豐隆家居裝修保險申請表格 Hong Leong Home Decoration Insurance Application Form

豐隆保險 HongLeong Insurance

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. 投保類別 Type of Application (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)

投保人 Applicant (請選其一類別 Please	e tick one only)		
□ 個人 Individual 業主 / 租戶 Owner / Tenant		 □ 公司 Corporate 公司名稱 Corporate Name : 商業登記證號碼 BR Certificate No. : 	
B. 投保人資料 Personal details of ap	plication		
<u>k</u> Surname	名 Given name	中文姓名 Chinese name	性別 Gender □ 男 Male □ 女 Female
当生日期 Date of birth (日/月/年 D/M/Y)	香港身份證號碼 HKID card No.	電郵地址 E-mail address	
/			
-提電話 Mobile	住宅電話 Home tel	辦公室電話 Office tel.	
奮訊地址 Mailing Address			
ظ Flat/ Room	樓 Floor	座 Block	
大廈 Building/ 屋邨 Estate		街 Street/ Road	
也區 District area	香港 HK □ 九龍 KLN □ 新界 NT		
C. 保險單資料 Policy Details			
美主 / 租戶名稱 Name of Owner / Tenar	nt		
《建商名稱 Name of Contractor			
R險單生效日期 Policy Effective Date(日/月/年) (DD/MM/YY)		
受保物業地址(如與上述通訊地址不同)Add	Iress of Insured Premises (if different from mail	ing address above)	
⊴ Flat/ Room	樓 Floor	座 Block	
c廈 Building/ 屋邨 Estate		街 Street/ Road	
也區 District area]香港 HK □ 九龍 KLN □ 新界 NT	
崖崗े Age of Building			
D. 保障選擇 Choice of coverage			
投保計劃 Plan Selection (工程金額 Contract Sum)		計劃 Plan 2 (HK\$300,000) 計劃 Plan 4 (HK\$750,000)	保費 Premium (HK\$)
計劃類別 Plan type	□ 工程物料損毀及第三者責任 Material Damage & Liability To Third Parties		
	□ 基本第三者責任 Liability To Third Pa □ HK\$7,500,000 □ HK	arties only \$12,500,000 HK\$20,000,000	
Public Liability to Third Party	nvolved (i.e. for replacement of window o 一是 Yes		00 (以較

E. 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。I hereby authorize and request Hong Leong Insurance (Asia) Limited to charge my credit card account listed below for the premium of this insurance.

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)	

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.)

F. 聲明 Declaration

本人在此聲明並確認如下: I hereby declare and confirm that:

- 本人/我們同意此等聲明為本人/我們與豐隆保險(亞洲)有限公司訂立保險契約之根據。本人/我們特此聲明就是次有關「豐隆家居裝修保險」(「保險單」)的申請所提供之 資料,盡本人/我們所知及所信全部正確、無訛和完整。I / We agree that these declarations shall be the basis of the contract between me and Hong Leong Insurance (Asia) Limited. I / We declare that the foregoing statements and particulars given in this application for "Hong Leong Home Decoration Insurance" policy ("Policy") are true, correct and complete in every aspect to the best of my knowledge and belief.
- 2. 現時投保之住所之牆身及屋頂是以磚、石及混凝土建成。The proposed property is built and roofed with bricks, stone and concrete.
- 3. 現時投保之住所絕無任何部份低於地面。No part of the proposed premises is below ground floor level.
- 4. 本人/我們未曾於投保同類型裝修保險時被拒絕接納申請/續保,或被增加附帶條款。I / We have never had any new application / renewal declined, nor have special terms and conditions been imposed on a similar application or renewal for decoration insurance.
- 5. 本人/我們明白並同意保險單一經簽發,保費及徵費將不獲退回。I / We understand and declare that no refund of premium and levy are allowed once the Policy has been issued.
- 6. 本人/我們,並代表每一位獲列於本申請內受保之人士(「受保人」): (a) 明白並且同意貴公司可: (i) 收集、使用和披露本人/我們及受保人的個人資料 (包括但不限於信用資料和以往申索紀錄),以用作處理本人/我們的申請、調查和結清申索、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 (ii) 把本人/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、代理和絕紀: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):醫察: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」);及 (b) 同意貴公司之「個人資料政策」(「該資料政策」) 會被引用,貴公可按照該資料政策使用、披露及/或轉移本人/我們的個人資料。本人/我們的以自貴公司索取或從網址 www.hl-insurance.com 下載該資料政策。1/ We, and on behalf of each insured person's covered under this application ("Insured Person"): (a) acknowledge and agree that you may: (i) collect, use and disclose my / our 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 use this information only as reasonably necessary to carry out the purposes described above: insurance adjusters, agents and brekers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; solicitors; organisations that consolidate use this information prevators) used by the insurance industry to analyse and check information provided against existing information (collectively, "Such Persons"), and (b) agree that your Poricy 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 hard 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. discloseed and / or transferred in accordance with the Data Policy.
- 7. 本人/我們確認受保人已給予所有並完全之權力給本人/我們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 / We confirm that I / We 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)).
- 8. 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.

9. 直接促銷 Direct Marketing

本人(等)明白,未經本人(等)同意,貴公司不會將本人(等)的個人資料用於直接促銷。本人(等)確認,本人(等)提交是次申請即表明本人(等)同意貴公司可將本人(等)的個人 資料用於該資料政策中載列之直接促銷(本人(等)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/We understand that you would not use my/our personal data in direct marketing without my/our consent. I/We acknowledge that my/our submission of this application gives consent to you to use my/our personal data in direct marketing as set out in the Data Policy, except for the channel(s) which I/we have indicated my/our objection below.

本人(等)不希望貴公司經下列渠道把本人(等)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/We do not wish you to use my/our 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(等)明白以上代表本人(等)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(等)於是次申請前向貴公司傳達的任何選擇。I/We understand that the above represents my/our present choice whether or not to receive direct marketing contact or information. This replaces any choice communicated by me/us to you prior to this application.

10. 本人(等)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/We confirm that I/we 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)

