



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 10 樓 1001 室
TEL. : 3413 0988 FAX : 2559 7892 Web-site : www.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: From _____ to _____ (Both dates inclusive)
保險期由 _____ 至 _____ (首尾兩天包括在內)

Limit of Indemnity: HK\$ _____
賠償限額 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 No. Lifting Capacity 電梯負重	No. 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

特約代理商 / 經紀行 Authorized Agents / Brokers

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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
Cardholder's Signature _____ 日期
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，並在所有會更改地方簽署。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 is 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為準。
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，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；並可能轉移予現在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 alterations, 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.

