

Private Collection Insurance

Proposal Form

CHUBB®

Important Notices

Statement pursuant to Section 25 (5) of the Insurance Act (Cap. 142) (or any subsequent amendments thereof) - You are to disclose in this Proposal Form fully and faithfully all facts which you know or ought to know, otherwise the policy issued hereunder may be void.

Your Duty of Disclosure

Before you enter into a contract of general insurance with an Insurer, you have a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

It is important that all information contained in this proposal is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this proposal.

You should obtain advice before you sign this proposal if you do not properly understand any part of it.

Your duty of disclosure continues after the proposal has been completed up until the contract of insurance is entered into.

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to void the contract from its beginning.

Change of Risk or Circumstances

You should advise the Insurer as soon as practicable of any change to your normal business as disclosed in the proposal, such as changes in location, acquisitions and new overseas activities.

Subrogation

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the policy, that you will not seek to recover such loss or damage from that person, the Insurer will not cover you, to the extent permitted by law, for such loss or damage

A. General Information

Name of Insured

Hong Kong Identity No./Passport No. _____ Date of Birth DD / MM / YYYY

Occupation/Company of Employment

Email Address

Mailing Address

Contact Person / Details

Insurance Broker / Agent

Contact Person / Details

B. Limit of Insurance requested at each location

No.	Full Address	Total Insured Value (USD)	Occupancy (Residence, Office, Storage)
1.			
2.			
3.			

Do you need coverage for any item(s) displayed outdoors? Yes No

If Yes, please identify these items and their corresponding values.

C. Construction

1. Material of construction

- Adobe Brick Glass Safety Glass Steel Stone Wool
- Fabric / Carpet Other (please specify: _____)

2. Building Type

- High Rise Building Bungalow Semi-detached Terraced Apartment

3. Date of Completion of Building

DD / MM / YYYY

4. Occupancy

- Residential Commercial Office Storage

D. Fire Protection

1. Location of Fire / Smoke Detectors

2. Type of fire alarm

- Local or Monitored Connected to a Central Fire Station)

3. How often is it checked and maintained?

4. Are there any portable fire extinguishers?

Yes No

If Yes, what type?

- Carbon Dioxide Dry Chemical Foam Halon Acid Others

E. Security

1. Do you have a security alarm system?

Yes No

If Yes, is it local or Monitored / Connected to a central police station?

- Local Monitored / Connected to a central police station

2. Do you use a Security Alarm company?

Yes No

If Yes, please state the name and how often do they conduct a check and maintenance.

3. Do you have CCTV cameras? Yes No

If Yes, please state where they are located?

4. Are there 24-hour security guards? Yes No

If Yes, how many? _____

5. Is the property left unattended for long periods of time? Yes No

6. How many entry/exit doors are there? _____

7. Do these doors have locks and/or controlled systems? Yes No

8. Is the property left unattended for long periods of time? Yes No

9. Will the Insured agree to an inspection of the premises and artwork by a Chubb employee or designee? Yes No

F. Transit Cover Requirement

Conveyance Mode

By Air By Sea Freight By Land By Courier

Name of Packing and Shipping Company regularly used

Regular Packing Method

With Paper wrap With Bubble Wrap With Carton Box With Wooden Crate

Others, please specify:

G. Planned Renovation or Relocation

1. Will you be conducting any renovations at any of the locations in the next 12 months? Yes No

If Yes, kindly indicate the details.

Personal Data Protection Statement

The Company (“**We/Us**”) want to ensure that Our **Insured Persons** (“**You**”) are confident that any personal data collected by **Us** is treated with the appropriate degree of confidentiality and privacy.

This Personal Information Collection Statement sets out the purposes for which **We** collect and use personally identifiable information provided by **You** (“**Personal Data**”), the circumstances when **Personal Data** may be disclosed and information regarding Your rights to request access to and correction of **Personal Data**.

(a) Purposes of Collection of Personal Data

We will collect and use **Personal Data** for the purposes of providing competitive insurance products and services to **You**, including considering Your application(s) for any new insurance policies and administering policies to be taken out with **Us**, arranging the cover and administering and managing Your and Our rights and obligations in relation to such cover. **We** also collect the **Personal Data** to be able to develop and identify products and services that may interest **You**, to conduct market or customer satisfaction research, and to develop, establish and administer alliances and other arrangements with other organisations in relation to the promotion, administration and use of Our respective products and services. **We** may also use your **Personal Data** in other ways with your consent.

(b) Direct marketing

Only with your consent, **We** may also use your contact, demographic, policy and payment details to contact **You** with marketing information regarding our insurance products by mail, email, phone or SMS.

(c) Transfer of Personal Data

Personal Data will be kept confidential and **We** will not sell Your **Personal Data** to any third party. **We** limit the disclosure of Your **Personal Data** but, subject to the provisions of any applicable law, Your **Personal Data** may be disclosed to:

- (i) third parties who assist **Us** to achieve the purposes set out in paragraphs a and b above. For example, **We** provide it to Our relevant staff and contractors, agents and others involved in the above purposes such as data processors, professional advisers, loss adjudicators and claims investigators, doctors and other medical service providers, emergency assistance providers, insurance reference bureaus or credit reference bureaus, government agencies, reinsurers and reinsurance brokers (which may include third parties located outside Hong Kong);
- (ii) Our parent and affiliated companies, or any company within Chubb local and outside Hong Kong;
- (iii) the insurance intermediary through which **You** accessed the system;
- (iv) provided to others for the purposes of public safety and law enforcement; and
- (v) other third parties with your consent.

With regard to the above transfers of **Personal Data**, where applicable, **You** consent to the transfer of Your **Personal Data** outside of Hong Kong.

(d) Access and correction of Personal Data

Under the **Personal Data** (Privacy) Ordinance (“**PDPO**”), **You** have the right to request access to and correction of **Personal Data** held by **Us** about **You** and **We** will grant **You** access to and correct Your **Personal Data** as requested by **You** unless there is an applicable exemption under the **PDPO** under which **We** may refuse to do so. **You** may also request **Us** to inform **You** of the type of **Personal Data** held by **Us** about **You**.

Requests for access or correction of **Personal Data** should be addressed in writing to:

Chubb Data Privacy Officer
39/F, One Taikoo Place,
979 King’s Road,
Quarry Bay, Hong Kong
O +852 3191 6222

F +852 2519 3233

E Privacy.HK@chubb.com

Your request to obtain access or correction will be considered within forty (40) days of Our receipt of Your request. **We** will not charge **You** for lodging a request for access to Your **Personal Data** and if **We** levy any charges for providing information, such charges will not be excessive. No fee is charged for data correction requests.

About Chubb in Hong Kong SAR

Chubb is the world's largest publicly traded property and casualty insurer. With both general and life insurance operations, Chubb has been present in Hong Kong SAR for more than 90 years via acquisitions by its predecessor companies. Its general insurance operation in Hong Kong SAR (Chubb Insurance Hong Kong Limited) is a niche and specialist general insurer. The company's product offerings include property, casualty, marine, financial lines and consumer lines designed for large corporates, midsized commercial & small business enterprises as well as retail customers. Over the years, it has established strong client relationships by offering responsive service, developing innovative products and providing market leadership built on financial strength.

More information can be found at www.chubb.com/hk.

Contact Us

Chubb Insurance Hong Kong Limited

39/F, One Taikoo Place,

979 King's Road,

Quarry Bay, Hong Kong

O +852 3191 6800

www.chubb.com/hk

Chubb. Insured.TM