



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

PROPERTY ALL RISK PROPOSAL FORM
財產全保投保書

1. Name of Proposer
2. Insured Address
3. Business or Occupation
4. Period of Insurance From to

5. PROPERTY INSURED	SUM INSURED

6. Hire Purchase Owners:

7. Are there any circumstances connected with the risks which would render the Insurance more than normally hazardous?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state particulars _____
8. In respect of the risks you now wish to Insure against:- a) Have you suffered any loss during the past 3 years? b) Have you ever claimed from any Insurer? c) Have you ever been Insured?	Yes No If yes, please state particulars a) <input type="checkbox"/> <input type="checkbox"/> _____ b) <input type="checkbox"/> <input type="checkbox"/> _____ c) <input type="checkbox"/> <input type="checkbox"/> _____
9. In respect of any of the risks you now wish to Insure against has any Insurer: a) Declined to Insure you? b) Refused to renew your Insurance? c) Increased your premium on renewal?	Yes No If yes, please state particulars a) <input type="checkbox"/> <input type="checkbox"/> _____ b) <input type="checkbox"/> <input type="checkbox"/> _____ c) <input type="checkbox"/> <input type="checkbox"/> _____

DECLARATION

I / we hereby apply for Insurance against risks as set out above and I /we declare that the above particulars are true and complete in every respect and that no material fact has been suppressed or withheld. I / we agree that this declaration and the answers given above together with any correspondence relative thereto shall be the basis of the contract between myself / ourselves and the Company and I /we further agree to accept a Policy subject to the usual conditions prescribed by the Company and endorsed on its Policy and to pay the first premium thereunder when called upon to do so.

Proposer's Signature _____ Date _____

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

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