



Tugu Insurance Company Limited 德高保險有限公司

(Incorporated in Hong Kong) (在香港註冊成立)

44/F., Office Tower, Convention Plaza, 1 Harbour Road, Wanchai, Hong Kong. Tel.: (852)2824-2939 Fax: (852)2824-3070
香港灣仔港灣道一號會展廣場辦公大樓四十四樓 電話: (852)2824-2939 傳真: (852)2824-3070

Shop Package Insurance Policy Application Form 商舖綜合保險投保書

(Cover is not in force until the application has been accepted by the Company.) (有關保險需在敝公司批核後才正式生效。)

Details Of Applicant 投保人資料

Name of Company / Shop : 公司/商舖名稱 :			
Insured Premises: 投保地址:			
Nature of Business (please give full details): 業務性質 (請詳述):			
Name of Contact Person: 聯絡人姓名:	Position: 職位:		
Contact Telephone No.: 聯絡電話:	Fax No.: 傳真號碼:		
Correspondence Address: 通訊地址:			
Period of Insurance From: 保險期限: 由:	DD/MM/YYYY To: 日 月 年 至:	DD/MM/YYYY 日 月 年	(Both dates inclusive) (起訖日期包括在內)

Insurance Coverage 保障範圍

Basic Cover 基本保障

Section Cover 投保項目	Sum Insured/Limit of Indemnity (HK\$) 投保金額或最高保障金額(港幣)	Annual Premium (HK\$) 每年保費(港幣)
1. Property "All Risks" 財物全險		
a) Contents 財物設備		
b) Stock 存貨		
2. Increased Cost of Working 增加營運開支	500,000 五十萬圓正	Free 免費
3. Money and Assault 金錢及個人意外	250,000 二十五萬圓正	Free 免費
4. Public Liability 公眾責任	10,000,000 一千萬圓正	Free 免費

Optional Cover 自選保障

5. Employees' Compensation 僱員賠償	100,000,000 一億圓正	
Occupation of employees: 僱員的工作性質:	Total number of employees: 僱員總數:	Estimated total annual earnings:* 全年發放薪金總數:*

*"Estimated total annual earnings" are all remuneration and earnings consistently paid to employees during the year in respect of work done or work to be done. This includes travelling and attendance allowances, commissions, tips/service charges and overtime pay, etc. as per Employees' Compensation Ordinance.

按「僱員補償條例」所示，估計全年薪金總額即所有以金錢形式支付僱員，作為其所做或將做的工作之全年固定性報酬及收入，包括交通津貼、勤工津貼、佣金、小費/服務費及超時補薪等。

Minimum Premium – HK\$1,000 (Basic Cover only); HK\$1,500 (Basic Cover and Optional Cover plus Levy and related charges)

最低保費-港幣一千圓(基本保障);港幣一千五百圓(基本及自選保障另加僱員補償保險徵款及有關增收費用)



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Details of Applicant 投保人資料

Please answer the following questions: 請回答下列問題:

1. What type of building the Insured Premises is situated in: 投保地址所在樓宇的類別:

- Commercial 商業 Mixed commercial/industrial 工商兩用
 Industrial building 工業 Mixed commercial/residential 商住兩用

2. Are the walls, ceiling(s) and floor(s) of the Insured Premises constructed entirely of brick, stone or cement? 投保地址的牆身、天花、地板皆以磚、石屎、三合土等物料建築而成? Yes 是 No 否
If you have ticked "No", please give details below: 如√「否」, 請詳細說明如下:

3. What types of stock do your Company/Shop trade?
貴公司或商舖售賣甚麼類型的貨品?

4. Does your Company/Shop store any chemicals or inflammable goods in the Insured Premises?
貴公司或商舖有否在投保地址存放任何化學原料或易燃物品? Yes 有 No 否
If you have ticked "Yes", please specify below: 如√「有」, 請列明如下:

5. Does your Company/Shop have a burglar alarm system installed in the Insured Premises?
貴公司或商舖有否在投保地址安裝防盜警報系統? Yes 有 No 否
If you have ticked "Yes", please specify below: 如√「有」, 請列明如下:

6. Does your Company/Shop have a safe in the Insured Premises?
貴公司或商舖有否在投保地址內設置夾萬? Yes 有 No 否
If you have ticked "Yes", please specify below: 如√「有」, 請列明如下:

7. Does your business involve the use of machinery?
貴公司或商舖的業務是否需要使用機器? Yes 是 No 否
If you have ticked "Yes", please give details below: 如√「是」, 請詳細說明如下:

8. Do any of your employees engage in operation of machinery?
閣下之僱員是否需要操作機器? Yes 是 No 否
If you have ticked "Yes", please specify the number of employee(s) involved and the nature of the machine(s) used below: 如√「是」, 請列明僱員數目及所使用機器的類型如下:

9. How, and in what quantities, are your Company/Shop normally required to move cash to and from the Insured Premises and the bank?
在正常情況下, 貴公司或商舖如何處理投保地址與銀行之間現金運送, 而運送現金的數量有多少?

10. Does your business involve delivery of goods to customers' premises?
貴公司或商舖的業務是否包括運送貨物至客戶處? Yes 是 No 否



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11. Does your business involve installation or maintenance work at customers' premises?
貴公司或商舖的業務是否包括於客戶處進行安裝或維修之工作? Yes 是 No 否
If you have ticked "Yes", please give details below: 如√「是」, 請詳細說明如下:

Insurance History 過往投保資料

1. Have your Company/Shop suffered from any losses or made any claim in the past three years in respect of any of the cover proposed?
在過去三年內, 貴公司或商舖有否就上述保障範圍承擔任何損失或提出任何索償? Yes 有 No 否
2. Has any insurance company ever at any time declined, cancelled, refused to renew or imposed special terms or conditions on any policy held by your Company/Shop?
貴公司或商舖有否遭任何保險公司拒絕承保、取消承保、拒絕續保貴公司或商舖的任何保單或提高保費及附加特別條款始允承保? Yes 有 No 否
If you have ticked "Yes", please give details below: 如√「有」, 請詳細說明如下:

Important Notes 重要事項

- You are required to disclose in this Application all material facts which you know or ought to know. Otherwise, you may receive no benefits under the insurance. If you are in doubt whether certain facts are material you should disclose them.
 - You are reminded to keep a copy of the completed application for your record and future reference.
 - A specimen copy of the policy is available on request.
 - No liability is undertaken until the application has been accepted by the Company.
- 1 申請人必須提供所有可能影響本公司接受承保及評估的事實資料, 如未能確定這項事實是否具有實質性的關係, 應將該等事項填報。
2 申請人應將投保書之副本以作記錄及日後查詢之用途。
3 如需要保單樣本, 請向本公司索取。
4 在投保書未被接納前, 本公司概不承擔任何責任。

Declaration 聲明

I declare and agree that the particulars and statements given above are to the best of any knowledge and belief true and complete.

I agree that this application shall be the basis of the contract between me and Tugu Insurance Company Limited.

I understand and agree that the information collected is to enable the Company to carry on 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 or it; and may be transferred to any related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time.

I understand that I have the right to obtain access to and to request correction of any personal information concerning myself held by the Company. Request for such access can be made to the Senior Office Manager of the Company at 44th Floor, Office Tower, Convention Plaza, 1 Harbour Road, Wanchai, Hong Kong.

本人聲明上列資料乃就本人所知一切據實填報。本人同意此投保書及聲明將構成本人與德高保險有限公司之間的合約根據。

本人向德高保險有限公司所提供的資料, 將可能使用於任何與保險或財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; 任何索償或索償分析及可能轉移予現存或不時成立的任何有關公司或任何向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或任何保險公司的協會或聯會。

本人明白本人有權查詢及要求更改已由德高保險持有有關本人的個人資料, 如有此項要求, 本人可向德高保險有限公司之個人資料私隱主任提出, 地址為香港灣仔港灣道一號會展廣場辦公大樓四十四樓。

(本投保書及章程之中文譯本如與英文原文有歧異, 概以英文為準。)

Signature of Applicant: 投保人簽署:

Date: 日期: