颱風、風暴及水浸、水喉及水管爆裂、山泥傾瀉及下陷		
Sum Insured 投保額	HKD 港幣 _____ (Reinstatement cost of the building or mortgaged loan amount required by bank) (樓宇建築之重建費或銀行指定之按揭金額)		
Annual Premium 全年總保險費	HKD 港幣		
Period of Insurance 投保日期	One year from 一年由 _____		



新鴻基地產保險有限公司

SUN HUNG KAI PROPERTIES INSURANCE LTD.

Ref. No.bro_FIF_04_2008

Is the age of the building over 25 years and / or the insured home address located on ground level ?

樓宇樓齡是否超過二十五年及 / 或投保地址位於地面層 ?

YES 是 NO 否

If Yes, please state the age of the building : _____ years

如答是 , 請列明樓齡 : _____ 年

Have you made any claims on Fire Insurance and the like within the past 3 years?

閣下是否於過去三年內就火險或類似保險申請索償 ?

YES 是 NO 否

If Yes, please specify the accident and the loss amount : HKD 港幣

若答是 , 請註明該意外及損失之金額 :

The minimum net premium of the policy is HK\$400.00. This sum is non-refundable even if the policy is subsequently cancelled.
本保單的最低收費為HK\$400。倘若投保人於保單屆滿前退保 , 此收費將不獲退還。

Payment Instruction and Authorization 付款指示及授權書

Cheque (Payable to "Sun Hung Kai Properties Insurance Ltd.") 支票(收款人請寫新鴻基地產保險有限公司)

Credit Card (Please fill in the following details.) 信用卡(請填妥以下資料)

VISA MasterCard

I hereby authorize Sun Hung Kai Properties Insurance Ltd. to charge my credit card account below for the above Fire Insurance annual premium payment.

本人授權新鴻基地產保險有限公司從本人下述之信用卡賬戶支取火險全年保費。

Credit Card Number 信用卡號碼: [] [] [] [] [] - [] [] [] [] [] - [] [] [] [] [] - [] [] [] [] []

Expiry Date 有效日期: [] [] / [] [] [] [] M M / Y Y Y Y

Name of Cardholder 信用卡持卡人姓名: _____

Signature of Cardholder 信用卡持卡人簽署: _____

DECLARATION 聲明

I declare that the statements and particulars made in this Application are true and correct to the best of my knowledge and belief. I declare that the insured home is built of bricks, stone & concrete, no insurer has declined to accept or renew my Fire Insurance or imposed special terms. I understand that this Application and Declaration shall form the basic of my contract with Sun Hung Kai Properties Insurance Limited and I am willing to accept a Policy and be bound by all the terms, provisos and conditions thereof and to pay the premium thereunder.

本人茲聲明此申請書內的資料就本人所知所信 , 全部正確無訛。本人聲明此投保住宅乃用磚石及混凝土建造及從未被任何保險公司拒絕接受投保火險或於續保時須附加任何特別條件。本人明白此申請書及聲明應作為本人與新鴻基地產保險有限公司合約的基礎及願意接受保單之條款、規定及繳付保費。

Signature of Insured 投保人簽署

Date 日期

The liability of the Company does not commence until the Proposal has been accepted by the Company and the Premium paid.

有關保險須在本保險公司接受此投保書及呈交保費後才生效。

Personal Information Collection Statement

Your personal data provided to the Company will be protected but may be used to underwrite contracts of insurance and may be disclosed or transferred to any member of the group of companies to which the Company belongs for the purpose of promoting or offering their products and services; to the employees of such companies who are designated in carrying out insurance business and to any agent and/or sub-contractor and/or claims adjusters who provides administrative, telecommunications, computer or other services to the Company in connection with the operation of its business.

You have the right to request access to and the correction of any of your personal data. Any such request may be made in writing with 7-days advance notice to the Company's Data Privacy Officer at its office situated at Rooms 2305-16, Sun Hung Kai Centre, 30 Harbour Road, Wanchai, Hong Kong (Tel. 2827 8111 and Fax. 2827 0622).

收集個人資料聲明

閣下提供之個人資料, 將予保密, 並用作評估投保申請, 及可能披露或轉送與本公司之集團成員公司、本公司之僱員、經紀及索償調查公司以提供保險服務, 如銷後服務、設計及推廣本公司的產品及服務時, 須與閣下保持聯絡。閣下有權要求查閱本公司所保存有關閣下之個人資料, 並要求將之改正。有關之要求可於七天前以書面提出並寄交: 香港灣仔港灣道 30 號新鴻基中心 2305-16 室新鴻基產保險有限公司保障資料私隱主任。(電話: 2827 8111 傳真: 2827 0622)

☎ Customer Services Hotlines 客戶服務熱線: 2828 7886