

請填妥申請表格，以電郵 (personal@hl-insurance.com)、郵寄或親自遞交 (香港北角英皇道 510 號港運大廈 8 樓 807-10 室) 至本公司。
You may submit the completed form to Hong Leong Insurance by email (personal@hl-insurance.com) or by mail or in person (Room 807-10, 8/F Island Place Tower, 510 King's Road, North Point, Hong Kong).

A. 保障選擇 Choice of coverage (請以英文**正楷**填寫，並在適當空格內加 ☒ 號 Please complete in English **BLOCK** letters and ☒ as appropriate)

投保計劃 Plan selection ☐ 計劃一 Plan1 (HK\$1,000,000) ☐ 計劃二 Plan 2 (HK\$500,000)

預計保險起保日期 Proposed effective date of insurance (日/月/年 D/M/Y) _____/_____/_____

住宅面積類別 Floor area type of your home (平方呎 in square feet) <input type="checkbox"/> 建築面積 Gross floor area <input type="checkbox"/> 實用面積 Saleable floor area 住宅面積(平方呎) floor area of your home(in square feet) _____ 樓齡 Age of building _____	每月保費 Monthly premium
<input type="checkbox"/> 自選附加家傭保障 Optional domestic helper coverage 家傭人數 Number of domestic helper(s) : _____ x HK\$25	
總保費 Total premium (港幣 HK\$)	

註 Note: 保監局保費徵費已包括在內。 Premium Levy to Insurance Authority is included.

B. 投保人個人資料 Personal details of application

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

性别 Gender

☐ 男 Male ☐ 女 Female

出生日期 Date of birth (日/月/年 D/M/Y)

香港身份證號碼 HKID card No.

電子郵件信箱 E-mail address

手提電話 Mobile _____ 住宅電話 Home tel. _____ 辦公室電話 Office tel. _____

投保地址 Applicant address

(必須為投保人的主要居所及不得作任何商業用途 Proposed property must be principal residence and does not free from any business use)

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 Mailing address (如不同上 if different from the above)

室 Flat/ Room

樓 Floor

座 Block

大廈 Building/ 屋邨 Estate

街 Street/ Road

地区 District Area

☐ 香港 HK ☐ 九龍 KLN ☐ 新界 NT

C. 付款指示及授權 Payment instruction and authorization

本人茲授權並要求豐隆保險（亞洲）有限公司從本人下列之信用卡戶口內，支付該保障之保費及尚未支付的保費，除非本人再有進一步書面通知。I hereby authorize and request Hong Leong Insurance (Asia) Ltd. to charge my credit card account listed below for the premium of this insurance including unpaid premium until further written notice from me.

持卡人姓名 Name of cardholder: 發卡銀行 Issuing bank:

信用卡戶口號碼 Credit card account no. (☐ Visa ☐ Master)

有效日期 Expiry date (月/年 M/Y)

X _____
 持卡人簽署 Signature of cardholder (簽署必須與信用卡戶口簽署式樣相同) Signature should correspond to the specimen signature of your credit card account.

請繼續填寫下頁 Please go on next page

D. 聲明 Declaration

1. 本人在此聲明現時投保住宅之牆身及屋頂是以磚、石及混凝土建成。I hereby declare that the proposed property is built and roofed with bricks, stone and concrete.
2. 本人在此聲明現時投保之住宅是本人的主要自住居所與及並沒有使用作任何商業用途。I hereby declare that the proposed property is my principal residence and do not free from any business use.
3. 本人在此聲明現時投保之住宅不存在任何違例建築物。I declare that there is no illegal structure in the proposed property.
4. 本人在此聲明未曾在剛過去三年內向任何保險公司就家居財物、個人責任保障或家傭保障 (如曾投保) 提出索償申請。I declare that I have not made any claims under home contents, personal liability or domestic helper insurance (if insured) with any insurance companies in the past three years.
5. 本人在此聲明投保之住宅未曾就家居財物、個人責任保障或家傭保障 (如曾投保) 被任何保險公司拒絕投保申請, 取消保單或拒絕續保, 或須附加特別條款。I declare that no insurance companies have declined my proposal, cancelled or refused to renew my policy or imposed special terms, conditions for my home contents, personal liability or domestic helper insurance (if insured).
6. 本人同意此等聲明為本人與豐隆保險(亞洲)有限公司訂立保險契約之根據。本人特此聲明就是次有關「豐隆家居保險」(「保險單」)的申請所提供之資料, 盡本人所知及所信全部正確、無訛和完整。I agree that these declarations shall be the basis of the contract between me and Hong Leong Insurance (Asia) Limited. I declare that the foregoing statements and particulars given in this application for "Hong Leong Home Insurance" policy ("Policy") are true, correct and complete in every aspect to the best of my knowledge and belief.
7. 本人明白主要不承保事項包括: 戰爭、恐怖份子活動、輻射感染、無人居住超過三十天的單位、自然損耗、機件故障、違法行為、由擁有或使用任何車輛或船隻所引致之法律責任、隱形眼鏡、手提電話、使用中的運動設備或無人看管的財物等。I understand major exclusion including: war, act of terrorism, radioactive contamination, unoccupied for more than 30 consecutive days, wear and tear, mechanical or electrical breakdown, unlawful acts, legal liability arising from ownership or usage of any motor vehicle or watercraft, contact lens, mobile telephones, sports equipment while in use or unattended properties.
8. 保險單可於生效日期起計十五天(冷靜期)內退回。在此情況下, 保費將全數退還, 而保險單將被視為無效, 貴公司亦毋須支付任何索償。詳情請參閱保險單條款。The Policy may be returned to you within 15 days after the effective date of insurance. Any premium paid will then be refunded. The Policy shall be deemed to have been void and you shall not be liable to pay any benefit. Please refer to the Policy for further details.
9. 本人在投保此計劃時正身處香港。I am physically present in Hong Kong as the date of this application.
10. 本人, 並代表每一位獲列於本申請內之人士(「受保人」): I, and on behalf of each person covered under this application ("Insured Person"):
 - (a) 明白並且同意貴公司可: acknowledge and agree that you may:
 - (i) 收集、使用和披露本人及受保人的個人資料(包括但不限於信用資料和以往索賠紀錄), 以用作處理本人的申請、調查和結清索賠、以及偵測和防止欺詐行為(無論是否與就本申請而發出的保單有關)所需的目的; 及 collect, use and disclose my and the Insured Person's personal information (including but not limited to credit information and claims history) for the purposes necessary to process my application, investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application); and
 - (ii) 把我/我們的個人資料轉移給以下人士, 而他們只能在有合理需要履行上述目的之情況下才可收集和使用這些資料: 保險理算人、代理和經紀; 僱主; 醫護專業人士; 醫院; 會計師; 財務顧問; 律師; 整合保險業申索和承保資料的組織; 防欺詐組織; 其他保險公司(無論是直接地, 或是通過防欺詐組織或本段中指名的其他人士); 警察; 和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)(合稱「該等人士」)。transfer my/our personal information to the following persons who may collect and use this information only as reasonably necessary to carry out the purposes described above: insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information (collectively, "Such Persons").
 - (b) 同意貴公司之「個人資料政策」(「該資料政策」)會被引用, 貴公司可按照該資料政策使用、披露及/或轉移我/我們的個人資料。本人(等)可以向貴公司索取或從網址 www.hl-insurance.com 下載該資料政策。agree that your Policy on Personal Data ("Data Policy"), a copy of which is available upon request or from www.hl-insurance.com, shall apply and my/our personal information may be used, disclosed and/or transferred in accordance with the Data Policy.
11. 本人確認受保人已給予所有並完全之權力給本人透露本申請所要求之個人資料並可在將來要求更改保險單資料(除更改受益人必須由有關受保人提出)。I confirm that I have the full and complete authority from the Insured Person(s) to disclose any personal information being requested to provide in connection with this application and make any subsequent request for policy amendment (save for designation or amendment of beneficiary, which must be made by the relevant Insured Person(s)).
12. 直接促銷 Direct Marketing
本人明白, 未經本人同意, 貴公司不會將本人的個人資料用於直接促銷。本人確認, 本人提交是次申請即表明本人同意貴公司可將本人的個人資料用於該資料政策中載列之直接促銷(本人於以下段落指明不同意收取直接促銷資料或訊息的渠道除外)。I understand that you would not use my personal data in direct marketing without my consent. I acknowledge that my submission of this application gives consent to you to use my personal data in direct marketing as set out in the Data Policy, except for the channel(s) which I have indicated my objection below.

本人不希望貴公司經下列渠道把本人的個人資料用於直接促銷或接收貴公司發出的任何直接促銷資料或訊息: I do not wish you to use my personal data in direct marketing / do not wish to receive any direct marketing materials or messages from you via the below channel(s):
☐ 郵件 Direct mail ☐ 電郵 Email ☐ 短訊 SMS ☐ 電話 Phone Call

本人明白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, 並取代本人於是次申請前向貴公司傳達的任何選擇。I understand that the above represents my present choice whether or not to receive direct marketing contact or information. This replaces any choice communicated by me to you prior to this application.
13. 本人確認已閱讀及明白此等聲明、保險單條款和條件及該資料政策, 並同意受其約束。I confirm that I have read and understand these declarations, the terms and conditions of the Policy and the Data Policy, and agree to be bound by the same.

投保人簽署 Signature of applicant

日期 Date (日/月/年 D/M/Y)

豐隆保險(亞洲)有限公司
HongLeong Insurance (Asia) Ltd.

香港北角英皇道510號港運大廈8樓807-10室
Room 807-10, 8/F Island Place Tower, 510 King's Road, North Point, Hong Kong

 **2961 2266**
9am - 7pm
www.hl-insurance.com
HOME/AF/122024/EC