NAVIGATOR
Insurance Brokers Ltd.
Unit 8E, Golden Sun Centre, 223 Wing Lok St, Sheung Wan, Hong Kong
Tel : +852 2530 2530 | Fax : +852 2530 2535
Email : crew@navigator-insurance.com | www.navigator-insurance.com

redefining / standards

(852) 2527 2020
(852) 2866 4688
axa-art@axa-insurance.com.hk
www.axa-insurance.com.hk

Exhibition and Transit Insurance – Proposal Form 展覽及運送保險投保書

Print

請以英文正楷填寫，並在適當的空格內填上 ☑ Please fill in this form in English block letters and mark the boxes where appropriate ☑

要保資料 Insurance Information	
要保類別 Insurance Coverage Required	☐ 運輸 Transit - 由 from _____ 至 to _____ ☐ 儲存 Storage ☐ 展覽 Exhibition only
申請人及聯絡 Applicant and Contact	
受保人及聯絡 Name of Insured and Contact	
保險期 Period of Insurance	
保險地點 Insured Location(s)	
總保額(詳列於附表) Total Sum Insured (details as per attached list)	
保險金額衡值方式 Basis of Valuation	☐ 成本價 At Cost ☐ 售價 Selling Price ☐ 合約價 Consignment Value ☐ 其他 Others – 請列明 please specify _____
展覽名稱 Name of Exhibition	
展覽地點 Exhibition Venue	
展覽期 Exhibition Period	
受保範圍 Full Itinerary of Insurance	
運輸起航/ 航程 Transit starting date / schedule	
航程 / 運送方式 Conveyance	☐ 空運 Air Freight ☐ 海運 Sea ☐ 陸路 Land ☐ 速遞 Courier
運輸公司名稱 / 聯絡 Name of Shipper / contact details	
包裝 Packer / Packing	☐ 包裝用氣泡紙包裹及裝木箱 wrapped by bubble paper and in wooden crate ☐ 其他 Others – 請列明 please specify
提供受保前狀況報告 The coverage will be subject to Condition Report to be taken prior to the coverage commenced.	☐ 同意 Agreed

損失經驗 Loss Experience		
以往三年是否遭受損失? Claim Record in past three years, no matter the insurance paid or not paid (Y/N)		
損失事由 (過去 3 年) Description of Loss (Past 3 years)	日期 Date of Loss	損失金額 Amount of Loss

聲明 Declaration

1. 本人聲明並同意在本人知悉範圍內確實及完整的提供資料以作為訂定此保險合約的根據, 並聲明決無不實說明或隱瞞。 若此要保書是由指定代理人填寫, 本人亦已查對所有資料俱以屬實。
   I/We hereby declare that to the best of my/our knowledge and belief the particulars and answers given in respect of this proposal are true and complete and no material fact has been withheld or concealed. If the particulars and answers have been written by any person other than myself/ourselves that person shall be deemed to have been my/our agent for the purposes of writing the same.
2. 本人同意採取合理適當防護措失以確保保險財產的安全，並了解以此聲明作為本人和安盛保險公司訂立本保險契約的依據。
   I/We undertake to exercise all ordinary and reasonable precautions for the safety of the insured property. I/We agree that this declaration and the particulars and answers given shall be the basis of any incorporated in the contract between me/us and AXA General Insurance Hong Kong Limited.

投保人簽署/ **Proposer's Signature** 日期 (日/ 月/ 年) / **Date (dd/mm/yy)**

投保人須知 Important Notes to Proposer

1. 閣下必須在其知悉範圍內提供所有有關會影響保險公司於接納或釐定此保單條文的資料，如對應透露的資料有任何疑問，請即向本公司或閣下的保單代理/經紀查詢。我們建議閣下將有關的資料作記錄(包括信件副本)，以備日後作參考之用。為確保閣下之利益，閣下應如實呈報所有資料，否則此保單將可能無法提供閣下所需保障，甚至可能導致此保單無效。
   Any other facts known to you which are likely to affect acceptance or assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance agent/broker. We recommend you keep a record (including copies of letters) for your future reference of any additional information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your insurance will not provide you with the cover you require and may even invalidate the insurance altogether.
2. 收集個人資料聲明
   閣下提供的資料，為本公司提供業務所需，並可能使用於下列目的
   - 任何與保險或財務服務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；
   - 任何索償、或該等索償的調查或分析；及
   - 行使代位權

   及有可能移轉予
   - 任何有關公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；
   - 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」)，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」會員的利益不時在合理要求下 賦予「聯會」的職能；及
   - 或透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的。

   此外，在此授權安盛保險有限公司由「聯會」從保險業內收集的資料中查閱及 / 或核對閣下任何資料。
   閣下有權查閱及要求更正由安盛保險有限公司持有有關閣下的個人資料，如有需要，可向本公司的個人資料 (私隱) 條例監察主任提出。
   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 alteration, variations, cancellation or renewal of such product or service;
   - any claim or investigation or analysis of such claim; and
   - exercising any right of subrogation

   and may be transferred to
   - any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation; or other service provider providing services relevant to insurance business for any other the above or related purposed;
   - any association, federation or similar organization of insurance companies ("Federation") 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; and
   - any members of the "Federation" by the "Federation" for any of the above or related purposes.

   Moreover, AXA General Insurance Hong Kong Limited is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right to obtain access to and to request correction of any personal information concerning yourself held by our Company. Requests for such access can be made to our Personal Data (Privacy) Ordinance Compliance Officer.
3. 本公司致力發展及改良產品的質素，務求滿足閣下個人保險上的需要。作為本公司寶貴客戶，我們會時刻為閣下提供新產品及服務的最新消息。倘若閣下日後不希望收到此等資料，請來信通知本公司。
   Our Company is committed to developing products to meet your personal insurance requirements. As you are valued customer of our Company we will keep you informed of new products and services and services as they become available. If you do not want to receive this information either now or in the future, please write and tell us.
4. 此保單所提供的保障，必須在本公司確定接納投保後，及收妥保費後，才正式生效。
   The liability of the Company does not commence until this proposal has been accepted by the Company and the premium is paid.

「註：本中文簡譯，概以英文為準」

* 請明列保險金額投保方式 (如成本價, 合約價或售價)
* Please indicate the basis of valuation (e.g. Cost Value, Consignment Value or Selling Price)

投保明細 - 列項投保項目 Specified items to be insured - as per Agreed Value						
項目 Item#	作者 Artist	藝術品名稱 Title of Work	尺寸 Measurement	年份 Year	素材 Media	投保金額 Sum Insured

若空位不敷應用，請另加紙張填寫。Should there be insufficient space, please continue on a separate sheet.

NAVIGATOR
Insurance Brokers Ltd.
Unit 8E, Golden Sun Centre, 223 Wing Lok St, Sheung Wan, Hong Kong
Tel : +852 2530 2530 | Fax : +852 2530 2535
Email : crew@navigator-insurance.com | www.navigator-insurance.com