

豐隆智慳家居樓宇保險投保表格 Hong Leong Smart Save Home Building Insurance Application Form

A. 投保資料 Details of Insurance

(請在適當空格內加✓號 Please tick as appropriate)

保險有效日期 Period of Insurance (一年期 1 Year Term)

由 From 年 月 日 至 To 年 月 日

樓齡 Age of Building : _____

抵押銀行／機構 Mortgagee(s) / Assignee(s) / Lien Holder(s) : _____

樓宇結構保額(港幣) Building Sum Insured (HK\$) _____*

*樓宇投保金額由投保人提供。 To be declared by the Applicant.

每年保費(港幣) Annual Premium (HK\$) _____#

#最低保費為 HK\$300。 The minimum premium is HK\$300.

B. 投保人個人資料 Personal Details of Applicant

(請以英文正楷填寫 Please complete in English BLOCK letters)

英文姓名 English Name (須與香港身份證相同 as printed on HKID)

姓 Surname

名 Given name

中文姓名 Chinese name 先生 Mr. 女士 Ms.

出生日期 Date of Birth 年 月 日

香港身份證號碼 HKID Card No.

婚姻狀況 Marital Status 已婚 Married 單身 Single 其他 Others _____

職業 Occupation _____ 行業 Industry _____

聯絡電話 手提電話 住宅 辦公室 Tel. No. Mobile Home Office

電子郵件信箱 E-mail Address _____

投保地址 Applicant Address

室 Flat/ Room _____ 樓 Floor _____ 座 Block _____

大廈 Building/ 屋邨 Estate _____

街 Street/ Road _____

地區 District Area _____ 香港 HK 九龍 KLN 新界 NT

通訊地址 (如不同上) Mailing Address (If different from above)

室 Flat/ Room _____ 樓 Floor _____ 座 Block _____

大廈 Building/ 屋邨 Estate _____

街 Street/ Road _____

地區 District Area _____ 香港 HK 九龍 KLN 新界 NT

C. 聯名投保人資料 Personal Details of Joint

(請以英文正楷填寫 Please complete in English BLOCK letters)

英文姓名 English Name (須與香港身份證相同 as printed on HKID)

姓 Surname

名 Given name

中文姓名 Chinese name 先生 Mr. 女士 Ms.

出生日期 Date of Birth 年 月 日

香港身份證號碼 HKID Card No.

D. 直接付款授權書 Direct Debit Authorization

本人(等)茲授權並要求豐隆保險(亞洲)有限公司從本人(等)下列之信用卡戶口內,支付「**豐隆智慳家居樓宇保險**」保費及尚未支付的保費,除非本人(等)再有進一步書面通知。 I/We hereby authorize and request Hong Leong Insurance (Asia) Ltd. to charge my/our Credit Card Account listed below for the premium including unpaid premium, if any, under "Hong Leong Smart Save Home Building Insurance" policy, until further written notice from me/ us.

信用卡戶口號碼 Visa/ Master Credit Card Account No.

有效日期 Expiry Date 年 月

發卡銀行 Issuing Bank _____

持卡人姓名 Name of Cardholder: _____

香港身份證號碼 HKID Card No.

For Office Use: EPR04-(10/2008)

Sources of Awareness: Print Ad Outdoor Roadshow SMS DM MGM Radio Mass fax Staff Others: _____

E. 聲明 Declaration

- 本人(等)現時投保住宅之牆身及屋頂是以磚石或石屎建成。本人(等)投保之住宅現時並未登記於豐隆保險(亞洲)有限公司或其他保險公司之任何家居樓宇保險計劃中,亦未有進行此等登記申請。本人(等)並未於申請任何家居樓宇保險計劃被拒絕或被附加任何條件。本人(等)於過去三年內,並未就任何家居樓宇保險計劃提出索償申請。(如此項聲明有任何不確,請另紙詳述。) I/We declare that the proposed property is built and roofed with bricks, stone and concrete. I/We do not have any existing home building insurance policy with Hong Leong Insurance (Asia) Ltd. and/or other insurance companies. I/We am not/are not in the process of applying for home building insurance for the proposed home address stated on the Application Form with other insurance companies. I/We have never been refused and/or required special terms for any home building insurance. I/We have not made any claims under home building insurance within the past three years. (If this declaration is not accurate, please attach full details on a separate sheet.)
- 本人(等)明白如需取消直接付款授權書,本人(等)須以書面通知豐隆保險(亞洲)有限公司,並清楚終止將於翌日起生效。 I/We understand that in the case I/we need to cancel the Direct Debit Authorization, a written instruction must be submitted to Hong Leong Insurance (Asia) Ltd., and it will only be effective on the following day.
- 本人(等)同意豐隆保險(亞洲)有限公司保留一切接納申請與否之權利及無須作出任何解釋。 I/We agree that Hong Leong Insurance (Asia) Ltd. reserves the right to accept/reject my/our application, without giving any reasons.
- 本人(等)同意此投保表格為本人(等)與豐隆保險(亞洲)有限公司訂立保險契約之根據。本人(等)特此聲明投保表格內所填報之資料,據本人(等)所知並確定全部正確無訛。 I/We agree that this Application Form shall be the basis of the contract between me/us and Hong Leong Insurance (Asia) Ltd. I/We declare that the statements made in this application are true and correct to the best of my/our knowledge and belief.
- 本人(等)同意豐隆保險(亞洲)有限公司及其代理人保留權利(唯並非必須執行)進行電話錄音,以用作內部監管及避免從本人(等)的電話指示及談話內容所產生之混淆。 I/We agree that Hong Leong Insurance (Asia) Ltd. and its agents reserve the right (but are not obliged) to record telephone conversations, for internal monitoring and control purposes and to help avoid confusion arising over instructions given or any other matter discussed.
- 本人(等)同意貴公司之「有關個人資料的政策」會被引用。本人(等)可以向貴公司索取或從網址 www.hl-insurance.com 下載有關政策。本人(等)同意該政策(按不時之修正)適用於本人(等)所有個人資料。本人(等)現授權貴公司向/從任何豐隆集團成員或其他公司、機構、業務有關人士包括保險公司、信貸機構、金融機構、醫療保健相關機構等提供、收集並比較本人(等)就是次申請的個人資料,並利用比較結果採取任何行動,其可能不符合本人(等)利益。 I/ We agree that your Personal Data Policy, a copy of which is available upon request or from www.hl-insurance.com, shall apply. I/ We agree that all my/our personal data will be subject to such Policy (as may be amended from time to time). I/ We authorise you to provide to and collect information about me/us in connection with this application from any other member of the Hong Leong group or any other organization, institution or person relevant to your business, including other insurance companies, credit agencies, financial institutions, healthcare related entities etc., and to compare such information with my/our personal data, and to use the results for taking of any actions that may be adverse to my/our interests.

X 投保人簽署 Signature of Applicant

X 持卡人簽署 Signature(s) of Cardholder (若投保人不是持咭人) (If Applicant differs from Cardholder)

日期 Date

簽署必須與信用卡口簽署式樣相同 Signature(s) should correspond to the specimen signature of your Credit Card Account.

閣下如不欲接收本公司或任何豐隆集團成員直接推廣或跟進有關產品之宣傳及特別推廣,請以書面通知本公司,無須支付任何費用。 If you do not want to receive any direct marketing or follow up regarding products and special promotions from us or any other member of the Hong Leong group, please notify us in writing. No fee will be charged.

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