



**新鴻基地產保險有限公司**  
**Sun Hung Kai Properties Insurance Ltd.**

## Householders' Comprehensive Insurance Application Form 住戶綜合保險申請書

Return Form By 遞交申請書:

- By Fax 傳真: 2827-0622 (for Credit Card Payment only 只供信用卡付款)  
 By Post 郵寄: Room 2305-16, Sun Hung Kai Centre, 30 Harbour Road, Wanchai, H.K.  
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。

Referee's information 推薦人資料(Referee's name should be same as insured name of the policy 推薦人姓名必須與保單之投保人姓名相同)

Name of Referee 推薦人姓名 \_\_\_\_\_

Contact Tel. No. 聯絡電話 \_\_\_\_\_

For office use only: Referee's Code \_\_\_\_\_ Approval Date \_\_\_\_\_ Verified by \_\_\_\_\_

Terms and Conditions of Referral Programme 推薦計劃條款

- The Referral Programme is applicable to new successful application, but not for renewal policies, and
- The Referee should be a current customer of Householders' Comprehensive Insurance provided by Sun Hung Kai Properties Insurance Ltd.
- 此推薦計劃只適用於新申請及有效之「住戶綜合保險」保單, 並不適用於續保保單, 及
- 推薦人必須為新鴻基地產保險有限公司之「住戶綜合保險」現有客戶。

### 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 Surname 姓 \_\_\_\_\_ Given Name 名 \_\_\_\_\_

HKID Card No. 香港身份證號碼 \_\_\_\_\_

Sex 性別  Male  Female

Date of Birth 出生日期 (D日/M月/Y年) \_\_\_\_\_

Correspondence Address 通訊地址 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

Contact Telephone No. 聯絡電話 Day 日間 \_\_\_\_\_ Night 夜間 \_\_\_\_\_

Fax No. 傳真 \_\_\_\_\_

Email 電子郵件 \_\_\_\_\_

SHKP Club Membership No. Ordinary Member 普通會員: \_\_\_\_\_

新地會會員編號 Star Member 星級會員: \_\_\_\_\_

### INSURANCE PARTICULARS 投保事項

Home Address to be insured 投保地址  same as above 同上

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

Building Category 樓宇類別  Government Public Housing Estate 政府公共屋邨

(Please Select 請選擇 "√")  Private Residential Development / Building 私人屋苑 / 樓宇

Home Ownership Scheme 居者有其屋計劃之屋苑

Others 其他 \_\_\_\_\_

Is the age of the building over 25 years? 樓宇樓齡是否超過二十五年?

YES 是  NO 否

If Yes, Please state the age of building 如答是, 請列明樓齡: \_\_\_\_\_ Years 年

Have you made any claims on home contents insurance and the like within the past 3 years?

閣下是否於過去三年內就家居綜合保險或類似保險申請索償?

YES 是  NO 否

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

如答是, 請註明該意外及損失之金額: \_\_\_\_\_

Have you ever been declined on any new application, renewal or imposed special terms and conditions on home contents insurance?

閣下是否曾經被拒絕接受投保同類之家居財物保險或於續保時需附加任何特別條件?

YES 是  NO 否

Period of Insurance 投保日期

One Year From 一年由 \_\_\_\_\_ To 至 \_\_\_\_\_

### Premium Table 保費表 Please "√" the appropriate box (請在適當格內填上"√")

保險公司最高賠償額 Insurer's maximum liability Home Contents 家居物件 Personal Liability 個人法律責任	Diamond Plan 鑽石計劃 HK\$1,000,000 HK\$3,000,000	Gold Plan 金計劃 HK\$500,000 HK\$2,000,000	Silver Plan 銀計劃 HK\$300,000 HK\$1,000,000
Gross Floor Area (in sq. ft.) 建築面積(平方呎)	Annual Premium 全年保費 (HK\$港幣)		
Less than 少於500	850 <input type="checkbox"/>	600 <input type="checkbox"/>	500 <input type="checkbox"/>
501 - 800	1,050 <input type="checkbox"/>	750 <input type="checkbox"/>	550 <input type="checkbox"/>
801 - 1,100	1,370 <input type="checkbox"/>	950 <input type="checkbox"/>	700 <input type="checkbox"/>
1,101 - 1,400	1,700 <input type="checkbox"/>	1,250 <input type="checkbox"/>	N/A
1,401 - 2,000	2,230 <input type="checkbox"/>	1,700 <input type="checkbox"/>	N/A
2,001 - 2,500	2,800 <input type="checkbox"/>	N/A	N/A

For gross floor area exceeds 2,500 sq. ft., please call Customer Services Hotline.

如建築面積超過2,500平方呎, 請致電客戶服務熱線。

The minimum premium of the policy is HK\$400. 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 Method 付款方法:

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

By 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 Householders' Comprehensive 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住戶綜合保險全年保費。

My Credit Card No. 本人之信用卡號碼 \_\_\_\_\_

Credit Card Expiry Date 信用卡有效期至 \_\_\_\_\_ Month 月 \_\_\_\_\_ Year 年

### 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. 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。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 \_\_\_\_\_

(Signature should be same as specimen signature of the above credit card account)

(簽名必須與上述信用卡戶口之簽名式樣相同)

The liability of the company does not commence until the application has been accepted by the company and the premium paid.

有關保險須在本保險公司接受此申請書及呈交保費後才生效

### Personal Information Collection Statement 收集個人資料聲明

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).

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, 如售後服務、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室新鴻基地產保險有限公司保障資料私隱主任。(電話: 2827 8111 傳真: 2827 0622)