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## 辦公室綜合保險投保書

# Office Package Insurance Proposal Form

保險顧問 Insurance Adviser \_\_\_\_\_ 保單編號 Policy No. (只供內部使用) (For Office Use Only) \_\_\_\_\_  
(請用正楷填寫。) (Please use block letters.)

投保者資料 Details of Proposer			
投保者名稱 Name of Proposer			
投保辦公室地址 Address of Insured Premises	用途為 Occupied as	辦公室 Office	
	行業 Business / Trade		
電話號碼 Telephone No.	傳真號碼 Fax No.		
投保期 Period of Insurance	由 From	/	至 To
	日dd	月mm	年yy
			日dd
			月mm
			年yy
保險項目 Section			
1. 財物保險 Material Damage	類別一 Item 1 - 裝修及設備 Contents	投保金額 Sum Insured HK\$	_____
	類別二 Item 2 - 存貨 Stock in Trade	投保金額 Sum Insured HK\$	_____
	類別三 Item 3 - 樓宇結構 Building	投保金額 Sum Insured HK\$	_____
2. 業務影響保險 Business Interruption	額外支出 Additional Expenditure	如小冊子所述 As per leaflet	
3. 金錢保險 Money	補償上限 Limits of Indemnity	如小冊子所述 As per leaflet	
4. 公眾責任保險 Public Liability	補償上限 Limits of Indemnity	如小冊子所述 As per leaflet	
5. 僱員補償保險 Employees' Compensation	補償上限 Limits of Indemnity	如小冊子所述 As per leaflet	
(如選擇投保項目5 - 僱員補償保險, 請申報以下資料。)(Please complete the following if you take this Section 5 - Employees's Compensation.)			
僱員分類 Occupation of Employees	僱員人數 No. of Employees	估計全年所有收入總數* Estimated Total Annual Earnings*	
戶內工作之文職僱員(如文書或行政人員) Indoor Staff (e.g. Clerical Staff or Executives)		HK\$	
戶外工作之文職僱員(如銷售員或市場推廣員) Outdoor Staff (e.g. Sales Staff or Marketing Executives)		HK\$	
其他 (請說明) Others (please specify)		HK\$	
* 收入包括: 所有薪金、花紅、小費、超時工作薪酬、佣金及其他各項津貼。 * Earnings include all salaries, wages, bonuses, tips, overtime payments, commissions and other special remuneration or incomes.			
閣下之僱員是否需要在香港以外地方工作? Do you have staff or employees who are or will be working outside Hong Kong? (如「是」, 請列出詳情。)(if "yes", please specify.)			
<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes _____			
過往保險及意外的資料 Past Experience and Insurance History			
(請在適當方格內加上「√」。如「是」, 請列出詳情。)(Please tick the appropriate boxes. If "yes", please give details.)			
1. 閣下之辦公室曾否被任何保險公司拒絕投保申請, 取消保單或拒絕續保, 或須附加特別條款始能被接納? Has any insurance company declined your proposal, cancelled or refused to renew your policy, or imposed special terms and conditions for the insurance? <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes _____			
2. 閣下於過往三年內, 曾否因辦公室業務運作發生意外而引致財物損失或損毀、或第三者法律責任? Has there been any loss, damage, liability or accident arising from your office operation during the last 3 years? <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes _____			
3. 閣下之僱員於過往三年內曾否因工作受傷或死亡? Has there been any bodily injury sustained by your staff or employees during the last 3 years? <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes _____			
聲明 Declarations			
1. 本人/吾等謹此聲明此投保書之資料, 均就本人/吾等所知, 全部正確無訛, 一切影響評估風險之資料, 亦已申報。 I/We hereby declare that the information given above is true and complete to the best of my/our knowledge and believe that all material information affecting the assessment of this application have been disclosed.			
2. 本人/吾等明白此投保書在忠意保險有限公司(以下簡稱「忠意保險」)接納後, 保險契約始正式生效。本人/吾等並同意此投保書及聲明為本人/吾等與忠意保險雙方契約之根據。 I/We understand that this insurance will not become effective until this Proposal Form has been accepted by Assicurazioni Generali S.p.A. (hereinafter referred to as "Generali") and agree that the Proposal Form and Declarations will be the basis of the contract between me/us and Generali.			
3. 本人/吾等同意將發給所有僱員之全年收入(包括: 薪金、雙糧、花紅、佣金及其他收入等)完整記錄及保存下來; 更於每段保險期屆滿時, 將列明所有僱員全年收入(包括: 薪金、雙糧、花紅、佣金及其他收入等)之清單交予忠意保險。如所有僱員全年收入實數多於現時所估計之收入總數, 本人/吾等願意繳付額外之保費。 I/We agree to keep a proper book of salaries, wages, commissions or other earnings and to render, at the end of each Period of Insurance, a statement in the form required by Generali of all salaries, wages, commissions or other earnings actually paid and to pay additional premium on any salaries, wages, commissions or other earnings in excess of the amounts estimated herein.			
4. 申請人明白、確知及同意, 忠意保險有限公司會就申請人購買及接受其簽發的保單, 於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體, 代表申請人簽署的獲授權人員須向忠意保險有限公司確認他/她已獲該法人團體授權。 申請人亦明白忠意保險有限公司必須取得申請人以上的同意, 才可以處理其保險申請。 The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Assicurazioni Generali S.p.A., Assicurazioni Generali S.p.A. will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Assicurazioni Generali S.p.A. that he or she is authorized to do so. The applicant further understands that the above agreement is necessary for Assicurazioni Generali S.p.A. to proceed with the application.			
投保者簽署及公司蓋印 Signature of Proposer and Company Chop			日期 Date

## 收集個人資料聲明

a) 閣下須不時向忠意保險有限公司香港分行（「本公司」）提供關於閣下自己、保單持有人、受保人、受益人、索償人及/或其他有關人士的資料（「個人資料」），以讓本公司為閣下提供保險及/或相關產品與服務，處理經由本公司發出及/或安排的保單之下的索償事宜，及/或處理閣下提出的任何或所有其他要求、查詢和投訴。

b) 閣下是自願向本公司提供個人資料的。然而，若閣下未能提供個人資料，可能導致本公司不能夠為閣下提供保險及/或相關產品與服務，處理經由本公司發出及/或安排的保單之下的索償事宜，及/或處理閣下提出的任何或所有其他要求、查詢和投訴。

c) 個人資料可被用於以下用途：i) 處理（包括但不限於承保）及/或審批保險及/或相關產品與服務的申請，以及該等產品與服務的任何附加、更改、變更、取消、續期及/或復效；ii) 管理經由本公司發出及/或安排的保單；iii) 處理（包括但不限於調查、分析、評估和裁定）及/或理賠經由本公司發出及/或安排的保單之下的索償事宜；iv) 如適用的話，行使代位權；v) 向客戶追收尚欠金額（如有）；vi) 經由本公司發出及/或安排的保單之下審判共同保險及/或再保險；vii) 透過電話、郵件、電郵、傳真及其他通訊方式與客戶通訊；viii) 客戶服務（包括但不限於處理查詢和投訴）、推銷，以及其他相關活動；ix) 進行資料核對程序；x) 設計保險及/或相關產品與服務供客戶使用；xi) 推銷本公司及/或本公司的關聯公司（包括但不限於本集團的公司、母公司、本母公司的信託公司（該等關聯公司在下文合稱為「關聯公司」））的保險及/或其他相關產品與服務；xii) 就閣下事前訂明的同意（如有）約束之下，直接促銷保險及/或其他相關產品與服務，而閣下可在任何時間知會本公司以行使撤回同意的權利；xiii) 本公司、關聯公司、相關的保險業協會或聯會、監管當局、政府部門及/或其他法定監管機構的統計或精算研究；xiv) 遵從任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及本公司及/或關聯公司應要遵守的任何其他有關規定，包括但不限於披露有關資料；及xv) 實現上述(i)至(xiv)直接有關的任何其他用途。

d) 由本公司持有的個人資料將受到保密，但本公司可依據以上(c)段所列的用途向以下各方（不論在香港特別行政區境內還是境外）提供個人資料，事前無須知會閣下及/或該等個人資料所涉及的任何其他有關人士：i) 就本公司的業務營運向本公司提供行政、電訊、電腦、付款、推銷、調查、諮詢及/或其他服務的代理人、中介人、索償調查公司、共同保險公司、再保險公司、第三方服務提供商、銀行及信用卡公司、健康及醫療機構、專業顧問、承包商、業務夥伴及/或任何其他有關各方，以適用者為準；ii) 相關的保險業協會或聯會，及/或該等協會或聯會的成員；iii) 本公司及/或關聯公司的海外辦事處或分行，以適用者為準；iv) 根據任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及應要遵守的任何其他有關規定之下，本公司及/或關聯公司負有義務須向其作出披露的人士；v) 根據對本公司及/或關聯公司有約束力的任何法律之下，本公司及/或關聯公司須向其提供資料的任何法院、監管當局、政府部門或其他法定監管機構（包括但不限於稅務局）；vi) 本公司的合法繼承人或受讓人；及vii) 對本公司及/或關聯公司負有保密責任的人士。

e) 本公司可使用由相關的保險業協會或聯會及/或該等協會或聯會的成員所收集及發放或轉移的資料，來核實任何或所有個人資料。

f) 根據《個人資料（私隱）條例》：i) 任何人士均有權：A) 查詢本公司有沒有持有其資料，如有的話，可取得一份該等資料；B) 要求本公司改正其任何不正確的個人資料；及C) 查明關於本公司的個人資料政策和處理常規，並可獲通知有關本公司所持個人資料的種類；及ii) 本公司有權就處理任何查閱個人資料的要求之下收取合理的費用。

g) 如欲查閱及/或改正個人資料及/或查詢關於本公司的政策和處理常規及所持個人資料的種類，請向以下人員提出要求：個人資料保護主任 忠意保險有限公司香港分行 香港皇后大道東8號忠意集團大廈5樓

## Personal Information Collection Statement

a) From time to time, it is necessary for you to supply Assicurazioni Generali S.p.A., Hong Kong Branch (the "Company") with data about yourself(ies), policy/holder(s), life insured(s), beneficiary(ies), claimant(s), and/ or other relevant individuals (the "Personal Data") in connection with the provision of insurance and/ or related products and services to you, the processing of claims under insurance policies issued and/ or arranged by the Company, and/ or the processing of any or all other requests, enquiries and complaints from you.

b) Provision of the Personal Data to the Company by you is voluntary. However, failure to supply the Personal Data may result in the Company being unable to provide insurance and/ or related products and services to you, process claims under insurance policies issued and/ or arranged by the Company, and/ or process any or all other requests, enquiries, or complaints from you.

c) The purposes for which the Personal Data may be used are as follows: i) processing (including, without limitation, underwriting) and/ or approving applications for insurance and/ or related products and services, and any addition, alteration, variation, cancellation, renewal and/ or reinstatement of such products and services; ii) administering insurance policies issued and/ or arranged by the Company; iii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and/ or settlement of claims under insurance policies issued and/ or arranged by the Company; iv) exercising rights of subrogation, if applicable; v) collection of amounts outstanding (if any) from customers; vi) arranging coinsurance and/ or reinsurances in respect of the insurance policies issued and/ or arranged by the Company; vii) communicating with customers via telephone, mail, e-mail, facsimile and other communication means; viii) customer services (including, but not limited to, processing enquiries and complaints), marketing, and other related activities; ix) conducting data matching procedures; x) designing insurance and/ or related products and services for customers' use; xi) marketing insurance and/ or other related products and services of the Company and/ or its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the Company's parent company (hereinafter such affiliated companies are collectively referred to as the "Affiliated Companies")); xii) direct marketing of insurance and/ or other related products and services subject to your prior prescribed consent (if any), and you can exercise the right of opt-out by notifying the Company at any time; xiii) statistical or actuarial research of the Company, its Affiliated Companies, relevant insurance industry associations or federations, supervisory authority, government department and/ or other competent authority; xiv) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company and/ or its Affiliated Companies are expected to comply with, including, without limitation, making disclosures of the relevant information; and xv) fulfilling any other purposes directly relating to i) to (xiv) above.

d) The Personal Data held by the Company shall be kept confidential, but the Company may provide the Personal Data to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/ or any other relevant individuals to whom the Personal Data is related: i) agents, intermediaries, claims investigation companies, coinsurance companies, reinsurance companies, third party service providers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and/ or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/ or other services to the Company in connection with the operation of its business; ii) relevant insurance industry associations or federations, and/ or members of such industry associations or federations; iii) overseas locations or branches, as appropriate, of the Company and/ or its Affiliated Companies; iv) persons to whom the Company and/ or its Affiliated Companies are under an obligation to make disclosure under the requirements of any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company and/ or its Affiliated Companies are expected to comply with; v) any court, supervisory authority, government department or other competent authority (including, without limitation, tax authority) under any laws binding on the Company and/ or its Affiliated Companies; vi) lawful successors or assigns of the Company; and vii) persons who owe a duty of confidentiality to the Company and/ or its Affiliated Companies.

e) The Company may verify any or all of the Personal Data by using information collected and released or transferred by relevant insurance industry associations or federations, and/ or members of such industry associations or federations.

f) In accordance with the Personal Data (Privacy) Ordinance: i) any individual has the right to: A) check whether the Company holds data about him/ her and, if so, obtain a copy of such data; B) require the Company to correct any data relating to him/ her that is inaccurate; and C) ascertain the Company's policies and practices in relation to data and to be informed of the kind of data held by the Company; and ii) the Company has the right to charge a reasonable fee for the processing of any data access request.

g) The person to whom requests for access to data and/ or correction of data and/ or for information regarding policies and practices and kinds of data held are to be addressed as follows: Personal Data Protection Officer, Assicurazioni Generali S.p.A.: Hong Kong Branch, 5/F, General Tower, 8 Queen's Road East, Hong Kong.

## 使用及提供個人資料作直接促銷

(本節條文是組成「收集個人資料聲明」的一部分。)

1) 個人資料，包括但不限於，姓名、聯絡的詳細資料、其他產品及服務組合資料、交易模式及行為、財務背景及人口統計資料可被用作於直接促銷：i) 本公司及關聯公司的保險及/或其他相關產品與服務；ii) 本公司跟聯名品牌夥伴的保險及/或其他相關產品與服務（聯名品牌夥伴之名稱將載於相關產品及服務的申請表、建議書、宣傳小冊子及/或廣告單張/海報，以適用者為準）及/或本公司所選定的第三方；iii) 本公司、關聯公司及聯名品牌夥伴的獎賞、忠誠及/或優惠項目/計劃。

2) 就以上1)段所述的用途，個人資料亦可被提供予本公司的關聯公司、聯名品牌夥伴及本公司所選定的第三方服務提供商，包括但不限於，客戶服務中心。

3) 本公司須閣下允許（包括表示不反對）本公司可按照本節條文所述的用途使用個人資料。若閣下不希望本公司使用或向第三方提供個人資料作直接促銷用途，閣下可於下方行使退出權利或於日後任何時間知會本公司。

如閣下不同意個人資料用作下列直接促銷用途，請在以下方格內加上剔號（"/"）：

本人/我們不允許貴公司向本文所述的第三方提供個人資料作直接促銷用途。

本人/我們不允許貴公司使用個人資料作直接促銷用途。

(若閣下沒有在方格內加上剔號但簽署本表格/文件，閣下會被視之為不反對（即閣下允許）本公司使用或向第三方提供個人資料作直接促銷用途。)

附註：本收集個人資料聲明的英文及中文版本之間如有任何歧義，概以英文版本為準。

聲明：本人/我們確認，本人/我們已獲提供一份由忠意保險有限公司香港分行（「忠意保險」）發出的收集個人資料聲明（「該聲明」）。本人/我們確認已經閱讀並且明白該聲明。本人/我們同意忠意保險可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理本人/我們的個人資料。本人/我們進一步確認，本人/我們已獲得受保人和任何其他有關人士（如適用的話）的明示同意，可以按照該聲明所述的用途將他們的個人資料提供給忠意保險，並允許忠意保險可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理該等個人資料。

## Use and Provision of Personal Data in Direct Marketing

(This section forms part of the Personal Information Collection Statement.)

1) The Personal Data, including but not limited to, name, contact details, other products and services portfolio information, transaction pattern and behavior, financial background and demographic information may be used for the purpose of direct marketing: i) insurance and/ or other related products and services of the Company and its Affiliated Companies; ii) insurance and/ or other related products and services of the Company's co-branding partners (the names of such co-branding partners can be found in the application form(s), proposals, brochures and/ or advertising leaflet(s)/ poster(s) for the relevant products and services, as appropriate) and/ or third parties selected by the Company; iii) reward, loyalty and/ or privileges programs/ plans of the Company, its Affiliated Companies and co-branding partners.

2) The Personal Data may also be provided to the Company's Affiliated Companies, co-branding partners and third party service providers selected by the Company for the purpose set out in paragraph (1) above, including, without limitation, call centres.

3) The Company requires your consent (which includes an indication of no objection) to the use of Personal Data for the purpose set out in this section. If you do not wish the Company to use or provide to other parties the Personal Data for the purpose of direct marketing, you may exercise the opt-out right below or by notifying the Company at any time thereafter.

Please tick (" / ") the boxes below if you do not agree with the following use(s) of the Personal Data in direct marketing.

I/ We do not consent to the provision of the Personal Data to the third parties as described herein for the purpose of direct marketing.

I/ We do not consent to the use of the Personal Data by the Company for the purpose of direct marketing.

(If you do not tick the boxes but sign the Form/ document, you will be regarded as having indicated you have no objection (i.e. you consent) to the use or transfer to third parties of the Personal Data for the purpose of direct marketing by the Company.)

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.

Declaration: I/ We acknowledge that I/ we have been provided with a copy of the Personal Information Collection Statement (the "Statement") issued by Assicurazioni Generali S.p.A., Hong Kong Branch ("Generali"). I/ We confirm that I/ we have read and understood the Statement. I/ We agree that Generali may collect, use, store, disclose, transfer and otherwise process my/ our personal data in accordance with the terms of the Statement. I/ We further confirm that I/ we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to Generali for the purposes stated in the Statement and for allowing Generali to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement.