NAVIGATOR
Insurance Brokers Ltd.
Unit 8E Golden Sun Centre 223 Wing Lok St Sheung Wan HK
Tel. (852) 2530 2530 Fax (852) 2530 2535
Email: crew@navigator-insurance.com
www.navigator-insurance.com

THE NEW INDIA ASSURANCE CO. LTD.

(INCORPORATED IN INDIA WITH LIMITED LIABILITY)
6th Floor, Mancheung Building, 15-17 Wyndham Street, Central, Hong Kong
Tel:2522 4195, 2522 4196, Fax:2845 2133,2845 2079,E-mail:info@newindiahk.com
(Regd. & Head Office: New India Assurance Bldg., 87, M. G. Road, Fort, Mumbai - 400 001.)

OFFICE MULTI PERILS INSURANCE PROPOSAL FORM
辦公室綜合保險投保書

Please complete the following sections in ENGLISH using block letters and tick the box(es) as appropriate.
請以英文正楷填寫下列部份，並於適當的空格內加上 號。

Details of Proposer 投保人資料(*Please delete if not appropriate. *請刪除不適用項目)

Name of Company / Business Entity:
公司/機構名稱：_____

Name of Contact Person (Mr./Mrs./Ms)* : Surname Given Name
聯絡人姓名(先生/太太/女士)*： 姓_____ 名_____

Tel No: Office Mobile
電話號碼： 辦公室_____手提_____

Description of Business: 業務性質：_____

Correspondence Address: Flat/Room * Floor Block Building
通訊地址： 室/單位*_____樓_____座_____大廈_____
No. & Street Name/Lot. No.* District HK/KLN/NT*
街名及門牌/地段*_____地區_____香港/九龍/新界*

Address of Premises to be insured: Flat/Room* Floor Block Building
(if different from the above) : 室/單位*_____樓_____座_____大廈_____
投保樓宇地址 No. & Street Name/Lot. No.* District HK/KLN/NT*
(如與上述地址不同) 街名及門牌/地段*_____地區_____香港/九龍/新界*

How long have you been estabished at these premises? 閣下佔用該樓宇 _____ years 年

Period of insurance required : From : ____ (D)____(M)_____ (Y) To ____ (D)____(M)_____ (Y)
(Please note that the cover is not in force until the application has been accepted by the Company)
閣下希望保險生效之日期：(請注意，保險必須待至本公司接受申請後方始生效)
由 ：____日____月_____年 至 ：____日____月_____年

Standard Covers 標準保障

Comprising: Office Contents - , Additional Expenditure, Money and Public Liability Cover
包括：樓宇內設備、額外開支、金錢損失及公眾責任保障

Office Contents 樓宇內設備：
What is the replacement cost as new of all your office contents? HK$_____
閣下寫字樓內所有設備之全新更換價值：港幣_____
Please list below office equipment, computer or machine included in the Sum Insured above where the value exceeds HK$100,000 any one item or attach separate sheet.

如在投保金額內有任何一件辦公室器材、電腦或機器價值超逾港幣 100,000 元，請註明：

Description 說明	**Value (HK$)** 價值(港幣/元)
1.	
2.	
3.	
4.	
5.	

Business Interruption / Additional expenditure :
Limit of Indemnity HKD 500,000 in aggregate during the policy period

Money Insurance: HKD_____any one accident and in aggregate during the policy period.

Public Liability: any one accident and in aggregate during the policy period : HKD 5 million / HKD 10 million

Optional Extensions 自選保障 (With Additional Premium)

Employees' Compensation 僱員賠償：

	Number of Employees 估計僱員人數	**Annual Earnings (HK$)** 估計每年薪酬 (港幣/元)
Management/Clerical Staff: 管理/文職人員：		
Sales Representatives: 營業代表：		
Staff Working Outside HK (Please specify country) 海外工作的人員(請註明國家)：		
Other (Please specify): 其他(請註明)：		

Personal Accident to employess death and permanent disability :
(Attach a list of Employees to be covered) Limit HKD _____in aggregate during the policy period

Insurance History 投保紀錄

Have you or any principal in the business 閣下或貴公司主要成員曾否：

	Yes 有	No 否
Ever been refused insurance or had any special terms or conditions Imposed by any insurer? 被拒絕投保或被任何保險公司司附加任何特別條款或條件？		
During the last three years sustained any loss, whether insured or otherwise, in connection with any of the covers for which insurance has been requested? 過去三年曾蒙受任何與現申請投保之保障有關之損失，不論已投保與 否？		
Even been convicted of or is any prosecution pending for any offence involving dishonesty of any kind (e.g. involving fire, fraud, theft)? 曾被判罪名成立或正等待由任何不成實行為所引致的起訴之審判 (例如涉及火警、詐騙、盜竊) ？		

If any of the above answers is "Yes", please give details in a separate sheet 如上述任何一項回答為「是」，請另行詳細說明
Please make your cheque payable to "**The New India Assurance Co. Limited**" 支票抬頭請填寫「**新印度保險有限公司**」

Declaration:
1/we desire to effect insurance specified herein and declared that I/We:

- agree that **The New India Assurance Co. Limited** reserves its right to reject my application
- warrant that the information given and answers to questions herein are true and correct to the best of my/our knowledge
- have not withheld facts likely to influence assessment of this application
- agree that this application, declaration and other information provided shall form the basis of the contract and agree to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the policy/policies and /or as modified or extended by any endorsements thereon.

聲明：
本人特此聲明：

- 同意 **新印度保險有限公司** 保留其不受理本人投保的權利
- 保證所填報資料及對所戴問題的回答，據本人確信，均為正確無誤
- 並未隱瞞可能影響本投保書評估的事實
- 同意本投保書、聲明及所提供的其他資料作為合約基礎，並同意接受本保單所戴及/或其任何修訂或擴充的條款、限制、不承保事項、條件、條文及保證

Personal Information collection statement :
The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of:

- Any insurance or financial related product or service or any alterations, variations, cancellation or renewal of them,
- Any claim or analysis of it ; and may be transferred to
- Any company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation or other services provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed time to time.
- Any person / organization to fulfill any of the above purposes and/or for the purpose of data verification within insurance industry.

You have right to obtain access to and to request correction of any personal information concerning yourself held by Us. Request for such access can be made to the Manager of the company.

Applicable only in case Insurance Intermediary is involved:
The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by The New India Assurance Company Limited, The New India Assurance Company Limited will pay the authorized insurance intermediary (Broker / agent) commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to The New India Assurance Company limited that he or she is authorized to do so.

The applicant further understands that the above agreement is necessary for The New India Assurance Company Limited to proceed with the application.

Date: _____ Proposer's Signature: _____

Place: _____ Name: _____

Insurance Broker / Agent name: _____

This form is not a policy of insurance. Please refer to the policy terms and conditions of the Policy which will be issued to you upon acceptance of your proposal.

NAVIGATOR
Insurance Brokers Ltd.
Unit 8E Golden Sun Centre 223 Wing Lok St Sheung Wan HK
Tel. (852) 2530 2530 Fax (852) 2530 2535
Email: crew@navigator-insurance.com www.navigator-insurance.com