

# 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

### PUBLIC LIABILITY INSURANCE PROPOSAL FORM

### 公眾責任險投保書

Name of Proposer:

保戶名稱 \_\_\_\_\_

Correspondence Address:

通訊地址 \_\_\_\_\_

Business or Trade:

行業 \_\_\_\_\_

Telephone No.:

電話 \_\_\_\_\_

Particulars of work:

工作詳情 \_\_\_\_\_

Location:

工作地點 \_\_\_\_\_

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\$ \_\_\_\_\_ for any one Occurrence 每一宗意外事故

賠償限額 HK\$ \_\_\_\_\_ for any one Period of Insurance 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<br>電梯負重 | Number of Floors served<br>層數 | Whether passenger or goods<br>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

#### Give particulars of all claims made against you during the past three years, whether or not any payment has been made:

#### 以往三年之賠款記錄

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

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

以往是否有被保險公司拒保、推卻續保或終止保單

Yes 是

No 否

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

以往是否被保險公司加收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。

Proposer's Signature

投保人簽署 \_\_\_\_\_

Date

日期 \_\_\_\_\_