

請填妥此投保書，以郵寄、傳真、電子郵件或親身交回招商永隆銀行有限公司（「招商永隆銀行」）任何一間分行。

Please complete all fields and submit this Proposal Form, either by post, fax, email, or in person to any branches of CMB Wing Lung Bank Limited ("CMB Wing Lung Bank").

郵寄地址 Mail Address : 香港中環德輔道中 45 號招商永隆銀行大廈 10 樓招商永隆保險有限公司  
 CMB Wing Lung Insurance Company Limited, 10/F CMB Wing Lung Bank Building, 45 Des Voeux Road Central, Hong Kong

傳真號碼 Fax Number : 2899-2544

電子郵件 Email Address : enquiry@cmbwinglunginsurance.com

注意 Note:

- 此投保書及聲明是作為訂立保險合約的根據。此投保書在招商永隆保險有限公司（「本公司」）接納後，保險契約始正式生效。  
 This Proposal Form and Declaration shall be the basis of the insurance contract. The Insurance will not become effective until the Proposal Form has been accepted by CMB Wing Lung Insurance Company Limited. ("the Company").
- 所有問題均必須回答並適用於申請人／受保居所。如任何問題未有回答，該回答將作「否」定論。  
 All questions must be answered in full and are applicable to the Proposer / the Insured Home. If any question is not answered, such answer shall be deemed to be given as "No".
- 請以英文正楷填寫此投保書，並在適當空格內填上 [✓] 號。  
 Please complete this Proposal Form in English and in BLOCK LETTERS, and check the applicable box.

申請人資料 Details of Proposer (申請人必須為 18 歲或以上之人士 Proposer must be 18 years old or above)				
申請人姓名 Name of Proposer	<input type="checkbox"/> 先生 Mr <input type="checkbox"/> 太太 Mrs <input type="checkbox"/> 小姐 Ms <input type="checkbox"/> 公司 Co		香港身份證／護照號碼 HKID / Passport No.	
出生日期 Date of Birth (DD/MM/YYYY)	電話號碼 Phone No.	保戶是否業主? Is the Insured the Owner? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	電郵地址 (非必要填寫) Email Address (Optional)	
通訊地址 Postal Address	室 Room / Flat	層數 Floor	座數 Block / Tower	大廈／屋苑名稱 Name of Building / Name of Estate
街道號數及名稱 No. and Name of Street / Road			地區 District <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界／離島 NT / Outlying Islands	

投保詳情 Particulars of Insurance				
投保日期 Period of Insurance	由 From (DD/MM/YYYY)		至 To (DD/MM/YYYY)	
投保居所地址 (若與上述地址不同) Address of Home to be Insured (If different from above)	室 Room / Flat	層數 Floor	座數 Block / Tower	大廈／屋苑名稱 Name of Building / Name of Estate
街道號數及名稱 No. and Name of Street / Road			地區 District <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界／離島 NT / Outlying Islands	

保障項目 (請於所需保障上加上 [✓] 號並填寫相關項目。) Coverage (Please ✓ the Cover required and complete the relevant part(s))	最高賠償額 (港幣) Maximum Benefit Limit (HKD)	保費小計 (港幣) Premium (Sub-Total) (HKD)
<b>基本保障 Basic Cover</b>		
<input checked="" type="checkbox"/> 家居財物 Household Contents (建築面積: _____ 平方呎) (Gross Floor Area: _____ sq. ft.)	<input type="checkbox"/> 計劃 A Plan A \$500,000 <input type="checkbox"/> 計劃 B Plan B \$750,000 <input type="checkbox"/> 計劃 C Plan C \$1,000,000	\$
<input checked="" type="checkbox"/> 個人及佔用人責任 Personal and Occupier's Liability	\$5,000,000	免費附送 Free Cover
<b>自選保障 Optional Cover</b>		
<input type="checkbox"/> 屋宇 Building 按揭銀行名稱 Name of Mortgage Bank: _____ (如有 if any) * 為全面保障您的利益，請確保投保額相等於屋宇的重建價值。To protect your interests, please ensure the Sum Insured reflects the rebuilding cost of the building.	投保額 Sum Insured* \$	\$

總保費 (港幣) Total Premium (HKD) \$

自動續保指示 Automatic Renewal Instruction
<input type="checkbox"/> 本人(等)同意本保險在每個保單年度到期日自動續保，並授權及要求招商永隆保險有限公司根據直接付款授權書指示從本人(等)的招商永隆銀行賬戶／招商永隆信用卡／其他信用卡支取有關續保保單之保險費。 I / We agree that the insurance will be automatically renewed at the end of each policy year and hereby authorize and request CMB Wing Lung Insurance Company Limited to charge my / our CMB Wing Lung Bank Account / CMB Wing Lung Credit Card / other credit card for the payment of the renewal premium of this insurance policy as per the Debit Account Authorization.

其他資料 Other Information
申請人是否已投購家居綜合保險或同類保險? 若「是」，請提供詳細資料： Is the Proposer holding any family package insurance or same kind of insurance? If "Yes", please provide full details: <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes
申請人曾否在申請有關家居綜合保險時，遭受任何保險公司拒絕、取消、附加任何特別條款或拒絕續保? 若「是」，請提供詳細資料： Has the Proposer even been declined, cancelled or imposed special conditions on or refused renewal of the family package insurance by any insurance company(ies)? If "Yes", please provide full details: <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes
以上投保居所是否曾改建、加建或附有僭建物? 若「是」，請提供詳細資料： Are there any alterations, additions or unauthorized structures to the above Home to be insured? If "Yes", please provide full details: <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes
過去賠償紀錄 Past Claims Experience 申請人在過去三年曾否向保險公司就家居綜合保險提出任何索償? 若「是」，請提供原因、意外日期及賠償金額： Has the Proposer ever made any claim(s) against related insurance company(ies) under any family package insurance during the past 3 years? If "Yes", please state the causes, date of accident and claims amount: <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes
申請人就以上投保居所是否曾被第三者作出財物損毀或身體受傷的索償? 若「是」，請提供詳細資料： Has the Proposer ever been claimed by any third parties for the above Home to be insured in respect of property damage or bodily injury? If "Yes", please provide full details: <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes

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

申請人必須在本申請中披露一切重要事實，而有關事實將構成此簽發的任何保單的根據。如有任何重要事實未有披露，則所發出的保單將告無效或可予作廢。如申請人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，須得申請人加簽作實。  
 Proposer has to disclose in the Proposal Form 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 Proposal Form should be endorsed by the Proposer.

根據《個人資料(私隱)條例》，閣下可隨時選擇不再收取本公司之宣傳單張，如有需要，請以書面形式通知本公司的資料保護主任，(地址：香港中環德輔道中45號，招商永隆保險有限公司，資料保護主任。傳真：2526 7045)，此項安排不另收費。

According to the Personal Data (Privacy) Ordinance, you may, at any time and without charge, choose not to receive our future promotional materials. Please inform us in writing in case of such a request to the Data Protection Officer. (Address: The Data Protection Officer, CMB Wing Lung Insurance Company Limited, 45 Des Voeux Road Central, Hong Kong. Fax no. 2526 7045).

### 拒絕服務要求 Opt-Out Instruction

致 To: 招商永隆保險有限公司(「貴公司」) CMB Wing Lung Insurance Company Limited ("the Company") 日期 Date:  
傳真號碼 Fax No.: 2526 7045

選擇拒絕在直接促銷中使用個人資料 Opt-out from use of personal data in direct marketing  
請以正楷填寫以下資料並在適用方格內加上剔號(“√”)。Please complete the following information in BLOCK LETTERS and check the applicable box(es).

客戶姓名 Name of Customer:	保單編號(如有) Policy Number (if any):	證件號碼 Identity Document Number:	聯絡電話 Contact Number:
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(必須提供客戶全名及完整保單編號(如有)，否則可能因找不到相關客戶紀錄而未能處理此申請。)  
(Please provide full name and policy number (if any), otherwise the Company may not find the relevant policy records for processing this application.)

#### 直接促銷的方式 Means of communications in direct marketing

本人不希望 貴公司以下列直接促銷途徑使用本人的個人資料：

I do not wish the Company to use my personal data in direct marketing through the following channels:

<input type="checkbox"/> 郵寄 Mail	<input type="checkbox"/> 電話 Phone	<input type="checkbox"/> 電郵 Email	<input type="checkbox"/> 短訊 SMS	<input type="checkbox"/> 傳真 Fax	<input type="checkbox"/> 所有途徑(包括郵寄、電話、電郵、短訊及傳真) All channels (including mail, phone, email, SMS and fax)
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以上代表本人目前就是否希望收到直接促銷聯繫或資訊的選擇，並取代本人於本申請前向 貴公司傳達的任何選擇。本人明白如申請資料不完整或欠準確，有關申請將無法進行。

The above represents my present choice whether or not to receive direct marketing contact or information. This replaces any choice communicated by me to the Company prior to this application. I understand the Company may not be able to process my request if any of the information is incomplete or incorrect.

本人以上的選擇適用於就 貴公司《關於個人資料(私隱)條例致客戶的通知》(「該通知」)中所列出的產品、服務及/或標的類別的直接促銷。本人亦可參閱該通知以得知在直接促銷中可使用的個人資料的種類，以及本人的個人資料可提供予什麼類別的人士以供該等人士在直接促銷中使用。

My above choice applies to the direct marketing of the classes of products, services and / or subjects as set out in the Company's Notice to Customers relating to Personal Data (Privacy) Ordinance ("the Notice"). I should also refer to the Notice on the kinds of personal data which may be used in direct marketing and the classes of persons to which my personal data may be provided for them to use in direct marketing.

### 保費交付方法及付款授權書 Payment Method and Debit Account Authorization

本人選擇以下列方式繳交保費港幣 元：  
I wish to pay my premium HKD by:

<input type="checkbox"/> 1. 支票(支票抬頭人寫「招商永隆保險有限公司」) Cheque (payable to "CMB Wing Lung Insurance Company Limited")	<input type="checkbox"/> 2. 現金(前往招商永隆銀行各分行繳付) Cash (accepted at any branches of CMB Wing Lung Bank)
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本人(等)共同及個別授權招商永隆銀行有限公司或招商永隆保險有限公司隨時從本人(等)以下招商永隆銀行賬戶/招商永隆信用卡/其他信用卡就本保單付款，包括支付日後續保之保險費，直至本人(等)有進一步書面通知取消為止。

I / We hereby jointly and severally authorize CMB Wing Lung Bank Limited or CMB Wing Lung Insurance Company Limited to debit my / our under mentioned CMB Wing Lung Bank Account / CMB Wing Lung Credit Card / other credit card at any time for the payment of the Policy including payment for the subsequent renewal insurance premium until further written notice from me / us.

<input type="checkbox"/> 3. 從招商永隆銀行賬戶自動轉賬支付 Autopay by debiting from CMB Wing Lung Bank Account 銀行賬戶持有人姓名 Name of Bank Account Holder : _____ 儲蓄或往來賬戶號碼 Savings or Current Account No. : _____	賬戶持有人/授權人/信用卡持有人簽署 Signature(s) of Account Holder(s) / Authorized Person(s) / Cardholder Signature(s)  <div style="text-align: center;">S.V.</div> (簽署須與銀行印鑑/信用卡賬戶式樣相符) (Signature should correspond to the specimen signature of the above bank account or credit card.)
<input type="checkbox"/> 4. 從招商永隆信用卡或其他信用卡支付 Debit CMB Wing Lung Credit Card or other credit card <input type="checkbox"/> Visa 卡 Visa Card <input type="checkbox"/> 萬事達卡 Master Card 信用卡持有人姓名 Name of Cardholder : _____ 信用卡號碼 Credit Card No. : _____ 到期日 Expiry Date : _____(MM) _____(YY)	

### 聲明 Declaration

1. 本人(等)謹聲明，就本人(等)所知及所信此投保書內陳述及所提供的細節均為完整及真實無訛，更絕不作任何事實之隱瞞，而此投保書內提供之資料及答案均屬本人(等)填寫或經本人(等)全權授意下填寫。

I / We declare that the statements and particulars given in this Proposal Form are, to the best of my / our knowledge and belief, true and complete, all material facts affecting in assessment of the risk have been disclosed and the information and answers given on this Proposal Form are filled in by me / us or by any other person under my / our full instruction.

2. 本人(等)明白及同意如有任何重要事實隱瞞，即使本保單已簽發，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(等)謹承認此投保書及聲明是本人(等)與招商永隆保險有限公司的保險契約及以後續約之根據，並視為已收納其中，而投保書及聲明乃由申請人作出，申請人就此而言視為本人(等)之代理人(而非招商永隆保險有限公司之代理人)。

I / We agree that this Proposal Form and Declarations shall be the basis of and be deemed to be incorporated in the contract of insurance, including any renewal thereof, between CMB Wing Lung Insurance Company Limited and made by the Proposer hereof and the Proposer 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(等)確認已閱讀並清楚明白附於此投保書內之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》及產品傳單(包括重要事項投保人須知)。

I / We confirm that I / we have read and understood the CMB Wing Lung Insurance Company Limited Notice to Customers relating to the Personal Data (Privacy) Ordinance attached in this Proposal Form and Product Leaflet (including Important Notes to the Proposer).

### 簽署 Signature

申請人簽署 Signature of Proposer	日期 Date
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### 內部專用 For Office Use Only

分行編號 Branch Code	日期 Date
業務代表職員編號 Staff No.	註 Remarks

如適用者，請連同公司蓋章 With Company Chop if applicable (請勿於空白投保書上簽署 DO NOT sign a blank Proposal Form)