



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 Email: underwriting@tgi.com.hk

PUBLIC LIABILITY INSURANCE PROPOSAL FORM
公眾責任險投保書

Name of Proposer:
投保人名稱 _____

Correspondence Address:
通訊地址 _____

Business or Trade:.
行業 _____

Telephone No.:
電話 _____

Particulars of work:
工作詳情 _____

Location of Risk:
受保地點 _____

Period of Insurance:
保險期 由 _____ 至 _____ (Both dates inclusive)
(首尾兩天包括在內)

Limit of Indemnity:
賠償限額 HK\$ _____
for any one Occurrence & for any one Period of Insurance
每一宗意外事故及全年之最高賠償額

If cover is required in respect of 如投保內容有關

a) Power-operated Lifts, Hoists or Cranes, please list below 如有電梯、吊機等請詳述

Maximum Number Lifting Capacity 電梯負重	Number of Floors served 層數	Whether passenger or goods 客用電梯或貨用電梯

b) Mobile power-operated Equipment, please give description and numbers. 其他機械設備，請詳述。

Give particulars of all claims made against you during the past three years:

以往三年之賠款記錄

Year 年份	Brief Details of Each Incident 簡述每次意外事故	Cost of Claim Paid 賠償金額	Estimated outstanding 估計未結案之賠償金額

Has any Insurer ever declined a proposal, refused renewal or terminated on insurance?

以往是否曾被其他保險公司拒保、不允續保或取消保單

Yes 是 No 否

Has any Insurer ever required an increased premium or imposed special conditions?

以往是否曾被保險公司增加保費或附加一些特別條款

Yes 是 No 否

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

1. I/We declare that the information given above is true and complete to the best of my knowledge and belief. I/We further declare that all materials affecting the assessment of this application have been disclosed.

本人/我們謹此聲明，根據本人/我們所知及所信，上述所有資料均屬實無訛且事實之全部，並所有能影響是項申請評估的事實因素均已呈報。

2. I/We understand that this application will not become effective until this proposal has been accepted by **TRINITY GENERAL INSURANCE COMPANY LIMITED** and agreed that this Proposal and Declaration shall be the basis of the contract between me/us and **TRINITY GENERAL INSURANCE COMPANY LIMITED**.

本人/我們明白本投保書被三聯保險有限公司接受後保障才正式生效，及同意該投保書和聲明將用作雙方合約之根據。

Signature of Proposer 投保人簽署

Date 日期

投保人聲明

Proposer's Declaration

本人/本公司謹聲明投保書內一切填報之資料皆真實無訛，更絕未作任何事實之隱瞞，一切有關估計承險事項均已提供。

To the best of my/our knowledge and belief, I/we declare that (i) all particulars and statements in this Proposal are true and correct (ii) all material particulars affecting the assessment of the risk have been disclosed.

本人/本公司謹承認本投保書為本人/本公司與三聯保險有限公司訂立此保險契約及以後續約之根據，並願接受保單上所刊載一切條款，並同意上述資料及所答各項若有經由他人繕寫均屬已經本人/本公司認可及授權。

I/We agree that all particulars and statement in this Proposal and the Declaration shall be the basis of the contract between me/us and Trinity General Insurance Company Limited and shall be deemed to be incorporated in such contract, and any renewal thereof which may be agreed, subject to the terms and conditions of the policy issued by the Company. If any particular or answer has been written by anyone other than myself/ourselves, such person shall for the purpose be deemed to be my/our agent and not the agent of the Company.

收集個人資料聲明

Personal Information Collection Statement

閣下提供的資料，為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, cancellations 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.

特約代理商 / 經紀行
Authorized Agent / Broker

Trinity General Insurance Company Limited
三聯保險有限公司

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