PICC 中国人民保险（香港）有限公司
THE PEOPLE'S INSURANCE COMPANY OF CHINA (HONG KONG), LTD.
香港干諾道中 148 號粵海投資大廈 15 樓 15/F, Guangdong Investment Tower, No.148 Connaught Road Central, Hong Kong.
TEL : (852) 2979 2000, 2517 2332 FAX : (852) 2540 6260

PICC Business Package Insurance Application Form
人保商業綜合保險投保書

NOTE 備註 ：

1. The Applicant has to complete the form in English BLOCK LETTERS and please put a"✓"in the box where appropriate. Any changes made should be signed by the Applicant.
   投保人請以英文正楷填寫及在適當方格內加 "✓" 號。任何答案如有更改敬請在旁簽署。
2. If you have any doubt about the information required in this application form, please call The People's Insurance Company of China (Hong Kong), Ltd. Hotline (852) 2979 2000 / 2517 2332 to enquire. In order to protect the Applicant's and/or Insured Person's rights, it is necessary for the Applicant to provide sufficient information to the insurance company. Failure to disclose any material fact may mean that the policy will not provide the Applicant and/or Insured Person with the coverage required, or may render the policy void or voidable.
   若不清楚此投保書需要透露的資料內容，請致中國人民保險（香港）有限公司熱線(852) 2979 2000 / 2517 2332 查詢。讓保險公司了解實況，有助保障投保人及/或受保人的利益，若未能充份透露實情將會使投保人及/或受保人得不到所需求的保障，甚至使保單失效。
3. In the event of any discrepancy or inconsistency between the information contained in this proposal form and the terms stated in any policy issued, the policy terms shall prevail.
   若此投保書所含的內容與保單條款有任何歧異，概以保單為準。
4. This insurance plan is underwritten by The People's Insurance Company of China (Hong Kong), Ltd.
   此保險計劃由中國人民保險（香港）有限公司承保。

Applicant's Particulars 投保公司資料

Company Name (as Business Registration) 公司名稱 (與商業登記名稱一致)		
Contact Person 聯絡人	Nature of Business 業務性質	
Correspondence Address 通訊地址		
Insured Premises 投保地址		
Floor Area 建築面積	No. of Seat (if applicable) 座位數目（如適用）	
Tel. No. 電話	Fax No. 傳真	Email Address 電子郵箱

Insurance Period 保險期限

From 由 _____ To 至 _____
(dd/mm/yyyy) (日/月/年) (dd/mm/yyyy) (日/月/年)

* The insurance will not be effective until acceptance by the Company
* 在未經保險公司接受投保之前，保險均屬無效。

Insurance Details 保險詳情

Section 1 – Content All Risks Cover (Basic Cover)
第一項 – 財物綜合保險（基本保障）

1. On Contents 財物保障	HK$
2. On Stock in Trade (Please state maximum limit per article: HK$) 貨物 (請說明每件的最大限額: HK$)	HK$
3. Others (please specify) 其他 (請詳述)	HK$
Total Sum Insured under Section I **第一部分總保險金額**	**HK$**

Section 6 – Employees' Compensation (Optional Cover)
第六項 – 僱員賠償保險 (自選投保項)

Please provide a copy of latest wageroll (e.g. latest MPF contribution records, financial statements, tax returns or other relevant documents) of employee (s)
請提供最近期的僱員薪酬紀錄副本（例如：強積金供款紀錄、財務報表、報稅表或其他相關文件

Occupation 職位	No. of Employees 僱員數目	Estimated Annual Earnings 估計每年收入
1		HK$
2		HK$
3		HK$
Total Estimated Annual Earnings under Section 6 **第六項總估計每年收入**		**HK$**

Insurance History 保險歷史

1. How long has the business been established? 貴公司業務成立年期:		
2. Have you suffered any loss or damage in relation to the insurance you apply for in the past 3 years? 貴公司是否在過去 3 年內遭受過與所申請的保險有關的損失或傷害?	□ Yes 是	□ No 否
3. Has any Insurer: 是否有任何保險公曾經:		
(a) declined your proposal? 拒絕貴公司的投保申請？	□ Yes 是	□ No 否
(b) refused to renew your policy? 拒絕續保申請?	□ Yes 是	□ No 否
(c) cancelled your policy? 取消閣下的保單?	□ Yes 是	□ No 否
4. Is a burglary alarm installed in your premises? 貴公司的辦公地點是否安裝了防盜警報系統?	□ Yes 是	□ No 否
5. Does any of the work carry out by the employers involve : 僱主的業務是否涉及:		
(a) any work on ships, chemical works, off-shore structures, oil or gas refineries? 任何於船舶、化工廠、離岸建築物、石油或天然氣精煉廠進行的工作？	□ Yes 是	□ No 否
(b) any work outside Hong Kong? 任何於香港境外進行的工作?	□ Yes 是	□ No 否
(c) work at a height above 10 meters or underground? 於離地面 10 米以上或地底進行的工作?	□ Yes 是	□ No 否
(d) use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substance? 使用、處理、貯存或運輸有害物質，例如有毒化學物、爆炸品、氣體、石棉和放射性物質?	□ Yes 是	□ No 否
For any "Yes" answer to the above, please give nature of work and no. of employee (s) involved. 如以上任何問題的回答為「是」， 請提供有關工作性質及所涉僱員人數。		
6. Does the employer: 僱主有否:		
(a) hire any self-employed persons for their business? 為其業務聘用任何自僱人士？	□ Yes 是	□ No 否
(b) hire any part-time employees? 聘用任何兼職僱員?	□ Yes 是	□ No 否
(c) plan to increase the no of the employees substantially or add different occupations in a short period of time? 計劃在短期內大幅增聘員工或增設不同職務?	□ Yes 是	□ No 否
For any "Yes" answer to the above, please give all details. 如以上任何問題的回答為「是」，請填寫有關詳情如下：		

Declaration 聲明

I/WE, HEREBY DECLARE AND AGREE THAT :
本人/我們，謹此聲明並同意 ：

1. The information and particulars provided on this application form are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between The People's Insurance Company of China (Hong Kong) Limited (the "Company") and me/us. I/We hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application or the insurance policy void.
   於此申請表格內所提供的資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的。本人/我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為此項保險合約之承保根據。本人/我們在此確認，如未能提供真實及準確無誤之資料或通知中國人民保險(香港)有限公司（「貴公司」）任何有關此保險申請之重要資料，將可能導致貴公司不能接受或處理此保險申請或令本保單失效。

2. The insurance coverage applied for shall only take effect when this application has been accepted by and the required premium has been paid to the Company.
   一概保障必須在本申請獲接納後並已將應付保費繳交予貴公司後始可生效。

3. I/We hereby agree to keep a proper record of salaries and wages actually paid and agree to render such record in the form specified by the Company at the end of each period of insurance. I/We further agree to pay premium relating to any salaries and wages paid in excess of the amount estimated above (applicable to Section 6 – Employees' Compensation Insurance only).
   本人/我們同意妥善保存實際支付的薪金及工資紀錄，並於保險屆滿時以貴公司所指定之格式填報有關紀錄。本人/我們同意繳付跟超過以上估計之薪金及工資數額之額外支付數額有關的保費 (只適用於第六項 - 僱員賠償保險)。

4. I/We have obtained the authorization from the insured person(s) to provide the information requested in this application and to deal with and receive or request for information concerning the insured person(s) from the Company in relation to any matters arising from this application. I/We further acknowledge that the insured person(s) has(have) been explicitly informed and agree(s) that his/her(their) personal data will be transferred to the Company for the purpose of this application and has(have) been informed of his/her(their) rights under the Personal Data (Privacy) Ordinance.
   本人/我們已獲受保人（等）授權提供本申請所需之一切資料，並就本申請之相關事宜，與貴公司進行交涉，並向其接收或索取與受保人（等）有關之資料。本人/我們並確認受保人（等）已獲明確通知及同意，其個人資料將會轉介予貴公司作辦理本申請之用，亦已獲通知其在個人資料（私隱）條例下所享有的權利。

5. I/We understand and acknowledge that the Company shall pay the authorized insurance broker (if any) a commission for arranging the insurance policy, as a result of purchasing and taking up the policy issued by the Company as well as renewing the said policy thereafter. If I/We sign herein on behalf of a body corporate, I/We further confirm that I/We am/are authorized to do so. I/We further understand that the above agreement is necessary for the Company to proceed with the application.
   本人/我們明白及確認貴公司會就本人/我們購買及接受貴公司簽發的保單及其後續保該保單，向負責安排有關保單的獲授權保險經紀（如有）支付佣金。本人/我們若在此代表法人團體簽署，即同時確認本人/我們已獲該法人團體授權。本人/我們亦明白貴公司必須取得上述的同意，才可以處理有關保險申請事宜。

6. I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form. Moreover, the Company is hereby authorized to obtain access to and/or to verify any data provided by me and/or the insured person(s) with the information collected by any association, federation or similar organization of insurance companies from the insurance industry. I understand that I have the right to obtain access to and to request correction of any personal information concerning myself and/or the insured person(s) held by the "The People's Insurance Company of China (Hong Kong), Ltd.". Requests for such access can be made in writing to 15/F, Guangdong Investment Tower, No.148 Connaught Road Central, Hong Kong.
   本人/我們確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。此外，本人授權貴公司可向現存或不時成立的任何保險公司協會或聯會或類同組織從保險業內收集的資料中查閱及/或核對本人及/或受保人任何資料。本人明白本人有權查閱及要求更正由「中國人民保險（香港）有限公司」持有有關本人及/或受保人的個人資料。若有此需要可寫信並寄至香港干諾道中 148 號粵海投資大廈 15 樓向貴公司提出。

7. **Use of Personal Data in Direct Marketing 在直接促銷中使用個人資料**
   I/We understand that the Company may use my/our personal data for direct marketing but the Company would not use my/our personal data for such purpose without my/our consent. (Please tick "✓" in the box below if you do not wish the Company to use your personal data for direct marketing.)
   本人/我們明白貴公司可能會使用本人/我們的個人資料作直接促銷，但在未經本人/我們同意的情況下，貴公司不能就此目的使用本人/我們的個人資料。
   (若您不希望本公司在直接促銷中使用您的個人資料，請在下列空格內劃上「✓」號。)

   ☐ I do not agree to the use of my personal data for direct marketing purposes. 我不同意使用我的個人資料作直接促銷用途。
   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.
   本人/我們明白以上代表本人/我們目前就是否希望接受貴公司直接促銷的聯繫或資訊的選擇，並取代本人/我們在本申請前可能曾給予貴公司的任何選擇。

Applicant's Signature with Company Chop 申請人簽名及公司蓋章

Date of Application 申請日期

"The People's Insurance Company of China (Hong Kong), Ltd." has no liability whatsoever before the application for insurance in this Application Form is accepted.
本投保書在未被同意受保前，「中國人民保險(香港)有限公司」不負任何責任。

For Office use only 保險公司專用

Policy No. 保單編號	Handled By 經辦人	Checked By 覆核人	Date 日期

PICC 中国人民保险（香港）有限公司
THE PEOPLE'S INSURANCE COMPANY OF CHINA (HONG KONG), LTD.
香港干諾道中 148 號粵海投資大廈 15 樓 15/F, Guangdong Investment Tower, No.148 Connaught Road Central, Hong Kong.
TEL : (852) 2979 2000, 2517 2332 FAX : (852) 2540 6260

THE PERSONAL DATA (PRIVACY) ORDINANCE – PERSONAL INFORMATION COLLECTION STATEMENT

You have been informed by the owner / holder of this policy that The People's Insurance Company of China (Hong Kong), Ltd. (the "Company") understands its responsibilities to the collection, retention, processing or use of personal data under the Personal Data (Privacy) Ordinance. The personal data you provided (including credit information and claims history) is collected to enable the Company to carry on insurance business. The Company may also use your personal data for the following purposes:

(i) any insurance related product or service (include processing and evaluating your insurance application, any claim, settling claims, providing administration, financing, claim investigation or analysis work, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application) and other services in relation to your insurance policy), or any alterations, variations, cancellation or renewal of such product or service;
(ii) exercising any right of subrogation;
(iii) contacting you for any of the above purposes;
(iv) other ancillary purposes which are directly related to the above purposes; and
(v) complying with applicable laws, regulations or any industry codes or guidelines.

The Company may disclose / transfer your personal data to the following persons who may collect and use this data only as reasonably necessary to carry out the purposes described above:
(a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services, or any company carrying on insurance or reinsurance related business or your insurance intermediary (if you have one) or claim or investigation adjustors/companies, or other service provider providing services relevant to insurance business;
(b) 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;
(c) the Company's related companies (as that term is defined in the Companies Ordinance);
(d) Government and industry recognized insurance regulatory bodies: the Insurance Complaints Bureau and similar insurance industry bodies, the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members ; and
(e) 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.

Use of Personal Data in Direct Marketing:
The Company may use your personal data in direct marketing. Save in the circumstances exempted in the Ordinance, the Company cannot so use your personal data without your consent (which includes an indication of no objection). The Company may also use and/or provide your personal data 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. The Company and/or the companies who obtained related personal data can contact and/or send you with direct marketing communications regarding financial and insurance products or services by mail, email, telephone or SMS.
If you do not wish the Company to use your personal data in direct marketing as described above, you may exercise your opt-out right by notifying the Company. You may write to the Office of the General Manager (please find the details below).

You have the right to access and/or request correction of any personal data concerning yourself held by the Company and/or withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time. Requests for such access can be made in writing to Office of the General Manager at 15/F, Guangdong Investment Tower, No.148 Connaught Road Central, Hong Kong or email to enquiry@picchk.com. Moreover, the full version of the Company's Data Privacy Policy can be found at www.picchk.com.

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

個人資料(私隱)條例 - 收集個人資料聲明

此保單權益人／持有人已通知閣下，中國人民保險(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。閣下提供的個人資料(包括信用資料和以往申索記錄)，是為了本公司提供保險業務所需，本公司並可能使用閣下的個人資料作以下用途：

(i) 任何與保險有關的產品或服務(包括處理及審批閣下的保險申請、索償、結清申索、保單相關行政、財務工作、索償調查或分析、偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）及其它相關的服務)，或該等產品或服務的任何更改、變更、取消或續期；
(ii) 本公司行使任何代位權；
(iii) 就以上用途聯絡 閣下；
(iv) 其它與上述用途有直接關係的附帶用途；及
(v) 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/轉移 閣下的個人資料予下列各方，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：
(a) 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，或任何從事與保險或再保險業務有關的公司，或閣下的保險中介人(若有)、保險理算人或索償調查員/公司，或其他保險業務有關的服務提供者；
(b) 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）；
(c) 本公司的關連公司(以《公司條例》內的定義為準)；
(d) 政府及市場認可的保險業監管機構：保險投訴局及同類的保險業機構、香港保險業聯會（或同類的保險公司聯會）及其會員；
(e) 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)，而就此而言，閣下的個人資料可能被移轉至香港境外。

在直接促銷中使用個人資料
本公司可能把閣下的個人資料用於直接促銷，除非本公司已取得閣下的同意 (包括表示不反對)，否則本公司並不可以如此使用閣下的個人資料，但條例所指明的豁免情況除外。本公司可能使用及／或提供閣下的個人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，本公司及／或獲取有關資料的公司可以通過書信、電郵、電話或短信與閣下聯絡，提供金融及／或保險產品或服務的直接促銷通訊。

如閣下不希望本公司使用閣下的資料作上述直接促銷用途，閣下可通知本公司行使閣下的選擇權拒絕促銷。閣下可以書面向本公司總經理辦公室(詳情參閱下文)提出有關要求。

閣下可有權隨時查閱及／或更正由本公司持有有關閣下的個人資料及／或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。如有需要，請以書面形式向本 公司總經理辦公室提出，地址為香港干諾道中 148 号粵海投資大厦 15 樓 或電郵 enquiry@picchk.com。另本公司私隱政策的全文已上載於 www.picchk.com，歡迎查閱。

本聲明的中英文版本如有任何歧異或不一致，概以英文版為準。