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BUSINESS REPLY SERVICE LICENCE NO.
5306

Navigator Insurance Brokers Ltd.
Unit E, 8/F Golden Sun Centre
Nos. 59-67 Bonham Strand West
Sheung Wan

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Plan I : SmartChallenger Home

Requested start date : / / (Actual date at underwriters discretion)

Family members - living with you

Name	Dr. Mr. Ms.	Last	First	Date of Birth (dd/mm/yy)	I.D. Card # or Passport #
Policy Owner				dd/mm/yy	
Spouse				dd/mm/yy	
Child 1				dd/mm/yy	
Child 2				dd/mm/yy	
Child 3				dd/mm/yy	
Child 4				dd/mm/yy	
First Helper				dd/mm/yy	
Second Helper				dd/mm/yy	

Plan II : SmartCover Domestic Helper Insurance

Domestic Helper & Health Rates

Cover	Monthly Premium	How many
First Helper	No Charge	<i>Please let us know if you do not want this cover</i>
Second & Subsequent	HK\$65 each	

Plan II Premium Sub-Total : HK\$ _____

Premium Calculation

	Monthly Premium	Annual Premium
Plan I : SmartChallenger Home	_____ *12	_____
Plan II : SmartCover Domestic	_____ *12	_____
Plan III: SmartTraveller	_____ *12	_____
Total:	_____ *12	_____

Plan III : SmartTraveller

Travel Rates: Family

Cover	Monthly Premium	How Many	Tick as appropriate
Self	HK\$99	1	<input type="checkbox"/>
Spouse	HK\$99	1	<input type="checkbox"/>
Self & Spouse & Child (ren)	HK\$198		<input type="checkbox"/>
Children travelling without parent	HK\$99 each		<input type="checkbox"/>

Travel rates : Helpers

Cover	Monthly Premium	How many?
Helper(s)	HK\$49 each	

Please indicate helper(s) name(s) and birth-date if you are not insuring their health _____

Plan III Premium Sub-Total : HK\$ _____

DECLARATION

I/We have not withheld any material information and accept that this Application Form shall be the basis of, and be incorporated in, the Contract between the insurance Company and myself.

Signed _____

Date / /

A summary of any claims made in last 3 years on a similar policy appear below.

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NAVIGATOR
Insurance Brokers Ltd.

**New Settlers
Insurance Package**
Your home away from home insurance

Application Form



Comprising :

- ✓ **TheSmartChallenger** Home Plan
- ✓ **SmartCover** Domestic Helper Insurance
- ✓ **SmartTraveller** Travel Insurance

Underwritten by



Hotline : 2530 2530

Application Form

Proposer details		Referred by
Full Name (as Printed on HKID)	Mr <input type="checkbox"/>	Ms <input type="checkbox"/> <input type="checkbox"/>
I.D. Card no.	Date of Birth (dd / mm / yyyy)	
Occupation		
Home/Correspondence address		
Gross Floor (in sq. ft.)		
Home Tel	Office Tel	
Home Fax	Office Fax	
Email		

Home Contents and Personal Valuables rates

Gross floor Area of your home, in square feet	Home contents Sum Insured	Personal Valuables Sum Insured	Monthly Premium	Tick as appropriate
Flat Apartment	Excess of 20% for items > \$100,000			
Less than 501	\$750,000	\$75,000	\$168	<input type="checkbox"/>
501-700	\$750,000	\$75,000	\$181	<input type="checkbox"/>
701-1000	\$1,000,000	\$100,000	\$269	<input type="checkbox"/>
1001-1500	\$1,000,000	\$100,000	\$325	<input type="checkbox"/>
1501-2000	\$1,250,000	\$125,000	\$437	<input type="checkbox"/>
2001-2500	\$1,250,000	\$125,000	\$510	<input type="checkbox"/>
2501-3000	\$1,500,000	\$150,000	\$558	<input type="checkbox"/>
3000+	\$1,500,000	\$150,000	\$599	<input type="checkbox"/>
House	Excess of 20% for items > \$100,000			
Less than 1201	\$1,000,000	\$100,000	\$335	<input type="checkbox"/>
1201-3000	\$1,500,000	\$150,000	\$669	<input type="checkbox"/>
3001+	\$2,000,000	\$200,000	\$1,140	<input type="checkbox"/>

List any items worth over \$30,000. with values (Excess applies)

Plan I Premium Sub-total : HK\$ _____

PAYMENT METHODS

Annual Payment

Cheque made payable to 'Navigator Insurance Brokers Ltd.'

MONTHLY PAYMENT

Please enclose a cheque for two month's premium, made payable to 'Navigator Insurance Brokers Ltd.' to allow time for processing.

Direct Debit Authorization Form

Name of Party to be credited NAVIGATOR INSURANCE BROKERS LTD.		
Bank No. 004	Branch No. 598	A/C No. to be credited 002061002
I/We hereby authorize my/our below named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time.		
I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.		
I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).		
I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization at any time on one week written notice.		
This authorization shall have effect until further notice.		
I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.		
Proposer Bank details		
My/Our Bank Name and Branch		
Bank No.	Branch No.	My/Our A/C No.
Account Holder(s)	My/Our Address	
My/Our Authorized Signature(s)		
Debtor's Reference (For Office Use Only)		
For Bank Use Only	Signature(s) verified	
Please sign the form, as well as alterations, if any, in the usual way that you would sign on your bank account.		
The liability of the insurance company does not commence until this Proposal is accepted by the Company and the premium collected		