中銀商務綜合保障計劃投保書

BOC Business Comprehensive Insurance Plan Proposal Form

香港中環德輔道中 71 號永安集團大廈 9 樓 9/F., Wing On House, 71 Des Voeux Road Central, Hong Kong. 網址 Website: http://www.bocgroup.com/bocg-ins/ 電話 Tel : 3187 5100

NOTE 備註：

1. 投保人請以英文正楷填寫及在適當方格內加「✓」號。任何答案如有更改，敬請在旁簽署。The proposed Insured has to complete the form in English BLOCK LETTERS and please put a"✓"in the box as appropriate. Any changes to be made should be signed by the proposed Insured.
2. 為保障受保人的利益，若不清楚此投保書需要透露的資料內容，請致電中銀集團保險有限公司 (下稱"中銀集團保險")保險熱線 (852) 3187 5100 查詢。若未能充份透露實情，將會使受保人得不到所需的保障，甚至使保單失效。If you have any doubt on what should be disclosed in this Proposal Form, please contact Bank of China Group Insurance Company Limited (named below as "BOCG Insurance") Hotline (852) 3187 5100 for the interests of the Insured Person. Failure to disclose may mean that the policy will not provide the Insured Person with the coverage required, or may invalidate the policy altogether.
3. 若此投保書所含的內容與保單條款有任何歧異，概以保單為準。In the event that the information contained in this Proposal Form does not conform to the terms in any policy issued, the policy terms shall prevail.
4. 此投保書申請一經被接納後，您的保單將會每年自動續保。Once the application for this proposal form is accepted, your policy will be automatically renewed each year.
5. 「中銀商務綜合保障計劃」 (下稱"本計劃")由中銀集團保險承保。"BOC Business Comprehensive Insurance Plan" (named below as "this Plan") is underwritten by BOCG Insurance.
6. 中國銀行（香港）有限公司、南洋商業銀行有限公司、集友銀行有限公司、中銀信用卡(國際)有限公司及其他代理銀行（各稱為"代理銀行/代理"）以中銀集團保險的委任保險代理身份分銷本計劃，本計劃為中銀集團保險的產品，而非代理銀行/代理的產品。Bank of China (Hong Kong) Limited, Nanyang Commercial Bank, Limited, Chiyu Banking Corporation Limited, BOC Credit Card (International) Limited and other agent banks (each an " agent Bank/agent") are the appointed insurance agents of BOCG Insurance for distribution of this Plan. This Plan is a product of BOCG Insurance but not the agent Bank/agent.
7. 對於代理銀行/代理與客戶之間因銷售過程或處理有關交易而產生的合資格爭議(定義見金融糾紛調解計劃的金融糾紛調解中心職權範圍)，代理銀行/代理須與客戶進行金融糾紛調解計劃程序；而有關本計劃的合約條款的任何爭議，應由中銀集團保險與客戶直接解決。In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between the agent Bank/agent and the customer out of the selling process or processing of the related transaction, the agent Bank/agent is required to enter into a Financial Dispute Resolution Scheme process with the customer; however any dispute over the contractual terms of this Plan should be resolved between directly BOCG Insurance and the customer.

投保公司資料 Details of the proposed Insured Company

公司名稱 Name of Company:			電子郵箱 E-mail:
通訊地址 Correspondence Address:			
聯絡人姓名及職位 Name of Contact Person & Position:		聯絡電話 Contact No.:	傳真號碼 Fax No. :
承保期 Period of Insurance:	由 From	至 To	(日 D /月 M /年 Y) 首尾兩日包括在內 Both dates inclusive

投保資料 Insured information：

投保地點 Insured Premises	編號 No. (1) ：			編號 No. (2)：		
用途 Occupied As	☐ 辦公室 Office	☐ 商舖 Shop		☐ 辦公室 Office	☐ 商舖 Shop	
業務性質 Nature of Business						
商業登記證[1] Business Registration[1]						
投保計劃 Insured Plan	☐ 計劃 Plan 1	☐ 計劃 Plan 2	☐ 計劃 Plan 3	☐ 計劃 Plan 1	☐ 計劃 Plan 2	☐ 計劃 Plan 3

☐ 超過 2 個投保地點 More than 2 Insured Premises (如超過 2 個投保地點需要辦公室或商舖基本保障；及/或需要樓宇及/或存貨自選保障，請於本投保書第 3 頁內填上須增加的有關資料。If more than 2 Insured Premises require Office or Shop Basic cover; and/or Buildings and/or Stock required Optional cover, please fill in the additional details in Pg.3 of this Proposal Form.

保障資料 INSURED DETAILS

I. 基本保障 Basic Coverage

	計劃 Plan 1		計劃 Plan 2		計劃 Plan 3		合計 Total (HK$)	
	投保地點總數 Total Insured Premises	保費 Premium	投保地點總數 Total Insured Premises	保費 Premium	投保地點總數 Total Insured Premises	保費 Premium	投保地點總數 Total Insured Premises	全年保費 Annual Premium
☐ 辦公室 Office		$1,150		$2,000		$2,700		
☐ 商舖 Shop		$1,500		$2,300		$3,300		

II. 自選保障 Optional Coverage

1. ☐ 僱員補償[2] Employee's Compensation[2]

僱員類別 Type of Employee	僱員人數 No. of Employees	全年總收入 Total Annual Earnings (HK$)	費率 Rate 香港 Hong Kong	費率 Rate 全球 Worldwide	全年保費 Annual Premium (HK$)
(i) 1. 一般文職 Clerical staff			☐ 0.2%	☐ 0.3%	
2. 私家車司機 Private car drivers			☐ 0.3%	☐ 不適用 N/A	
3. 一般銷售員 Sales staff			☐ 0.4%	☐ 0.5%	
4. 需切割及操作小型機器的銷售員 Sales staff (include cuttings and operate small machines)			☐ 1%	☐ 1.15%	
5. 送貨工人及司機(不包括往來碼頭或地盤) Delivery workers & drivers (exclude to and from dock or construction sites)			☐ 0.5%	☐ 0.6%	
6. 其他類別 Other Types (請註明 Please specify:_____)			另議 Negotiate		
				小計 Sub-total：	
(ii) 政府徵款 Government Levy (10.8%)					
				合計 Total：	

2. ☐ 樓宇 Buildings (限於 40 年樓齡以內 applicable to buildings within 40 years old only)

投保地點 Insured Premises (請填寫編號 Please fill in the No.)	投保額 Sum Insured (HK$)	商場及商業大廈費率 Shopping mall & commercial buildings rate	工業大廈費率 Industrial buildings rate	全年保費 Annual Premium (HK$)
編號 No.		☐ 0.07%	☐ 0.1%	
編號 No.		☐ 0.07%	☐ 0.1%	
所有受保地點為(請填寫編號)All Insured Premises are (please fill in the No(s)):			合計 Total：	

3. ☐ 存貨 Stock

投保地點 Insured Premises (請填寫編號 Please fill in the No.)	投保額 Sum Insured (HK$)	辦公室費率 Office Rate	商舖費率 Shop Rate	全年保費 Annual Premium (HK$)
編號 No.		☐ 0.2%	☐ 0.3%	
編號 No.		☐ 0.2%	☐ 0.3%	
所有受保地點為(請填寫編號) All Insured Premises are (please fill in the No(s)):			合計 Total：	
請詳列額外存貨資料 Please provide the detailed information for the additional stock：				

III. 全年總保費[3] (基本 + 自選保障 1, 2 & 3) Total Annual Premium[3] (Basic + Optional Coverage 1 , 2 & 3)： **HK$** _____

註 Remarks:

1. 請將已填妥的投保書連同商業登記證副本一併交回「中銀集團保險有限公司」(下稱 "中銀集團保險")。Please submit the completed proposal form together with a copy of Business Registration to "Bank of China Group Insurance Company Limited" (named below as "BOCG Insurance").
2. 僱員補償自選保障的費率並未包括政府徵款、恐怖活動保障費用及保險公司(僱員補償)無力償債管理局供款。3 項徵費由 2010 年 7 月 1 日起，分別為保費之 5.8%、3%及 2%，並將不時作出修訂。The premium rate for Employees' Compensation Optional Coverage has not yet included the Government Levy, Government Terrorism Facility Charge and Employees' Compensation Insurer Insolvency Bureau Contribution. As from 1 July 2010 the 3 levies are quoted at 5.8%, 3% and 2% of the respective premium and is subject to change from time to time.
3. 如中途終止保單，需繳付每份保單 HK$500 的最低保費。如保單同時投保僱員補償自選保障，需繳付每份保單 HK$1,000 的最低保費(並未包括政府徵款、恐怖活動保障費用及保險公司(僱員補償)無力償債管理局供款)。If you terminate the policy before expiry, you are required to pay a minimum premium of HK$500 per policy. If Employees' Compensation Optional Coverage is also insured, you are required to pay a minimum premium of HK$1,000 per policy (Government Levy, Government Terrorism Facility Charge and Employees' Compensation Insurer Insolvency Bureau Contribution not yet included).

保 險 紀 錄 INSURANCE HISTORY

1. 貴公司在過去 3 年曾否就同類保險要求索償？若是，請詳加說明。Have your company ever filed any claim of the same type of insurance in the past 3 years? If yes, please give details._____ 是 YES ☐ 否 NO ☐
2. 貴公司在投保或續保同類保險時曾否被拒絕及/或附加任何條款及/或繳付額外保費及/或被取消有關保單？若是，請詳加說明。Have your company ever been declined and/or imposed special terms and conditions and/or paid additional premium and/or cancelled when applying or renewing the same type of insurance. If yes, please give details._____ 是 YES ☐ 否 NO ☐
3. 投保的辦公室及/或商舖並非由貴公司單獨佔用？若是，請詳加說明。Is the insured office and / or shop not solely occupied by your company? If yes, please give details._____ 是 YES ☐ 否 NO ☐

聲 明 DECLARATION

1. 本公司謹此聲明投保的辦公室及/或商舖只用作商業用途，並無進行製造業及/或有關的程序，辦公室及/或商舖包括屋頂，全用磚石或三合土建成並經常維修適宜營業。Our company declares that the insured office and / or shop is occupied by our company for business use and no processing and/or manufacturing of any kind is carried out within the office and / or shop and is built of brick or concrete and roofed with concrete, and is in good state of repair.
2. 本公司謹此聲明於本投保書之陳述乃真確無訛，可作為本公司與中銀集團保險訂立契約之基礎，並明白如資料錯誤或不詳盡或有任何訛騙或資料失實，保單將會作廢。本公司謹此聲明，本投保書是在香港特別行政區內簽署。本公司同意中銀集團保險保留一切有關投保書接納與否之權利，並明白必須待中銀集團保險接納本投保書及已繳付保費後，保障才能生效。Our company declares that the information stated in this Proposal Form is true and complete and will form the basis of the contract between our company and BOCG Insurance and understands that if any information stated is untrue or incomplete or in case of fraud or factual misrepresentation, the policy shall be null and void. Our company declares that this Proposal Form is applied and signed in HKSAR. Our company agrees that BOCG Insurance reserves the right to accept or decline our application and understands that the insurance will not be in force unless this Proposal Form has been accepted by BOCG Insurance and the premium has been paid.
3. 本公司明白本公司提供的資料為中銀集團保險提供保險業務所需，並可能使用於下列目的：Our company understands that the information provided by us to BOCG Insurance is collected to enable BOCG Insurance to carry on insurance business and may be used for the purpose of:
   (1) 處理及審批本公司的保險申請或本公司將來提交的保險申請 processing and evaluating the insurance application and any future insurance application that our company may make；
   (2) 執行本公司保單的行政工作及提供與本公司保單相關的服務 administering our company's insurance policy and providing services in relation to our company's insurance policy;
   (3) 分析或調查、處理及支付本公司保單有關的索償 analysis or investigating, processing and paying claims made under our company's insurance policy;
   (4) 發出繳交保費通知及向本公司收取保費及欠款 invoicing and collecting premiums and outstanding amounts from our company;
   (5) 任何與保險有關的產品或服務的任何更改、變更、取消或續期 any alterations, variations, cancellation or renewal of any insurance related product or service;
   (6) 就以上用途聯絡本公司 contacting our company for any of the above purposes;
   (7) 中銀集團保險行使任何代位權 exercising any right of subrogation by BOCG Insurance;
   (8) 其它與上述用途有直接關係的附帶用途 other ancillary purposes which are directly related to the above purposes;及 and
   (9) 遵循適用法律，條例及業內守則及指引 complying with applicable laws, regulations or any industry codes or guidelines.

中銀集團保險亦可因應上述用途將受保人的個人資料移轉予下列各方 BOCG Insurance may disclose the Insured Person's personal data for the above purposes to the following classes of transferees:

a. 就上述用途，向中銀集團保險提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問(包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist BOCG Insurance to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
b. 處理索賠個案的理賠師、理賠調查員及醫療顧問 in the event of a claim, loss adjudicators, claims investigators and medical advisors;
c. 追討欠款的收數公司或索償代理 in the event of default, debt collectors and recovery agents;
d. 保險資料服務公司及信貸資料服務公司 insurance reference bureaus or credit reference bureaus;
e. 再保公司及再保經紀 reinsurers and reinsurance brokers;
f. 本公司的保險經紀（若有）Our company's insurance broker (if our company have one);
g. 中銀集團保險的法律及專業業務顧問 BOCG Insurance's legal and professional advisors;
h. 中銀集團保險的關連公司(以《公司條例》內的定義為準) BOCG Insurance's related companies (as that term is defined in the Companies Ordinance);

i. 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」)及其會員，以達到任何上述或有關目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能 any association, federation or similar organization of insurance companies ("Federation") and its members that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;

j. 透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的 any member(s) of the "Federation" by the "Federation" for any of the above or related purposes;

k. 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或索償或調查或其他服務提供者，以達到任何上述或有關目的 any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;

l. 保險索償投訴局及同類的保險業機構 the Insurance Claims Complaints Bureau and similar industry bodies;及 and

m. 法例要求或許可的政府機關 government agencies and authorities as required or permitted by law.

本公司在此授權中銀集團保險可向「聯會」從保險業內收集的資料中查閱及/或核對受保人任何資料 BOCG Insurance is hereby authorized to obtain access to and/or to verify any of the Insured Person's data with the information collected by the Federation from the insurance industry.

此外，經本公司同意，中銀集團保險可能會以其它方式使用及披露受保人的個人資料 Moreover, BOCG Insurance may also use and disclose the Insured Person's personal data otherwise with our company's consent.

本公司有權查閱及要求更正由中銀集團保險持有有關受保人的個人資料。如有需要，可向中銀集團保險法律與合規部提出 (電話：2867 0888，傳真：3906 9939) Our company has the right to obtain access to and to request correction of any personal information concerning the Insured Person(s) held by BOCG Insurance. Requests for such access can be made to BOCG Insurance's Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).

投保公司負責人簽署(連公司蓋印) Signature of responsible person of the proposed Insured Company (including Company Chop)

香港 H.K./
簽署地及日期 Signed Place and Date

本投保書在未被同意受保前，中銀集團保險不負任何責任。
The BOCG Insurance has no liability whatsoever before the application for insurance in this Proposal Form is accepted.

付款方法及授權書 PAYMENT METHOD AND AUTHORIZATION FORM

A. ☐ 以現金/支票支付保費（劃線支票抬頭寫：**中銀集團保險有限公司**）Pay in Cash/Cheque (Please make your cheque payable: **Bank of China Group Insurance Company Limited**).

B. ☐ 以銀行戶口/商務信用卡支付保費，填妥下列直接付款授權書 For Bank Account/Business Credit Card payment, complete the following Direct Debit Authorization form:

☐ 1.中國銀行(香港)/南洋商業銀行/集友銀行戶口號碼 Bank of China (Hong Kong)/Nanyang Commercial Bank/Chiyu Bank Account No.:

0 3 9 ____ ____

- 本人/本公司授權**「中國銀行(香港）」**或**「南洋商業銀行」**或**「集友銀行」**或**「中銀集團保險有限公司」**從本人/本公司上述銀行戶口號碼扣取「中銀商務綜合保障計劃」應繳付的保費，包括首年保費及其後背書所更改的保費以及每個新保單年度續保保費(除非本人/本公司有進一步的書面通知)。I/We hereby authorize the **"Bank of China (Hong Kong)"** or **"Nanyang Commercial Bank, Limited"** or **"Chiyu Banking Corporation Limited"** or **"Bank of China Group Insurance Company Limited"** to debit my/our Bank Account No. specified above for payment of premium under the "BOC Business Comprehensive Insurance Plan", including initial annual premium and subsequent revised premium by endorsement(s) and all renewal premiums for each policy year. (unless further written notice from me).
- 倘由於銀行戶口扣賬而引致本人/本公司之上述賬戶出現透支(或令現時之透支增加)，本人/本公司願個別承擔全部責任。另若上述銀行戶口並無足夠款項支付該等授權扣付保費時，本人/本公司之銀行亦有權不予扣賬，且銀行可向本人/本公司收取慣常之收費。 I/We accept full responsibility for any overdraft (or increase in existing overdraft) on my/our above Bank Account which may arise as a result of the account debit. I/We further agree that should there be insufficient funds in my/our Bank Account to meet any transfer hereby authorized, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us.
- 本人/本公司同意，本人/本公司取消或更改本授權書之任何通知，須於取消或更改生效日最少兩個工作天之前交予本人/本公司之銀行，並須同一時間將該通知交予**「中銀集團保險有限公司」**。 I/We agree that any notice of cancellation or variation of this authorization which I/We may give to my Bank shall be given at least two working days prior to the date on which such cancellation or variation is to take effect and at the same time such notice shall be given to **"Bank of China Group Insurance Company Limited"**.

☐ 2. 商務信用卡號碼 Business Credit Card number :

____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

☐ Visa ☐ Master 有效期至 Valid Through : ☐☐☐☐ 年 Year ☐☐ 月 Month

- 本人/本公司授權**「中國銀行(香港）」**或**「南洋商業銀行」**或**「集友銀行」**或**「中銀集團保險有限公司」**從本人/本公司上述信用卡戶口號碼扣取「中銀商務綜合保障計劃」應繳付的保費，包括首年保費及其後背書所更改的保費以及每個新保單年度續保保費(除非本人/本公司有進一步的書面通知)。 I/We hereby authorize the **"Bank of China (Hong Kong)"** or **"Nanyang Commercial Bank, Limited"** or **"Chiyu Banking Corporation Limited"** or **"Bank of China Group Insurance Company Limited"** to debit my/our Credit Card No. specified above for payment of premium under the "BOC Business Comprehensive Insurance Plan", including initial annual premium and subsequent revised premium by endorsement(s) and all renewal premiums for each policy year. (unless further written notice from me).

銀行戶口/商務信用卡持有人姓名
Name of Bank Account/ Business Credit Card Holder

銀行戶口/商務信用卡持有人簽署
Signature of Bank Account/ Business Credit Card Holder ◆

S.V.

日期
Date

◆ 簽署須與上述扣賬銀行戶口/商務信用卡簽署式樣相同。如付款戶口為聯名戶口，各戶口持有人均需在此簽署。(Signature should be the same as the specimen signature on Bank Account/Business Credit Card specified above. If the Account to be debited is a joint Account, all Account holders shall sign here.)

銀行代理專用 FOR BANK USE ONLY			**保險公司專用 FOR OFFICE USE ONLY**
經辦編號 Staff No.	保險中介人編號 Agent No.	轉介單位編號 Transfer Unit No.	保單編號 Policy No.
經辦姓名 Staff Name	經辦單位編號 Unit No.	轉介人編號 Transfer Staff No.	經辦人 Handled By
經辦聯絡電話 Staff Contact No.	CIN 號碼 CIN No.	交易號碼 TX No.	覆核人 Checked By

超過 2 個投保地點的附加資料 Additional details for more than 2 Insured Premises ：

I. 基本保障 Basic Coverage

投保資料 Insured information：				
投保地點 Insured Premises	編號 No. (3)			
用途 Occupied As	☐ 辦公室 Office		☐ 商舖 Shop	
業務性質 Nature of Business		商業登記證 [1]Business Registration[1]		
投保計劃 Insured Plan	☐ 計劃 Plan 1	☐ 計劃 Plan 2		☐ 計劃 Plan 3

投保資料 Insured information：				
投保地點 Insured Premises	編號 No. (4)			
用途 Occupied As	☐ 辦公室 Office		☐ 商舖 Shop	
業務性質 Nature of Business		商業登記證 [1]Business Registration[1]		
投保計劃 Insured Plan	☐ 計劃 Plan 1	☐ 計劃 Plan 2		☐ 計劃 Plan 3

投保資料 Insured information：				
投保地點 Insured Premises	編號 No. (5)			
用途 Occupied As	☐ 辦公室 Office		☐ 商舖 Shop	
業務性質 Nature of Business		商業登記證 [1]Business Registration[1]		
投保計劃 Insured Plan	☐ 計劃 Plan 1	☐ 計劃 Plan 2		☐ 計劃 Plan 3

投保資料 Insured information：				
投保地點 Insured Premises	編號 No. (6)			
用途 Occupied As	☐ 辦公室 Office		☐ 商舖 Shop	
業務性質 Nature of Business		商業登記證 [1]Business Registration[1]		
投保計劃 Insured Plan	☐ 計劃 Plan 1	☐ 計劃 Plan 2		☐ 計劃 Plan 3

投保資料 Insured information：				
投保地點 Insured Premises	編號 No. (7)			
用途 Occupied As	☐ 辦公室 Office		☐ 商舖 Shop	
業務性質 Nature of Business		商業登記證 [1]Business Registration[1]		
投保計劃 Insured Plan	☐ 計劃 Plan 1	☐ 計劃 Plan 2		☐ 計劃 Plan 3

II. 自選保障 Optional Coverage

樓宇 Buildings

投保地點 Insured Premises (請填寫編號 Please fill in the No(s)	投保額 Sum Insured (HK$)	商場及商業大廈費率 Shopping mall & commercial buildings rate	工業大廈費率 Industrial buildings rate	全年保費 Annual Premium (HK$)
編號 No.		☐ 0.07%	☐ 0. 1%	
編號 No.		☐ 0.07%	☐ 0. 1%	
編號 No.		☐ 0.07%	☐ 0. 1%	
編號 No.		☐ 0.07%	☐ 0. 1%	
編號 No.		☐ 0.07%	☐ 0. 1%	

存貨 Stock

投保地點 Insured Premises (請填寫編號 Please fill in the No(s)	投保額 Sum Insured (HK$)	辦公室費率 Office Rate	商舖費率 Shop Rate	全年保費 Annual Premium (HK$)
編號 No.		☐ 0.2%	☐ 0.3%	
編號 No.		☐ 0.2%	☐ 0.3%	
編號 No.		☐ 0.2%	☐ 0.3%	
編號 No.		☐ 0.2%	☐ 0.3%	
編號 No.		☐ 0.2%	☐ 0.3%	