



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

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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:

投保項目

Sum Insured (HK\$)

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

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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