

MyHomeGuard Proposal Form (Upgraded 2022)

我的家居保險投保書 (2022 提升版)

Important Information 注意事項:		For Intermediary's use only (由中介人填寫):	
1. Please put an “X” in the appropriate box(es) and complete in ENGLISH BLOCK CAPITALS. 請在適當的方格內加「X」，並用英文正楷填寫。 2.If there is not enough space, please attach an additional page. 如填寫位置不足，請另行附上資料補足。		Agent / Broker Information 代理人 / 經紀資料:	
		Name 名稱:	Code 編號:
		Email Address 電郵地址:	Contact No. 聯絡號碼:
Part I – Proposer Details 第一部分 – 投保人資料			
Policyholder Type 保單持有人類別:		Type of Use 使用類別:	
<input type="checkbox"/> Individual 個人 <input type="checkbox"/> Organization 公司 <input type="checkbox"/> Joint ownership 共同持有人		<input type="checkbox"/> Self Occupy 業主自住 <input type="checkbox"/> Renting Out 業主出租 <input type="checkbox"/> Tenant 租客	
Name of Policyholder 保單持有人名稱 / *Premises Occupier 物業佔用者資料:			
(* Premises Occupier is applicable for Organization as Policyholder 物業佔用者只適用於公司為保單持有人)			
Date of Birth 出生日期: / / DD 日 MM 月 YY 年		Gender 性別: <input type="checkbox"/> M 男 / <input type="checkbox"/> F 女	
HKID Card / Passport No. 香港身份證 / 護照號碼:		Contact Telephone No. 聯絡電話:	
Email Address 電郵地址:		Policy Commencement Date 保單生效日期*: / / DD 日 MM 月 YY 年	
# Applicable for Organization as Policyholder 只適用於保單持有人為公司			
Name of Organization 公司名稱:		BR No. 商業登記編號:	
Tel No. 聯絡電話:		Email Address 電郵地址:	
Part II – Insured Premises Details 第二部分 – 投保居所資料			
Flat / Room 室	Floor 樓	Block 座	Type of Building 樓宇類別: <input type="checkbox"/> High Rise House 高樓 <input type="checkbox"/> Low Rise House 矮房
Name of Building 大廈名稱			Name of Estate 屋苑名稱
District 地區:			<input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> NT 新界
Building Age 樓齡: <input type="checkbox"/> Below 40 yrs 40年以下 <input type="checkbox"/> 40 yrs or above 40 年或以上 (This information is for reference only資料只作參考用途)			
Correspondence Address 通訊地址 (If different from above 若與以上不同):			

* The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid. 此保單提供的保障，必須在本公司確定接納投保後，及收妥保費後，才能正式生效。

Part III – Annual Premium 第三部分 – 全年保費(HK\$ 港幣)			
Basic Cover 基本保障			
Plan Selected 選擇計劃	Plan A(計劃)	Plan B(計劃)	Plan C(計劃)
High Rise House 高樓	<input type="checkbox"/> \$718	<input type="checkbox"/> \$1,058	<input type="checkbox"/> \$1,738
Low Rise House 矮房	<input type="checkbox"/> \$1,139	<input type="checkbox"/> \$1,764	<input type="checkbox"/> \$3,160
Optional Benefit 自選保障			
Premium of Optional Benefit is subject to quotation 自選保障之保費需個別核保			
<input type="checkbox"/> Building Cover 建築物保障	Sum Insured (HK\$) 投保額 (港幣):		
<input type="checkbox"/> Additional Valuables* 額外貴重物品	Total Sum Insured (HK\$) 總投保額 (港幣):		
* Full description of the specified personal effects with receipts or valuation certificates 請列明各項指定額外貴重物品詳情並附上發票或價值証明			Sum Insured 投保額(HK\$港幣)
1.			
2.			
Part IV – Payment Instruction and Authorization 第四部分 – 付款指示及授權書			
<input type="checkbox"/> Credit Card Authorisation 信用卡授權 (I hereby authorize Chubb Insurance Hong Kong Limited to charge my credit card for the insurance premiums of this insurance policy. 本人授權安達保險香港有限公司從本人之信用卡賬戶支取有關保險保單之保費。)			<input type="checkbox"/> VISA 咭 <input type="checkbox"/> MasterCard 萬事達咭
Name of Card Holder 持卡人姓名:			Expiry Date 有效日期: MM月 YY年
Credit Card No. 信用卡號碼: – – –			Issuing Bank 發卡人銀行:
Part V – Declaration 第四部分 – 投保人聲明			
I declare that to the best of my knowledge and belief the above statement and particulars contained are in all respects true and complete and are made without reservation of any kind. I further hereby declare and agree that the personal information collected or held by Chubb Insurance Hong Kong Limited, whether contained in this proposal form or otherwise obtained, may be used by Chubb Insurance Hong Kong Limited or disclosed to any individual or organization such as legal firms, accountants, actuaries, loss adjudicators and claims investigators, doctors and other medical service provider within or outside Hong Kong and as more particularly set out in the Chubb Privacy Information Collection Statement for the following purposes: (1) to assess and process this application, (2) to provide insurance and customers services, (3) to conduct insurance claims or analysis. I understand that if I do not provide such consent, or revoke my/our consent, Chubb Insurance Hong Kong Limited may not be able to process or assess my application. A copy of the Chubb Privacy Information Collection Statement can be found at www.chubb.com/hk.			
Any persons from whom Chubb Insurance Hong Kong Limited has collected information as aforesaid shall have the right of access to and to request correction of any personal information concerning themselves held by Chubb Insurance Hong Kong Limited. A request for such access may be made to the Personal Data Privacy Officer of Chubb Insurance at 39/F, One Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong.			
本人謹此聲明本人確信以上所填報之資料及所列各項之事件乃屬完全真確並無作任何資料之保留。本人亦在此聲明及同意由安達保險香港有限公司所收集或持有的個人資料，不論包含在這投保書或以其他方式獲取，均可供安達保險香港有限公司使用或向在香港境內或境外之任何人士或機構例如律師事務所、會計人員、精算師、公證人、索償調查員、醫生及其他醫護服務提供者及其他已載於安達收集個人資料聲明之人士及機構披露作以下用途：(1) 評核此項申請，(2) 提供保險及客戶服務，(3) 處理保險的索償或有關之分析。本人明白如本人不同意或撤回此聲明，安達保險香港有限公司或未能處理及評核本人之投保申請。安達收集個人資料聲明之副本已載於 www.chubb.com/hk。			
就提供上述資料的任何人士有權查閱及要求更改由安達保險香港有限公司所持有有關他們的任何個人資料。任何關於個人資料查閱或更改之要求，可向安達保險香港有限公司之個人資料私隱主任提出，地址為香港鰂魚涌英皇道979號太古坊一座39樓。			
申請人亦明白安達保險香港有限公司必須取得申請人以上的同意，才可以處理其保險申請。			
Signature of Policyholder 投保人簽署:			Date Signed 簽署日期: