

中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

香港銅鑼灣新寧道8號中國太平大廈19字樓
19/F, China Taiping Tower, 8 Sunning Road, Causeway Bay, Hong Kong

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公眾責任險投保書
PUBLIC LIABILITY INSURANCE PROPOSAL FORM

請填報以下項目資料，並在適當的空格填上☑，如有變更必須通知保險公司

Please answer items below and tick the boxes where appropriate ☑ and inform Co. if any of them has been altered

被保險人資料 PARTICULARS OF INSURED			
公司 Company	名稱： Name:	商業登記證號碼： B.R. No.:	
個人 Individual	姓名： Name:	性別： Sex:	香港身份證號碼： HKID Card No.:
通訊地址： Correspondence Address:			
電郵地址： E-mail Address:		聯絡電話： Contact Tel. No.:	傳真號碼： Fax No.:
投保細則 INSURANCE COVER			
行業： Business:			
工作詳情： Particulars of work:			
投保地址： Location:			
承保日期：(日/月/年) Period of Insurance: (dd/mm/yyyy)	由 From	至 To	保 For
(起迄兩天均包括在內 Both dates inclusive)			
責任限額： Limit of Indemnity:	港幣 HKD	每次意外之最高賠償額 for Any One Accident	港幣 HKD
		全年之最高賠償額 for Any One Period	
如投保內容有關 IF COVER IS REQUIRED IN RESPECT OF			
(一) 電梯、吊機等，請詳述： Power-operated Lifts, Hoists or Cranes, please list below:			
Maximum Number Lifting Capacity		層數 Number of Floors served	客用電梯或貨用電梯 Whether Passenger or Goods
其他機械設備： Mobile Power-operated Equipment, please give description and numbers: _____			
(二) 是否要求投保食物中毒？ Whether cover is required in respect of poisoning arising from food or drink consumed on the premises? 是 Yes 否 No			
(三) 是否有涉及船隻或躉船等？ Whether cover is required in respect of any ship, vessel, craft or aircraft or any work done therein or thereon? 是 Yes 否 No			
若“是”，請說明：If “Yes”，please give details: _____			
(四) 提供以往三年之賠案記錄： Give particulars of all claims made against you during the past three years, whether or not any payment has been made:			
年份 Year	簡述每次意外事故 Brief details of each incident		賠償金額 Cost of claim paid (港幣 HKD)
			估計未賠案之賠償金額 Estimated outstanding (港幣 HKD)
(五) 以往是否有被保險公司拒保、推卻續保或終止保單？ Has any Insurer ever declined a proposal, refused renewal or terminated on insurance? 是 Yes 否 No			
(六) 以往是否有被保險公司加收保費或附加一些特別條款？ Has any Insurer ever required an increased premium or imposed special conditions? 是 Yes 否 No			

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公司 Company	名稱： Name:	商業登記證號碼： B.R. No.:	
個人 Individual	姓名： Name:	性別： Sex:	香港身份證號碼： HKID Card No.:

收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

中國太平保險(香港)有限公司(下稱“本公司”)明白其在《個人資料(私隱)條例》下就個人資料的收集、持有、處理或使用所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

閣下提供本申請表要求的個人資料，是為本公司提供保險業務所需，否則，本公司將無法處理閣下的申請。本公司並可能使用閣下的個人資料作以下用途：

- (i) 處理及審批閣下的保險申請或閣下將來提交的保險申請；
- (ii) 執行閣下保單的行政工作及提供與閣下保單相關的服務(包括但不限於更改、變更、取消或續期)；
- (iii) 分析、調查、處理及支付閣下保單有關的索償；
- (iv) 發出繳交保費通知及向閣下收取保費及欠款；
- (v) 本公司行使任何代位權；
- (vi) 就以上用途聯絡閣下；
- (vii) 其它與上述用途有直接關係的附帶用途；及
- (viii) 遵循適用法律，條例及業內守則及指引。

本公司亦可因應上述用途披露閣下的個人資料予下列各方：

- (a) 就上述用途，向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問(包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商)；
- (b) 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- (c) 追討欠款的收數公司或索償代理；
- (d) 保險資料服務公司及信貸資料服務公司；
- (e) 再保公司及再保經紀；
- (f) 閣下的保險經紀(若有)；
- (g) 本公司的法律及專業業務顧問；
- (h) 本公司的關連公司(以《公司條例》內的定義為準)；
- (i) 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」)及其會員，以達到任何上述或有關目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；
- (j) 透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的；
- (k) 保險索償投訴局及同類的保險業機構；
- (l) 法例要求或許可的政府機關包括運輸署。

閣下的個人資料可能因上述用途提供給以上任何機構(在香港境內或境外)，而就此事而言，閣下同意將閣下的資料移轉至香港境外。

直接促銷通訊：

1. 經閣下同意，本公司可能使用閣下的聯絡資料、個人基本資料及保單資料，通過書信、電郵、電話或短信與閣下聯絡，提供金融及保險產品或服務的直接促銷通訊。若閣下不欲接收有關直接促銷通訊，請在以下的方格內填上「✓」。
2. 經閣下同意，本公司亦可能提供閣下的聯繫資料、個人基本資料、人口統計數據及保單資料給本公司的關連公司(其定義以《公司條例》內的定義為準)、關連公司之合作伙伴及第三方金融機構，獲取有關資料的公司可以以書信、電郵、或短訊與閣下聯絡，提供金融及/或保險產品或服務的直接促銷通訊。若閣下反對本公司將閣下個人資料提供給本公司的關連公司、關連公司之合作伙伴及第三方金融機構，或不欲接收本公司的關連公司、關連公司之合作伙伴及第三方金融機構的直接促銷通訊，請在以下的方格內填上「✓」。

閣下可隨時撤回給予本公司有關使用閣下的個人資料及提供予第三方作直接促銷用途的同意，而本公司將在不收取任何費用的情況下停止使用該等資料作直接促銷用途。閣下如欲撤回閣下給予本公司的同意，請聯絡本公司的總經理辦公室經理(詳情參閱下文)。

閣下有權查閱本公司是否持有閣下的個人資料，獲取該資料的副本，更正任何不準確的資料，以及查閱本公司有關個人資料的政策及常規。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。如有需要，請以書面形式向本公司總經理辦公室經理提出，地址為香港銅鑼灣新寧道8號中國太平大廈19樓。

本聲明中英文版本如有任何歧異或不一致，概以英文版為準。

China Taiping Insurance (HK) Company Limited (the “Company”) understands its responsibilities in relation to the collection, retention, processing or use of personal data under the Personal Data (Privacy) Ordinance. Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

You are under an obligation to provide all of the personal data requested in this form, which is collected to enable us to carry on insurance business. If you fail to provide all the personal data requested in this form, we will not be able to process your application. The Company may also use your personal data for the following purposes:

- (i) processing and evaluating your insurance application and any future insurance application you may make;
- (ii) administering your insurance policy and providing services in relation to your insurance policy (include but not limited to any alterations, variations, cancellation or renewal of such product or service);
- (iii) analyzing, investigating, processing and paying claims made under your insurance policy;
- (iv) invoicing and collecting premiums and outstanding amounts from you;
- (v) exercising any right of subrogation;
- (vi) contacting you for any of the above purposes;
- (vii) other ancillary purposes which are directly related to the above purposes; and
- (viii) complying with applicable laws, regulations or any industry codes or guidelines.

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The Company may disclose your personal data for the above purposes to the following classes of transferees:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- (b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- (c) in the event of default, debt collectors and recovery agents;
- (d) insurance reference bureaus or credit reference bureaus;
- (e) reinsurers and reinsurance brokers;
- (f) your insurance broker (if you have one);
- (g) the Company's legal and professional advisors;
- (h) the Company's related companies (as that term is defined in the Companies Ordinance);
- (i) any association, federation or similar organization of insurance companies (collectively called "the Federation") and its members that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
- (j) any members of the Federation by the Federation for any of the above or related purposes;
- (k) the Insurance Claims Complaints Bureau and similar insurance industry bodies; and
- (l) government agencies and authorities as required or permitted by law including the Transport Department.

Your personal data may be provided to any of the above organizations, located in Hong Kong or outside of Hong Kong, for the above purposes, and in this regard you consent to the transfer of your data outside of Hong Kong.

Direct Marketing Communications:

1. With your consent, the Company may also use your contact details, personal data and policy details to contact you with direct marketing communications regarding financial and insurance products or services by mail, email, telephone or SMS. Tick the box below if you do not wish to receive such direct marketing communications.
2. With your consent, the Company may also provide your contact details, personal data, demographic information and policy details to the Company's related companies (as that term is defined in the Companies Ordinance), partners of the Company's related companies and third party financial institutions, who may send you direct marketing communications regarding financial and/or insurance products or services by mail, email, telephone or SMS. Tick the box below if you do not consent to the Company providing your personal data to the Company's related companies, partners of the Company's related companies or third party financial institutions or do not wish to receive direct marketing communications from the Company's related companies, partners of the Company's related companies or third party financial institutions.

You may withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time, and thereafter the Company shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please contact the Company's Manager of Office of the General Manager (please find the details below).

You have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, to correct any data that is inaccurate, and to ascertain the Company's policies and practices in relation to personal data. You may also request the Company to inform you of the type of personal data held by it. Requests for such access can be made in writing to the Company's Manager of the Office of the General Manager at 19/F., China Taiping Tower, 8 Sunning Road, Causeway Bay, Hong Kong.

In the event of any discrepancy or inconsistency between the English and Chinese versions of this statement, the English version shall prevail.

- 本人反對貴公司使用和轉移本人的個人資料作直接促銷用途，並不希望接收任何推廣及直接促銷通訊。
I object to the use and provision of my personal data for direct marketing purposes, and do not wish to receive any promotional and direct marketing materials.

投保人聲明 DECLARATION

1. 本人謹此聲明本投保書所列全部資料乃就本人所知一切據實填報。本人明白本投保書及聲明將構成本人與中國太平保險(香港)有限公司之間的合約依據。
I declare that to the best of my knowledge and belief the information given on this form is true and complete in every respect. I agree that this proposal and declaration will be the basis of the contract between me and CHINA TAIPING INSURANCE (HK) COMPANY LIMITED.
2. 本人同意有關保險須在該公司接受本投保書後才生效。
I agree that the insurance will not be in force until the proposal has been accepted by the Company.

日期：

Date :

_____ (日/月/年 dd/mm/yyyy)

投保人簽署及蓋章：

Signature of Proposer &
Company Chop :

由本公司填寫 FOR OFFICE USE ONLY

PC:					IT:						
CC:					CC:						
AT:					AC:						
DI:	M	201:	%	202:	%	203:	%	204:	%	213:	%
	S	201:	%								
	O	R:	%								
SC:											
REMARK:											