



滙業保險股份有限公司
Companhia de Seguros Delta Asia, S.A.

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公眾責任保險投保書
Public Liability Insurance Proposal Form

保戶名稱

Proposer's name in full : _____

營業地址

Business Address : _____

營業性質

Business : _____ 電話 Telephone : _____ 傳真 Fax : _____

保險期限

Insurance Period : 由 From : _____ 至 To : _____

每次意外保險金額

Limit of Liability per accident : _____ 每年累積保險金額

Limit of Liability per year : _____

要保內容

Description of Liability Coverage applied for

1. 投保地點

Location of Premises : _____

2. 樓宇類別

Nature of Premises : _____

3. 業務 /工作

Business / Operation : _____

4. 使用人係業主或住客

Proposer is Owner or Tenant : _____

5. 樓宇面積

Area of Premises : _____

6. 僱員人數

Estimated number of Employees : _____

7. 樓宇內有否電梯

Any Elevators : _____

8. 電梯數目

Number of Elevators : _____

9. 電梯保養商

Name of Elevator's Maintenance Contractor : _____

其它要保事項

Others Liability Coverage applied for : _____

最近三年有否發生意外令人身或財物受損並要求賠償？如有，請詳述如下

Have any claims been made against you in respect of bodily injury or property damage at law for the past three years?

If so, give full particulars below:

余/余等謹聲明上列所述均屬正確，亦同意本聲明作為與保險公司訂立保單之基礎。

I/we declare the above particulars to be true and correct, and agree that they shall be the basis of the contract between the Company and myself/ourselves.

投保人簽章

Signature of Proposer

日期

Date : _____

此欄請勿填寫

A/C		Premium	MOP
Excess	MOP	Tax	MOP
		Total	MOP