



Blue Cross 藍十字

Member of BEA Group 東亞銀行集團成員



Sun Flower Insurance Brokers Limited

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「家居至專寶」申請表格

HomeSafe Protection Insurance Application Form

請以英文正楷填寫本表格並於適當空格內加上「✓」號。 Please complete this form in English BLOCK letters and tick where appropriate.

(I) 投保人資料 Details of Applicant (投保人必須年滿 18 歲或以上。 Applicant must be aged 18 or above.)

1. 投保人姓名 (請先填寫姓氏) Name of Applicant (Surname First)			<input type="checkbox"/> 先生 Mr. <input type="checkbox"/> 小姐 Miss <input type="checkbox"/> 太太 Mrs. <input type="checkbox"/> 女士 Ms.		2. 香港身份證號碼/護照號碼 HKID Card/Passport No.
3. 香港通訊地址 Correspondence Address in Hong Kong					
室 Flat _____ 樓 Floor _____ 座 Block _____ 大廈 Building _____					
屋苑 Estate _____ 期 Phase _____					
街道號數 Street No. _____ 街道名稱/地段 Street Name/Lot _____					
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					
4. 電話號碼 Contact Telephone No.			5. 傳真號碼 Fax No.		6. 電郵地址 Email Address
(請提供至少 1 個電話號碼 Please provide at least one telephone no.)					

(II) 投保詳情 Policy Particulars

1. 投保香港物業地址 Insured Premises in Hong Kong (如與通訊地址不同 if different from Correspondence Address)					
室 Flat _____ 樓 Floor _____ 座 Block _____ 大廈 Building _____					
屋苑 Estate _____ 期 Phase _____					
街道號數 Street No. _____ 街道名稱/地段 Street Name/Lot _____					
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					
2. 投保人身份 Identity of the Applicant <input type="checkbox"/> 業主 Owner <input type="checkbox"/> 業主及住客 Owner and Occupier <input type="checkbox"/> 租戶/住客 Tenant/Occupier					
3. 投保物業種類 Type of Insured Premises		<input type="checkbox"/> 非矮房 Non-low Rise House		<input type="checkbox"/> 矮房 Low Rise House	
5. 選擇計劃及每年保費 Plan Selection and Annual Premium		<input type="checkbox"/> 計劃 A Plan A - HK\$1,580 <input type="checkbox"/> 計劃 B Plan B - HK\$980 <input type="checkbox"/> 計劃 C Plan C - HK\$680		<input type="checkbox"/> 計劃 A Plan A - HK\$2,980 <input type="checkbox"/> 計劃 B Plan B - HK\$1,980 <input type="checkbox"/> 計劃 C Plan C - HK\$1,350	
				4. 自選保障 Optional Benefits <input type="checkbox"/> 樓宇全險 All-risk Coverage for Building HK\$ _____ <input type="checkbox"/> 貴重物品 Valuable Items HK\$ _____ (此部份必須經藍十字批核及釐定保費。貴重物品須另外列明並附價值證明) (This section will be subject to the Company's approval and rating. Valuable items need to be listed with value proof)	
6. 保單生效日期 Policy Effective Date ____ 日 DD ____ 月 MM ____ 年 YY 有效期為 1 年 Valid for 1 year (承保日期以藍十字審核為準) (Policy effective date is subject to the Company's underwriting acceptance)			7. 請申報: 投保物業樓齡 PLEASE DECLARE: Age of Insured Premises _____ (如投保物業樓齡超過 45 年, 此申請表格必須經藍十字批核及釐定保費) (If the building age exceeds 45 years, the application will be subject to the Company's approval and rating)		
8. 選擇接收保單文件及續保資訊之途徑 (只適用於直接向藍十字投保的客戶) Delivery Channel of Policy Documents and Renewal Information (applicable only to policyholders who make applications directly to the Company) <input type="checkbox"/> 電郵 by email <input type="checkbox"/> 郵寄 by post (只可選擇一項, 如無指明或選擇多於一項, 電郵 (如有提供) 將被指定為接收之途徑。Select one only, If not specified or with multiple selections, email (if provided) will be the defaulted delivery channel.)					

(III) 付款指示及授權書 Payment Instruction and Authorisation

1. <input type="checkbox"/> 支票 Cheque (劃線支票抬頭人請填寫「藍十字(亞太)保險有限公司」) 支票號碼 Cheque No. _____ (Cheque should be crossed and made payable to "Blue Cross (Asia-Pacific) Insurance Limited")			2. <input type="checkbox"/> 現金 Cash
3. <input type="checkbox"/> 信用卡 Credit Card			
(a) 本人茲授權藍十字(亞太)保險有限公司從本人下列的信用卡賬戶扣除保單的應繳保費。 I hereby authorise Blue Cross (Asia-Pacific) Insurance Limited to debit the payable premium from my credit card account specified below for the insurance policy.			
(b) 除非本人預先發出取消此授權之書面通知, 否則藍十字(亞太)保險有限公司將從下列信用卡賬戶扣除應繳保費, 以辦理自動續保手續(保單自動續保只適用於直接向藍十字投保的客戶)。 The Policy will be automatically renewed by Blue Cross (Asia-Pacific) Insurance Limited and premiums will be debited directly from the credit card account specified below unless prior written instruction to cancel this authorisation is given. (Auto-renewal of policy applies only to those policyholders whose application is made directly with the Company.)			
<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard			
持卡人姓名 Name of Cardholder _____		到期日(月/年) Expiry Date (MM/YY) _____	
信用卡號碼 Credit Card No. _____		發卡銀行 Issuing Bank _____	
		持卡人簽署 Signature of Cardholder _____ 簽署必須與上述信用卡背面之簽署式樣相同。 Your signature should match the signature on the back of the credit card specified herein.	

(IV) 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

藍十字（亞太）保險有限公司（「藍十字」）可能會使用你的個人資料作直接促銷，但在未經你同意的情況下，藍十字不能就此目的使用你的個人資料。若你不希望藍十字在直接促銷中使用你的個人資料（除接收續保資訊外），請在下列空格內劃上「✓」號。

1. 使用個人資料直接促銷（除接收續保資訊外）
☐ 我不同意使用我的個人資料作直接促銷（除接收續保資訊外）
2. 接收續保資訊
☐ 我不同意接收此保單的續保資訊

以上代表你目前是否希望接受藍十字直接促銷的聯繫或資訊的選擇，並取代你在本申請前可能曾給予藍十字的任何選擇。

請注意，你以上的選擇將適用於列在藍十字的「收集個人資料聲明」（「該聲明」）內作直接促銷的產品、服務及／或標的。請同時參閱該聲明以知悉可能用作直接促銷的個人資料種類。

Blue Cross (Asia-Pacific) Insurance Limited (the "Company") may use your personal data for direct marketing but the Company cannot use your personal data for such purpose without your consent. Please tick "✓" in the box below if you do not wish the Company to use your personal data for direct marketing (except receiving renewal information).

1. Use of Personal Data in Direct Marketing (except receiving renewal information)
☐ I do not agree to the use of my personal data for direct marketing (except receiving renewal information)
2. Receiving Renewal Information
☐ I do not agree to receive renewal information of this policy

The above represents your present choice of whether or not to receive direct marketing contact or information from the Company. This shall replace any choice you may have given to the Company prior to this application.

Please note that your above choice shall apply to the direct marketing of the products, services and/or subjects as set out in the Company's Personal Information Collection Statement (the "Statement"). Please also refer to the Statement for the kinds of personal data which may be used for direct marketing.

(V) 聲明 Declaration

本人／我們，謹此聲明並同意：

1. 於此申請表格內所提供的資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人／我們所知及所信而作答的。本人／我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為此項保險合約之承保根據。本人／我們在此確認，如未能提供真實及準確無誤之資料或通知藍十字（亞太）保險有限公司（「藍十字」）任何有關此保險申請之重要資料，將可能導致藍十字不能接受或處理此保險申請或令本保單失效。
2. 一概保障必須在本申請獲接納後並已將應付保費繳交予藍十字後始可生效。
3. 根據本人／我們所知及所信，上述受保單位於過去兩年內從未因火警或其他原因引致任何損失。
4. 本人／我們未曾於投保同類型家居保險時被拒絕接納申請／續保，或被增加附帶條款。
5. 除非本人／我們預先發出取消保單的書面通知，否則此保單將於每年保障期屆滿日自動續保，並於藍十字收妥保費後生效（保單自動續保只適用於直接投保的客戶）。
6. 本人／我們明白及確認藍十字會就本人／我們購買及接受藍十字簽發的保單及其後續保該保單，向負責安排有關保單的獲授權保險經紀（如有）支付佣金。本人／我們若在此代表法人團體簽署，即同時確認本人／我們已獲該法人團體授權。本人／我們亦明白藍十字必須取得上述的同意，才可以處理有關保險申請事宜。
7. 本人／我們確認已閱讀及明白隨本表格附上有關藍十字的收集個人資料聲明。
8. #在投保此計劃時，投保人正身處香港。（#如不適用，請刪除）

I/WE, HEREBY DECLARE AND AGREE THAT :

1. The information and particulars provided on this application form are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Blue Cross (Asia-Pacific) Insurance Limited (the "Company") and me/us. I/We hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application or the insurance policy void.
2. The insurance coverage applied for shall only take effect when this application has been accepted by and the required premium has been paid to the Company.
3. To the best of my/our knowledge, the insured premises have never suffered any fire damage or other loss in the past two years.
4. I/We have never had any new application/renewal declined, nor have special terms and conditions been imposed on similar application or renewal for household insurance.
5. This policy will be automatically renewed on an annual basis upon expiry and will come into effect upon successful premium collection unless prior written instruction for cancellation of policy is given by me/us. (Auto-renewal of policy applies only to those policyholders whose application is made directly with the Company.)
6. I/We understand and acknowledge that the Company shall pay the authorised insurance broker (if any) a commission for arranging the insurance policy, as a result of purchasing and taking up the policy issued by the Company as well as renewing the said policy thereafter. If I/we sign herein on behalf of a body corporate, I/we further confirm that I/we am/are authorised to do so. I/We further understand that the above agreement is necessary for the Company to proceed with the application.
7. I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.
8. #The applicant is physically present in Hong Kong as at the date of this application. (#delete if not applicable)

(VI) 簽署 Signature

投保人簽署 Signature of Applicant		日期（日／月／年） Date (DD/MM/YY)	
藍十字專用 For Office Use Only			
中介人姓名 Name of Intermediary	中介人編號 Intermediary's Code	保單號碼 Policy No.	批核人簽署 Underwriting Approval

本申請表格的中英文版本如有差異，以英文版本為準。
Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.