## **Business Package Insurance Application Form**

If you are interested to apply for this insurance, please fax to (852)3405 9837 or send it to The Tokio Marine and Fire Insurance Co. (HK) Ltd, 27th Floor, United Centre, 95 Queensway, Hong Kong



## 東京海上火災保險(香港)有限公司 The Tokio Marine and Fire Insurance Co. (HK) Ltd.

27/F., United Centre, 95 Queensway, Hong Kong Tel: (852) 2529 4401 Fax: (852) 3405 9837 Website: www.tokiomarine.com.hk

		Lancas III d	
Details of Applicant Company Name (as Business Registration)		Insurance History	
Company Name (as Business Registration)		1 Have you suffered any loss or damage in relation Yes □ No □	
Contact Person		to the insurance you apply for in the past	t 3 years?
		<b>2</b> Has any Insurer: (a) declined your propos	al? Yes □ No □
Nature of Business Business	Hour	(b) refused to renew you	ır policy? Yes 🗆 No 🗅
Correspondence Address		(c) cancelled your policy?	? Yes 🗆 No 🔾
		<b>3</b> Is a burglary alarm installed in your premi	ises? Yes □ No □
		For any "Yes" answer to the above, please	give all details.
Insured Premises			
Floor Area No. of Se	eat: (if applicable)		
FIDOLATES NO. 01 Se	eat. (II applicable)	<b>Declaration &amp; Signature</b>	
Tel No. Fax No.		I/ We have not withheld any material information and I/We accept that this application and declaration shall be the basis of and incorporated in the contract between I/We and The Tokio Marine and Fire Insurance Co. (HK) Ltd. ("the Company").	
E-mail Address		2. IWe understand that the liability of the Company does not co by the Company and the premium has been paid. 3. IWe understand and agree that the Company will allow by	
Period of Insurance		any, involved in placing this insurance with the Company.	,
F		Personal Information Collection Statement The information provided by me/us to The Tokio Marine and Fi	
		("the Company") is collected to enable the Company to carry on insurance business and may be used for the purpose of:  1. any insurance or financial related product or service or any alterations, variations, cancellation or renewal	
(the insurance will not be effective until acceptance by the Co	ompany)	of the said products or services;	ilterations, variations, cancellation or renewal
Insurance Details		<ol> <li>any claim or investigation or analysis of such claim; and</li> <li>exercising any right of subrogation; and may be transferred</li> </ol>	to:
Section 1 Content All Bisks Cover (Basis C	'over)	<ol> <li>any related company or any other company carrying on ins intermediary or a claims or investigation or other service pro</li> </ol>	
Section 1- Content All Risks Cover (Basic C 1 On Contents	HK\$	business for any of the above or related purposes; 5. any association, federation or similar organization of insurar	nce companies ("Federation") that exists or is
1 on contents	Τ ΙΙζψ	formed from time to time for any of the above or related p out its regulatory functions or such other functions that ma	ly be assigned to the Federation from time to
2 On Stock in Trade (Please state maximum limit per article: H	ık\$ ) HK\$	time and are reasonably required in the interest of the insurance and	
		<ol><li>any members of the Federation by the Federation for any of Moreover, the Company is hereby authorized to obtain access to</li></ol>	
<b>3</b> (others - please specify)	HK\$	with the information collected by the Federation from the insurance industry.  I / We understand that I/we have the right to obtain access to and to request correction of any personal information concerning myself/ourselves held by the Company. Requests for such access can be made in	
Total Sum Insured under Section 1	нк\$	writing to the Compliance Officer, 27th Floor, United Centre, 95	Queensway, Hong Kong.
		Date of Application:	
Section 7- Employee's Compensation (Opt			
Occupation No. of Employees  1	Estimated Annual Earnings HK\$	Applicant's Signature with Company Chop:	
2	HK\$	For Office Use Only	
3	HK\$		Account Code:
Total Estimated Annual Earnings under Section 7	HK\$	Policy No.:	Underwriting Approval:

TMHK/B/BIZ200907

## 企業綜合保險申請表

如欲投保,請傳真至 (852) 3405 9837或郵寄至東京海上火災保險(香港)有限公司, 香港金鐘道九十五號統一中心二十七樓



東京海上火災保險(香港)有限公司 The Tokio Marine and Fire Insurance Co. (HK) Ltd. 香港金鐘道九十五號統一中心二十七樓 電話: (852) 2529 4401 傅真: (852) 3405 9837 網址: www.tokiomarine.com.hk

投保人資料		保險歷史	
公司名稱(與註冊名稱一致)		1 貴公司是否在過去3年內遭受過與所申請	情的保險 是□ 否□
聯絡人		有關的損失或傷害?	
業務性質	營業時間	<b>2</b> 是否有任何保險公司曾經:(a) 拒絕貴公司申請?	]的投保 是□ 否□
		(b) 拒絕續保申	申請? 是□ 否□
		(c) 取消閣下的	」保單? 是□ 否□
投保地址		3 貴公司的辦公地點是否安裝了防盜警報	系統? 是口 否口
		如以上任何問題的回答為"是",請填寫有關	褟詳情如下:
建築面積	座位數目(如適用)		
電話	傳真		
電子郵箱		聲明及簽署	
保險期		<ol> <li>本人(我們)明白此次投保申請書內的資料就本人(我們明白此次投保申請書將成為本人(我們)與東京海上火 合約的依據。</li> </ol>	災保險(香港)有限公司(簡稱"本公司")簽訂
		<ol> <li>本人(我們)明白及同意此保單將于東京海上火災保險 費之後方能正式生效。</li> </ol>	
從   至     (日/月/年)   (日/月/年)	月/年)	<ol> <li>本人(我們)明白及同意若此保險經由中介人安排,並 (簡稱"本公司"),本公司將會付佣金予該中介人。</li> </ol>	由東京海上火災保險(香港)有限公司承保
(在未經保險公司接受投保之前,保險均屬無效)	,	有關收集個人資料聲明	
保險詳情		本人/我們提供的資料·為東京海上火災保險(香港)有限/ 列目的:	公司提供保險業務所需・並可能使用於下
第1項 財物綜合保險 (基本)	 保障)	<ol> <li>任何與保險或財務有關的產品或服務,或該等產品或</li> <li>任何索償,或該等索償的調查或分析:及</li> </ol>	ik服務的任何更改、變更、取消或更新:
1 財物	HK\$	<ul><li>3. 行使任何代位權:及 可能輔移予:</li><li>4. 任何有關的公司,或任何其他從事與保險或再保險剪</li></ul>	美務有關的公司・或與保險業務有關的仲
<b>2</b> 貨物 (講説明每件的最大限額:HK\$	) HK\$	介人或索償或調查或其他服務提供者,以達到任何」 5. 現存或不時成立的任何保險公司協會或聯會或類同約 的,或以便「聯會」執行其監管職能,或其他基於保	組織 (「聯會」) 以達到任何上述或有關目
3 其他(請詳述)	HK\$	合理要求下賦予「聯會」的職能;及 6. 透過「聯會」轉移予任何「聯會」的會員,以達到任何上述或有關目的。 此外,在此授權東京海上火災保險(香港)有限公司由「聯會」從保險業內收集的資料中查閱及	
第1項總保險金額	HK\$	/或核對閣下任何資料。 本人/我們有權查閱及要求更正由東京海上火災保險 料,若有此需要可寫信並寄至香港金鐘道九十五號統	
第7項 — 僱員賠償保險 (自	<b>撰投保</b> 項)	申請日期:	
職位 僱員		申請人簽名及公司蓋章:	
1	HK\$	不明八次 百次公司盖中。	
2	HK\$	本公司專用	
3	HK\$		帳戶代碼:
第7項總估計每年收入	HK\$	保單號碼:	核批人簽署:
	TMHK/B/BIZ200907		