

## Local Vessels -Third Party Liability Cover Proposal Form

## 本地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 投保人中英文名稱					
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"/> HKD5,000,000.00 as per minimum statutory requirement. 港幣五百萬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。 _____

**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) Commission Disclosure 佣金披露**

The Proposer understands, acknowledges and agrees that, as a result of the Proposer purchasing and taking up the policy issued by Tugu Insurance Company Limited ("the Company"), the Company will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the Proposer is a body corporate, the authorized person who signs on behalf of the Proposer further confirms to the Company that he or she is authorized to do so.

The Proposer further understands that the above agreement is necessary for the Company to proceed with the application.

投保人明白、確知及同意，德高保險有限公司（“本公司”）會就申請人購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。假如投保人為法人團體，代表投保人簽署的獲授權人員須向本公司確認他/她已獲該法人團體授權。

投保人亦明白本公司必須取得投保人以上的同意，才可以處理其保險申請。

**6) 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。**