Trinity General Insurance Company Limited
三 聯 保 險 有 限 公 司
1001 HONG KONG PLAZA, 10TH FLOOR, 188 CONNAUGHT ROAD WEST, HONG KONG.
香 港 干 諾 道 西 188 號 香 港 商 業 中 心 1001 室
TEL. : 3413 0988 FAX : 2559 7892 Web-site: www.tgi.com.hk

BURGLARY INSURANCE PROPOSAL FORM
盜 竊 保 險 投 保 書

Name of Proposer:
投 保 人 名 稱 _____

Insured Situation:
投 保 地 點 _____

_____

Business or Occupation:
業務性質或用途 _____

Period of Insurance: From to
保 險 期 限 由 _____ 至 _____

Correspondence Address (If Different from Insured Situation):
通 訊 地 址 (如與投保地點不同者)

_____

_____

Insured Items: **Sum Insured (HK$)**
投保項目 **保 險 金 額**

Furniture, Fixtures & Fittings
傢俬、裝修 ..... _____

Machinery / Plant & Equipment
(Excluding Moulds of any kind)
機器及零件 (工模除外) ..... _____

Stock & Materials in Trade, including
Finished & Semi-Finished Goods)
經營之存貨及物料包括
製成品及半製成品 ..... _____

Others (Please specify)
其他 (請列明) ..... _____

TOTAL SUM INSURED:
總 額 _____

If Insured Item is Stock & Materials in Trade, please specify what kind of products:
如投保項目是存貨及物料，請列明貨物種類

_____

Please state the maximum value per item of the Insured Property:
請列明被保險物每件最高之價值

_____

1. In the past 3 years have you been made any insurance claims?
曾否在最近三年內索償保險紀錄?
[ ] Yes 是 [ ] No 否
2. Have you ever been declined insurance, or have any insurance been cancelled or have any renewal been refused by any insurer?
曾否被保險公司拒絕投保，取消保單或拒絕續保?
[ ] Yes 是 [ ] No 否
3. Is the Insured Situation fitted with Burglary Alarm System?
If so, please provide details.
是否在投保地點安裝防盜系統? 如有，請提供詳細資料。
[ ] Yes 是 [ ] No 否

If 'yes'for above questions, please provide details:
若以上問題答"是"，請詳細列明。

_____

Important Notes 重要事項
The Proposer is requested to keep a record (include copies of letters) of all Information supplied for the purpose of entering into the contract.
請投保人保存向承保人提供之有關投保資料(包括信件副本)之紀錄。

Declaration 聲 明
I / We declare that the information given above is true and complete to the best of my / our knowledge and belief.
本人／我們謹就本人／我們所知及所聲明，上述資料全部屬實無訛。
I / We understand that this application will not become effective until this proposal has been accepted by the Company, and agree that this Proposal and Declaration shall be the basis of the contract between me / us and the Company.
本人／我們明白本投保書被承保人接受後，保障才正式生效及同意該投保書和聲明將被用作雙方合約之根據。

_____ _____

Signature of Proposer 投保人簽署 Date 日期

特約代理商 / 經紀行 Authorized Agents / Brokers

信用咭付款授權書
Credit Card Payment Authorization Form

☐ **VISA** ☐ **MasterCard**

信用咭號碼 Credit Card No.

信用咭持有人姓名
Cardholder's Name _____

信用咭有效期至
Card Expiry Date MM 月 YY 年

保險費 Premium
HK(港幣)$.....

....
持咭人簽署 日期
Cardholder's Signature Date

本人授權三聯保險有限公司從本人上述之信用咭賬戶支取有關此保險單之保險費。
I hereby authorize **Trinity General Insurance Company Limited** to charge above Credit Card for the Insurance Premium of this Insurance Policy.

注意事項 NOTES
閣下之簽署式樣須跟閣下之信用咭上的式樣相同，並在所有曾更改地方簽署。此授權書只適用於以保戶名義登記之信用咭賬戶。如閣下在保險單生效前取消保險單，本公司將向閣下收取相等於保險費百分之五之行政費。
Please ensure that the signature used is the same as that on your credit card, and sign all amendments in the same way. This Authorization in only applicable for Credit Card Account under the registration of the Insured. The Company will charge you an amount equivalent to 5% of the Premium for administrative fee in the event that you cancel the Insurance Policy before its effective date.

如以信用咭繳付保費滿 HK$5,000，部份信用咭可享有 12 個月免息分期優惠，詳情請致電 3413 0916 與本公司職員聯絡。
Interest-free 12-month instalment is now available for policyholder who pays the premium (HK$5,000 or more) with certain credit cards. For details. Please call 3413 0916.

12 個月免息分期優惠以發咭銀行批核爲準。
Interest-free 12-month instalment is subject to the approval of the credit card issuing bank.

收 集 個 人 資 料 聲 明
Personal Information Collection Statement
閣下提供的資料、爲本公司提供保險業務所需、並可能用作任何與保險或財務有關的產品或服務、或作任何更改、變更、取消、續期、索償或索償分析；並可能移轉予現存或不時成立任何有關的公司、或任何其他從事與保險或再保險業務有關的公司、或與保險業務有關的中介人、索償或調查或其他服務提供者、或任何保險公司的協會或聯會。
閣下有權查閱及要求更正由本公司持有有關 閣下的個人資料、如有此項要求、可書面向本公司提出。
The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of any insurance or financial related product or service or any alternations, variations, cancellation or renewal of them; any claim or analysis of it; and may be transferred to any related company or any other company carrying on insurance or reinsurance or financial related business or an intermediary or a claim or investigation or other service provider companies that exists or is formed from time to time.
You have the right to obtain access to and to request correction of any personal information concerning yourself held by us. Requests can be made in writing to our Company.