



**Local Vessels Class II (Including Dry Cargo) Third Party Liability Cover
Proposal Form**

本地商船第二類(包括乾貨船)船隻第三者責任保險投保書

Important 重要事項

- Please answer all questions completely.請回答所有問題。
- Please enclose copy of relevant “Certificate of Ownership”, valid “Operating Licence” & “Certificate of Survey”.
請附上有關“擁有權證明書”、有效“運作牌照”以及有效之“驗船證明書”副本。

1) General Information 一般資料

Name of Proposer in English 投保人中文名稱					
Address in English 英文地址					
Telephone 聯絡電話		Fax 傳真		E Mail 電郵	
Period of Insurance 保險期	From 由: To 至:				

2) Details of Vessels to be insured 投保船隻之詳細資料

Name of vessel 船隻名稱				Certificate of Ownership No 擁有權證明書號碼		
Type of vessel 船隻類型			Year Built 建造年份	Material of Hull 船殼用料		
Dimension 大小	Overall Length 全長			Breath 闊度		Depth 深度
Make of Engine 引擎類型			Engine No 引擎號碼			Horsepower 馬力
Purpose of Use 業務性質/用途				Type of Cargo 運載貨物類別		
If for transportation purpose, please advise the maximum number of passengers to be carried 如作載客用途，請列出允許運載總人數						
Trading Area 作業範圍						

3) Insurance Requirement 保險要求

Third Party Liability 第三者責任險	<input type="checkbox"/> HKD1,000,000.00 as per minimum statutory requirement. 港幣壹百萬以符合現時法例最基本要求。 <input type="checkbox"/> Any higher Third Party Liability amount is required. 是否需要較高金額之第三者責任險？ If yes, please state your required amount. 若然是，請填上所需保障額。 _____
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4) Previous Insurance 同類保單的保險紀錄

Current Insurer 現時承保的保險公司名稱	
Insured Period 投保年期	

Claims experience for past 3 years of all vessels owned / managed (whether insured or not): 過去三年所擁有/管理船隻的出事記錄 (不論有否安排保險)

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5) Declaration 聲明

I/We declare that the information and answers given in this form are true to the best of my/our knowledge and belief that I/We have not misstated or suppressed any material facts that might influence the assessment of the risk. I/We also understand that completion of this form does not bind either Insurer or myself/ourselves to accept this insurance, but if terms are agreed, it will form part of the contract with your company. 投保人聲明此投保書中內容真確及為本人所知之全部，並沒有隱瞞或誤導任何重要事項而令承保公司對風險評估產生偏差；投保人同時亦明白填交此投保書並不代表承保公司或本人接受此保險，但倘若保險發生效力，此投保書將構成保險合約的一部份。

Proposer's Signature: _____
投保人簽署

Date: _____
日期

**Any inconsistency between the English version and the Chinese version, the English shall prevail.
如英文版本與中文版本有差別，一概以英文為準。**