



招商永隆保險
CMB WING LUNG INSURANCE

招商永隆保險有限公司
CMB Wing Lung Insurance Company Limited
招商永隆銀行有限公司全資附屬公司
A Wholly Owned Subsidiary of CMB Wing Lung Bank Limited
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辦公室綜合保險投保書

Office Comprehensive Package Insurance Proposal Form

注意：閣下填寫表格前，請確認已經詳閱招商永隆保險有限公司《關於個人資料（私隱）條例致客戶的通知》（「該通知」），才提供閣下的個人資料。此投保書及聲明構成本保單的根據。請詳答每一條問題。如以下問題未有填寫者則作「否」定論。

Note: Before you provide your personal details, please ensure that you have read CMB Wing Lung Insurance Company Limited's Notice to Customers relating to the Personal Data (Privacy) Ordinance ("the Notice"). This Proposal Form and Declaration form the basis of the Policy. Please give a full answer to each question. A negative answer shall be deemed to be given if any question on this proposal form is not answered.

請以英文大楷填寫並在適當空格加上（✓） Please complete in BLOCK LETTERS and tick the appropriate box.

投保人資料 Details of Proposer

投保人名稱 Name of Proposer : _____

聯絡人 Contact Person : _____

商業登記証號碼 Business Registration No. : _____

通訊地址 Corr. Address : _____

投保地址 Insured Location(s) (若與上述地址不同，請填此項 If different from above, please state) : _____

業務成立年期 No. of Years Established : _____

電話 Tel. No. : _____ 傳真號碼 Fax No. : _____

電郵 Email : _____

業務性質 Business (請詳述 Please give full details) : _____

投保日期 Period of Insurance :

由 From _____ (日 dd /月 mm /年 yy) 至 To _____ (日 dd /月 mm /年 yy)

投保項目 Sections Insured

<input checked="" type="checkbox"/> 基本保障 Basic Cover	投保金額（港幣） Sum Insured (HK\$)
1) 辦公室財物全險 Office Contents All Risks	HK\$
2) 業務中斷 Business Interruption 3) 金錢失竊 Money 4) 惡意襲擊 Malicious Attack 5) 公眾責任 Public Liability	免費附送 Free of Charge



☐ **自選保障 Optional Cover - 僱員補償保險 Employees' Compensation Insurance**

請提供最近期的僱員薪酬紀錄副本（例如：強積金供款紀錄、財務報表、報稅表或其他相關文件）

Please provide a copy of latest wage roll (e.g. latest MPF contribution records, financial statements, tax returns or other relevant documents) of employee(s).

所有屬於僱員補償條例下之員工均須包括在內

All employees within the scope of the Employees' Compensation Ordinance must be included.

僱員職務類別（請註明全職或兼職） Occupation of Employee(s) by Categories (Please specify Full Time or Part Time)	估計僱員人數 Estimated No. of Employees	估計每年薪金 / 工資及其它收入(港幣) Estimated Annual Salaries / Wages & Other Earnings (HK\$)*
I.		
II.		
III.		
IV.		
V.		
總數 Total:		

這保單只保障上表列出的僱員。This policy covers the employees as particularized hereinabove only.

* 根據《僱員補償條例》（第 282 章），收入包括：薪金、佣金、花紅、超時工作補薪、津貼等。

* 計算保費時，任何僱員（包括有訂約學徒或無訂約學徒）其每年年薪少於港幣 54,000 元者則估計其不得低於港幣 54,000 元論。
Earnings include salaries, commissions, bonuses, overtime, allowance, etc., in accordance with the Employees' Compensation Ordinance (Chapter 282).

For the purpose of premium calculation, any employee (including any articulated pupil or apprentice whether indentured or not) whose earnings are at a rate less than \$54,000 per annum, earnings must be assessed at not less than \$54,000 per annum.

若空間不足應用，請另加紙張填寫。If space is insufficient, please attach a separate sheet.

1	僱主從事的工作是否涉及任何體力勞動工作？ Does any of the work carry out by the employers involve any manual work?	是 / 否 Yes / No
2	僱主從事的工作是否涉及任何於香港範圍以外的工作？ Does any of the work carry out by the employers involve any work outside Hong Kong?	是 / 否 Yes / No
3	僱主有否以兼職形式僱用任何僱員？ Does the employer hire any part-time employees?	是 / 否 Yes / No

閣下如在上述任何一項回答「是」，請詳加說明有關工作性質及所涉僱員人數。

If your answer is 'Yes' in any of the above, please provide full details including nature of work and number of employee(s) involved.

其他資料 Other Information

閣下／貴公司曾否在申請有關保險時，遭受保險公司拒絕、取消、附加任何特別條款或拒絕續保？

Has any insurer declined, cancelled or imposed conditions on or refused renewal of your related insurance?

☐ 否 No

☐ 是 Yes

若「是」，請詳述。If 「yes」, please provide full details.

過去索償紀錄 Past Claims Experience

閣下／貴公司在過去三年內有否提出過上述投保項目部分內任何一項保障有關之索償申請？
 Have you made any claim in the past 3 years in respect of any of the above-mentioned coverage sections?
☐ 否 No ☐ 是 Yes
 若「是」，請詳述。If 「yes」, please provide full details.

如閣下申請投保僱員補償保險，請提供以下資料。

If you apply for Employees' Compensation Insurance, please provide the following information.

索償及相關資料 Claims and Related Details

請提供過去三年的索償紀錄: Please provide the claim history for the past 3 years:

[注意：僱主需要向曾投保的保險公司要求索取有關紀錄的書面證明]

[Note: Employer shall make request on the previous insurers for providing written evidence of such records.]

意外發生年份 Accident Year	已支付索償（包括部分索償償付） Paid Claim(s) (including partial claim payment)		未支付索償 Outstanding Claim(s)			
	賠案數目 No. of Case(s)	金額（港幣） Amount (HK\$)	賠案數目 No. of Case(s)	金額（港幣） Amount (HK\$)	賠案數目 No. of Case(s)	金額（港幣） Amount (HK\$)

任何索償金額超過港幣 50,000 元的個案詳情。

Details of any Claim with amount over HK\$50,000.

意外發生年份 Accident Year	概述每宗意外經過 （包括受傷原因、受傷程度、現況等等） Brief Details of each accident (including cause of loss, degree of injury, current status, etc.)	索賠金額（港幣） Claim Amount (HK\$)		
		已支付索償 Paid Claim(s)	未支付索償 Outstanding Claim(s)	修訂日期 Variation Date



重要事項投保人須知 Important Notes to Proposer

1. 此投保書在招商永隆保險有限公司接納後，保險契約始正式生效。
The Insurance will not become effective until this proposal form has been accepted by CMB Wing Lung Insurance Company Limited.
2. 閣下必須在本投保書上填報一切有關事實，因所簽發保單將以這些事實為根據，否則所發出的保單將告無效或作廢。如閣下有不清楚某一事項是否重要，請將此事詳加說明。任何在本投保書內的改動或更正，須得保單權益人加簽作實。
You have to disclose in this application ALL material facts which shall form the basis of any policy issued hereunder, otherwise the policy issued may be void or voidable. If in doubt whether a fact is material, please disclose. Any alterations or corrections on this application should be endorsed by the Policyowner.
3. 投保人對於所有提供給招商永隆保險有限公司用以投保之資料（包括書信之副本）應予保留紀錄。
Proposer should keep a record (including copies of letters) of all information supplied to CMB Wing Lung Insurance Company Limited for the purpose of application for this insurance.
4. 若申報收入與實際收入不符，賠償金額會因此按比例減少。
Under-reporting of earnings will result in proportionate reduction in indemnity for compensable claims.
5. 如中英文本有任何歧異，皆以英文為準。
In case of discrepancies between the English and Chinese version, the English version shall prevail.

聲明 Declaration

1. 本人／本公司謹聲明
i) 上列各節均屬無訛；
ii) 更絕未作任何事實之隱瞞；
iii) 上述之資料及答案均屬本人／本公司填寫或經本人／本公司授意下填寫；
I/We declare that to the best of my/our knowledge and belief
i) the foregoing answers are true and complete in every respect;
ii) all material facts affecting in assessment of the risk have been disclosed;
iii) that the information and answers given on this form are filled in by me/us or by any other person under my/our full instructions;
2. 本人／本公司明白及同意如有任何重要事實隱瞞，即使保單已簽發，招商永隆保險有限公司仍可將本保單作廢。
I/We understand and agree that failure to disclose any material facts may cause CMB Wing Lung Insurance Company Limited to declare the policy void even after the policy has been issued.
3. 本人／本公司謹承認本投保書為本人／本公司與招商永隆保險有限公司訂立此保險契約及以後續約之根據。本人／本公司謹同意上文各項若有經由他人繕寫均屬已獲本人／本公司認可及授意。
I/We agree that this Proposal and Declaration shall be the basis of and be deemed to be incorporated in the contract of insurance, including any renewal thereof, between me/us and CMB Wing Lung Insurance Company Limited. If any answer has been written by any other person such person shall for the purpose be deemed to be my/our agent and not the agent of CMB Wing Lung Insurance Company Limited.
4. 本人／本公司已閱讀、明白及接受招商永隆保險有限公司《關於個人資料（私隱）條例（「該條例」）致客戶的通知》。
I/We confirm that I/we have already read, understood and accepted the CMB Wing Lung Insurance Company Limited "Notice to Customers relating to the Personal Data (Privacy) Ordinance (the Ordinance)".
5. 本人／本公司作為投保業務之擁有人／獲授權人士／代表，保證以上由本人／本公司等根據《僱員補償條例》（第 282 章）申報之估計全年總收入均屬真確及完整。如未有披露所有重要事實或少報全年總收入，可能導致保險失效。
I/We, being the owner/authorized person/representative of the proposed business, warrant the above estimated total annual earnings made by me/us or on my/our behalf are true and complete for all employees within the scope of the Employees' Compensation Ordinance (Chapter 282). Failure to disclose all material facts or under declaration on the total annual earnings may invalidate the insurance.

姓名
Name: _____

職位
Position: _____

日期
Date: _____

獲授權簽署（連公司蓋章）
Authorized Signature (with Company Chop)