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三井住友海上火災保險 (香港) 有限公司
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澳門南灣大馬路693號
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電話 (853) 2892 3329 傳真 (853) 2892 3349

Proposal Form

投保書

For Broker
Use Only



For more information,
please call us at
+852 3122 6922 (Hong Kong) /
+853 2892 3329 (Macau) or contact
your Insurance Representative at:
詳情請致電 (852) 3122 6922 (香港) /
(853) 2892 3329 (澳門) 或聯絡您的保險代理 / 經紀:

H923BR (CP/07-13/07-13/1K)



A Member of **MS&AD** INSURANCE GROUP



Home Protector

家居保險計劃

Home Protector - Proposal Form 家居保險計劃投保書

Please complete the following section in **ENGLISH** using **BLOCK LETTERS** and tick the box(es) as appropriate. 請以**英文正楷**填寫下列部份，並於適當的空格內加上 號。

Personal Details of Proposer 投保人個人資料 (*Please delete if not appropriate *請刪除不適用項目)

Name of Proposer (Mr. / Mrs. / Ms.)* : _____ Surname 姓 _____ Given Name 名 _____ Gender: M F
投保人姓名 (先生 / 太太 / 女士)* : _____ 姓 _____ 名 _____ 性別: 男 女Date of Birth: (D) (M) (Y) Marital Status: Single Married Occupation:
出生日期: _____ 日 _____ 月 _____ 年 婚姻狀況: 單身 已婚 職業: _____HKID / Passport No.*: _____ E-mail: _____
香港身份證 / 護照號碼*: _____ 電郵: _____Tel No.: Home Office Mobile
電話號碼: 住宅 _____ 辦公室 _____ 手提 _____Correspondence Address: Flat / Room * Floor Block Building
通訊地址: 室 / 單位* 樓 座 大廈
Estate Name / No. & Street Name / Lot. No.* District HK / KLN / NT*
屋苑名稱 / 街名及門牌 / 地段* 地區 香港 / 九龍 / 新界*Insured Address*: Flat / Room * Floor Block Building
(If different from the above): 室 / 單位* 樓 座 大廈
投保居所地址*: Estate Name / No. & Street Name / Lot. No.* District HK / KLN / NT*
(如與上述地址不同): 屋苑名稱 / 街名及門牌 / 地段* 地區 香港 / 九龍 / 新界*Period of Insurance: From: (D) (M) (Y) To: (D) (M) (Y) Saleable area (sq.ft.) (if available)
保障期: 由: _____ 日 _____ 月 _____ 年 至: _____ 日 _____ 月 _____ 年 費用面積 (平方呎): _____ (如有)

Annual Premium Table (HK\$) 全年保費 (港幣 / 元)

Basic Cover 基本保障						Subtotal 小計
Plan Level 計劃	Silver 銀		Gold 金		Platinum 白金	
Gross Floor Area (sq.ft.) 建築面積 (平方呎)	<input type="checkbox"/> Below 500以下	<input type="checkbox"/> 501-700	<input type="checkbox"/> 701-1,000	<input type="checkbox"/> 1,001-1,500	<input type="checkbox"/> 1,501-2,000	<input type="checkbox"/> Over 2,000以上 Please state 請列明: _____
Annual Premium (HK\$) 全年保費 (港幣 / 元)	<input type="checkbox"/> 780	<input type="checkbox"/> 1,080	<input type="checkbox"/> 1,450	<input type="checkbox"/> 2,200	<input type="checkbox"/> 2,800	<input type="checkbox"/> Special Quotation 個別報價 =
Personal Liability 個人法律責任	Free					
24-hour Home Emergency Assistance 24小時家居緊急支援	Free					
Optional Cover 自選保障						
House 樓宇建築全險	Sum Insured (HK\$) 投保額 (港幣 / 元): _____ x 0.09% =					
Worldwide All Risks 全球個人財物保障 ¹						
Unspecified Items ² 非指定受保財物 ²	Sum Insured (HK\$) 投保額 (港幣 / 元): _____ x 1.5% =					
Specified Items ³ 指定受保財物 ³	Sum Insured (HK\$) 投保額 (港幣 / 元): _____ x 1.5% =					
Personal Accident 個人意外						
	Sum Insured (HK\$) 投保額 (港幣 / 元): _____		Class 1 第一類	Class 2 第二類	Class 3 第三類	
Accidental Death and Permanent Disablement (per injury) 意外身亡及永久傷殘 (每宗事故)	(must be multiple of HK\$10,000 須為港幣10,000元的倍數)		<input type="checkbox"/> 0.094%	<input type="checkbox"/> 0.104%	<input type="checkbox"/> 0.18%	=
Temporary Disablement (payment per week per injury) 暫時傷殘 (每宗事故的每週賠償額)	(must be multiple of HK\$100 須為港幣100元的倍數)		<input type="checkbox"/> 18%	<input type="checkbox"/> 22%	<input type="checkbox"/> 31%	=
Medical Expenses (per injury) 醫療費用 (每宗事故)	(must be multiple of HK\$100 須為港幣100元的倍數)		<input type="checkbox"/> 2.2%	<input type="checkbox"/> 2.8%	<input type="checkbox"/> 4.2%	=
Family Personal Accident 家庭個人意外	<input type="checkbox"/> Age 71-80 歲 HK\$480 x _____ members 成員	<input type="checkbox"/> Age 8-15 歲 HK\$260 x _____ members 成員	<input type="checkbox"/> Age 1-7 歲 HK\$185 x _____ members 成員			
Domestic Servants 家傭						
	<input type="checkbox"/> Plan A / A 計劃 HK\$414 x _____ servants 家傭		<input type="checkbox"/> Plan B / B 計劃 HK\$750 x _____ servants 家傭			=
Total Annual Premium (HK\$) 全年保費總額 (港幣 / 元)						=

Additional Information for Optional Covers⁴ (if applicable) 自選保障補充資料⁴ (如適用)

Insured Details 受保人資料		Insured Person ⁵ 受保人	
Personal Accident 個人意外保障			
Name 姓名			
Date of Birth (D/M/Y) 出生日期 (日/月/年)			
HKID No. 香港身份證號碼			
Occupation 職業			
Family Personal Accident 家庭個人意外保障			
Name 姓名			
Age 年齡			
HKID / Birth Certificate No. 香港身份證 / 出世紙號碼			
Date of Birth (D/M/Y) 出生日期 (日/月/年)			
Occupation 職業			
Domestic Servants 家傭保障			
Name of Domestic Servant 家傭姓名			
Gender 性別		<input type="checkbox"/> M 男 <input type="checkbox"/> F 女	
HKID / Passport No. 香港身份證 / 護照號碼			
Date of Birth (D/M/Y) 出生日期 (日/月/年)			
Nationality 國籍			

Remarks 註:

- For any property exceeding HK\$5,000 which you would like to insure, please provide invoice to prove its value
如欲投保任何價值超過港幣5,000元的財物，請於投保時提供收據證明
 - The Sum Insured of unspecified items should represent the maximum possible value of all the properties you are likely to carry away from home at any one time
非指定受保財物的投保額應為外出時隨身攜帶所有財物的最高總額
 - Please describe each item insured with the value in a separate sheet
請另紙詳述投保物品及其價值
 - Please provide details of beneficiary(ies) (if necessary) in a separate "Beneficiary Form"
如需指明受益人，請填寫有關之「受益人表格」
 - If there are more than one insured person, please provide the related information on a separate sheet 如受保人多於一位，請另紙填寫資料
- * MSIG Insurance (Hong Kong) Limited reserves its right to underwrite buildings over 30 years at its sole discretion.
三井住友海上火災保險(香港)有限公司保留承保樓齡超過三十年的樓宇之權利。

Insurance History 投保紀錄

If any of the below answers is "Yes", please give details in a separate paper
如下列任何一項回答為「是」，請另紙作詳細說明

Applicable to all sections / 適用於所有保障

Do you have any insurance of the same kind with other insurance companies? 您是否擁有其他保險公司的同類型保險? Yes No
是 否

Have you ever been refused cover or have special terms and/or additional premium been imposed on you for any insurance of the same kind you are applying for?
在申請投保同類保險時，您曾否被拒保或被要求附加特殊條款及/或額外保費?

Have you made any claims under any insurance related to your application within the past two years?
過往兩年內，您曾否就與今次申請有關的任何保險提出索賠?

Home Contents Section Only / 適用於家居財物保障
Is your home built of/ roofed with materials other than bricks, stone or concrete?
您的居所及其屋頂是否以磚瓦、石頭或水泥以外的材料建造?

Personal Accident Section Only / 適用於個人意外保障
Do you or your family have hearing or sight impairment, physical defect or infirmity?
您或您的家人有否聽覺或視力障礙、身體缺陷或疾病?

Is there anything hazardous about your family's and your occupation? 您或您的家人所從事的工作有否存在危險?

Domestic Servants Section Only / 適用於家傭保障
Has your domestic servant been confined in a hospital for surgery or treatment of sickness or injury resulting from an accident in the past 3 years?
過往三年內，您的家傭是否曾因患病或意外受傷而需入院接受手術或治療?

Do you or your family have hearing or sight impairment, physical defect or infirmity?
您或您的家人有否聽覺或視力障礙、身體缺陷或疾病?

Is there anything hazardous about your family's and your occupation? 您或您的家人所從事的工作有否存在危險?

Domestic Servants Section Only / 適用於家傭保障
Has your domestic servant been confined in a hospital for surgery or treatment of sickness or injury resulting from an accident in the past 3 years?
過往三年內，您的家傭是否曾因患病或意外受傷而需入院接受手術或治療?

Payment Instruction and Authorisation 付款說明及授權書

I shall arrange the payment with my insurance agent / broker 本人將安排保費 MSIG Insurance (Hong Kong) Limited directly 直接支付予三井住友海上火災保險(香港)有限公司

Payment mode 付款方式
 Visa MasterCard 萬事達 Cheque 支票 (please make your cheque payable to "MSIG Insurance (Hong Kong) Limited". 支票抬頭請填寫「三井住友海上火災保險(香港)有限公司」)

Credit Card Account Number (Accept credit card in Hong Kong currency only) 信用卡賬戶號 (只接受港幣信用卡) Expiry Date 有效日期至
MM(月) YY(年)

Issuing Bank 發卡銀行 HKID No. 香港身份證號碼
Name of Cardholder 持卡人姓名

I hereby authorise MSIG Insurance (Hong Kong) Limited to charge the total premium of the policy to my credit card account for this insurance. 本人謹此授權三井住友海上火災保險(香港)有限公司從本人信用卡賬戶中扣除本保險的保費。

Cardholder's Signature

持卡人簽署

(Signature should correspond to the specimen signature of the above credit card account. 簽署必須與上述信用卡戶口式樣相同。)

Date 日期 (D) (M) (Y)
日 月 年

NAVIGATOR
Insurance Brokers Ltd.

Unit 8E, Golden Sun Centre, 223 Wing Lok St, Sheung Wan, Hong Kong
Tel: +852 2530 2530 | Fax: +852 2530 2535
Email: crew@navigator-insurance.com | www.navigator-insurance.com

Declaration:

- I/We desire to effect the insurance specified herein and declare that I/We:
- agree that MSIG Insurance (Hong Kong) Limited reserves the final right to accept or decline my application.
 - am/are or will be by the Policy Commencement Date, the legal owner/s or the tenant/s of the insured premises.
 - warrant that the information given and answers to questions herein are true and correct to the best of my/our knowledge.
 - have not withheld facts likely to influence assessment of this application.
 - agree that this application, declaration and other information provided shall form the basis of the contract and agree to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the policy/policies and/or as modified or extended by any endorsements thereon.

聲明：

- 本人(等)特此聲明：
- 同意三井住友海上火災保險(香港)有限公司保留其接納或不受理本人(等)申請書的最後權利。
 - 現時或在保單生效之時是此受保住所的合法業主或租客。
 - 保證所填報資料及對所載問題的回答，據本人(等)確信，均為正確無訛。
 - 並未隱瞞可能影響本申請書評估的事實。
 - 同意本申請書，聲明及所提供的其他資料作為合法基礎，並同意接受本保單所載及/或其任何修訂或擴充的條款、限制、不承保事項、條件、條文及保證。
- Declaration of Broker Commission:**
- The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by MSIG Insurance (Hong Kong) Limited ("MSIG"), MSIG will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to MSIG that he or she is authorised to do so.
- The applicant further understands that the above agreement is necessary for MSIG to proceed with the application.

經紀佣金聲明：

申請人明白，確知及同意，三井住友海上火災保險(香港)有限公司(「三井住友保險」)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三井住友保險確認他/她已獲該法人團體授權。

申請人亦明白三井住友保險必須取得申請人以上的同意，才可以處理其保險申請。

IMPORTANT NOTE : This form is not a policy of insurance. Please refer to the Home Protector Policy (which will be issued to you upon acceptance of your proposal) for the applicable terms, conditions and exclusions.

重要事項：本表格並非保單，有關條款細則及不承保範圍，請參閱家居保險計劃保單(於接納您的投保書後奉上)。

PRIVACY POLICY

other purposes. If you have any questions or inquiries regarding our privacy policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the 'Privacy Policy' link on our website homepage at www.msig.com.hk. You should check the Privacy Policy regularly for changes.

Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product or any claim made under the Product.

Your personal data may be used for **obligatory purpose** or **voluntary purpose**. If personal data are to be used for an obligatory purpose, you MUST provide your personal data to MSIG if you want MSIG to provide the Product. Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The **obligatory purposes** for which your personal data may be used are as follows:-

- processing and evaluating your insurance application and any future insurance application you may make;
- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product; premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings;
- exercising any right of subrogation by us;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes; and
- complying with applicable laws, regulations or any industry codes or guidelines.

The **voluntary purposes** for which your personal data may be used are any sales, marketing, promotion of other general insurance services and products provided by MSIG. The personal data we intend to use for voluntary purposes are your name, your address, your phone number and email address. We cannot use your personal data for voluntary purposes without your consent.

If you do not wish MSIG to use your personal data for the voluntary purposes listed above, you should tick the box on the right and provide us with the following information. You may also notify us by sending an email to 'dpo@hk.msig-asia.com'. In your notification, you must supply the same required information as listed below.

To enable us to process your opt-out request, please provide us below information.

Full Name:

Contact Number:

HKID Number:
(for identification purpose)

Policy / Certificate / Acknowledgement Number (if you have one):

NOTE: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance broker;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- the Insurance Claims Complaints Bureau and similar industry bodies; and

私隱政策

三井住友海上火災保險（香港）有限公司（下稱「三井住友保險」或「本公司」）請您仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異，將以英文版本為準。

三井住友保險極為重視您的私隱。為了保障您的個人資料，我們以有關法例及規則為準則，向公司內部傳達並執行我們定立之私隱及保障指引。三井住友保險採取預防措施以保障您的個人資料免受遺失、盜竊、誤用，以及在未經許可之情況下被取用、洩露、更改及破壞。此外，我們均不會出售您的個人資料給任何人。三井住友保險嚴格執行認可管制，只容許獲授權之職員在必要的情況下，取用或處理您的個人資料。我們會向職員定期提供培訓，確保他們知悉任何有關私隱法律及規例的新發展。

我們只會法律容許並必需用於業務及稅務用途之情況下，保留您的個人資料作為我們的業務記錄。我們會向以本公司之名稱提供行政或其他服務之代理、承辦商或第三者，要求他們遵循本政策保護有可能收到的個人資料。本公司不會容許他們使用有關資料於任何其他目的。如您對我們的私隱政策有任何疑問，歡迎聯絡我們查詢。

我們可能不時修改此範本。修改後的範本可於本公司網頁 www.msig.com.hk 下載。您應定期查閱此範本所修改的內容。

個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，您須向我們不時供給與我們提供之一般保險服務及保單產品（下稱「保單」）相關的個人資料，讓我

們可向您提供客戶服務及改善服務質素。當中包括但不限於您在申請表填寫或任何與保單有關之文件上或任何透過保單索償上所載之個人資料。

您的個人資料可被用於強制性或自願性用途。如個人資料用於強制性用途，而您希望三井住友保險提供有關保單，則您必須向三井住友保險提供有關個人資料，否則三井住友保險將不能向您提供有關保單。

您的個人資料可被用於以下強制性之用途：

- 處理及審批您的保險申請或您將來提交的保險申請；
- 向您提供與保單及核保相關之日常運作及行政用途；
- 保單之更改、取消或續保用途；
- 發出繳交保費通知及向您收取保費及欠款；
- 評估及處理透過保單索償及任何繼後法律訴訟之用途；
- 由本公司行使代位權利之用途；
- 就以上用途聯絡您；
- 其他與上述用途有直接關係的附帶用途；及
- 遵循適用法律、條例及業內守則及指引。

而自願性用途則指任何三井住友保險提供的其他一般保險服務及保單產品之銷售、市場營銷及推廣。用作自願性用途之個人資料則為您的姓名、地址、電話號碼及電郵地址。未獲您同意之前我們並不能使您的個人資料用作自願性用途。

如果您不欲三井住友保險將您的個人資料用作上述自願性用途，您應於右列方格加上剔號並必須提供如下的資料。您亦可選擇以電郵方式將您的要求連同所需的個人資料（詳情如下）電郵至 “dpo@hk.msig-asia.com”。

為讓我們能夠處理您以上提出的拒絕服務之請求，請提供以下資料。

姓名:

聯絡電話:

香港身份證號碼:
(作識別之用)

保單號碼 / 證書編號 / 確認編號 (如適用):

附註: 此拒絕服務要求將取代您先前給予三井住友保險一切關於直接促銷的指示。

就任何上述的用途，我們所收集的個人資料可能會被轉移至：

- 向我們提供行政、通訊、電腦、付款、保安及其他服務的第三方代理、承辦商及顧問（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）；
- 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- 再保公司及再保經紀；
- 我們的保險經紀；
- 我們的法律及專業業務顧問；
- 我們的關連公司（以《公司條例》內的定義為準）；
- 香港保險業聯會（或同類的保險公司聯會）及其會員；
- 保險索償投訴局及同類的保險業機構；
- 法例要求或許可的政府機關。

為了確保您的個人資料之準確性，您同意授權本公司查詢並核實任何由保險業界內保險公司聯會所收集有關您的個人資料。

根據有關法例及規則，您有權查閱及更正本公司所持的任何載有您的個人資料之記錄。如您欲行使以上權利，可以書面形式投寄至香港太古城英皇道1111號太古城中心第一期9樓三井住友海上火災保險（香港）有限公司，通知本公司的資料保護主任。

如您對此個人資料收集聲明有任何疑問或須協助，請致電 (852) 3122 6922 與我們聯絡。

Proposer's Signature

Date _____ (D) _____ (M) _____ (Y)

投保人簽署

日期 _____ 日 _____ 月 _____ 年