



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

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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 tick in the box where appropriate

營業中斷保險投保書

Business Interruption Proposal Form

投保人資料

Proposer Details

公司名稱 (與商業登記証相同)

Company name (as printed on Business Registration) _____

通訊地址

Correspondence address _____

聯絡人姓名

Contact Person _____

電話號碼

Tel no. _____

傳真號碼

Fax no. _____

電郵地址

Email _____

業務性質 (請詳述)

Type of business _____

(please give full details) _____

投保地點

Insured location(s) _____

一般資料 (若空位不敷應用，請另加紙張填寫)

General Questions (If space is insufficient, please attach a separate sheet.)

1 投保大廈現時有否空置單位？

Are any parts of the building at present unoccupied?

有 否

Yes No

2 投保地點範圍內有否進行任何製造業或有關之程序？

Is any manufacturing process carried on in the premises?

有 否

Yes No

若選擇“有”，請詳述

If "Yes" to 1 or 2 above, please give details

3 (a) 投保地點有否安裝防盜設備系統？

Are the premises protected by an intruder alarm?

有 否

Yes No

(b) 防盜設備系統是否連接到中央控制中心？

Is the system linked to a Central Monitoring Station?

是 否

Yes No

(c) 保養合約是否仍然生效？

Is there a Maintenance Contract in force?

是 否

Yes No

(d) 防盜系統公司名稱

Name of Alarm System Company

4 投保地點於晚上是否有人留守 / 工作？

Are the premises occupied at night?

是 否

Yes No

若選擇“是”，請詳述

If "Yes", please give details

投保細則**Insurance Cover**

本保單由 Policy to commence from	日 dd 月 mm 年 yyyy	至	日 dd 月 mm 年 yyyy
保障 (若空位不敷應用, 請另加紙張填寫) Cover (If space is insufficient, please attach a separate sheet.)			
業務中斷保障 Business Interruption		投保額 Sum Insured	
(a) 盈利總額 Gross Profit			
(b) 工資 Wages			
(c) 核數費用 Auditors fees			
(d) 額外開支 Increased cost of working			
賠償期限 Max. Indemnity Period: _____ 個月 month(s)			
投保人聲明 Declaration			
請細閱下列各項條文, 然後在指定空位內簽署。 Please read the following statements carefully and sign in the space provided.			
本人聲明 I declare that			
* 本人/本公司投保之樓宇包括屋頂, 全用磚石或三合土建成, 並有經常維修, 適宜營業。 The premises are built of brick or concrete and roofed with concrete, and is in good state of repair.			
* 本人/本公司從未遭受任何保險公司拒絕受理投保、續保或取消本人/本公司之保單或要求提高保費及附加特別條件始允承保。 No insurer has ever cancelled, declined, refused to renew or imposed special terms or conditions on any policy held by myself or my company.			
* 本人/本公司從未於過去三年間向投保公司提出賠償。 I/my company have not made any claims within the past 3 years.			
* 本人/本公司已填報一切重要的有關資料, 絶無隱瞞或保留, 並同意將本投保書和聲明作為與滙業保險股份有限公司和本人/本公司所訂合約之根據, 並以保單上各條款為準則。 I have not withheld any material information and accept that this application and declaration shall be the basis of, and be incorporated in, the contract between Delta Asia Insurance Limited and myself or my company.			
投保人簽署及公司印章 Proposer's Signature with Company chop (請勿於空白投保書上簽署 Do not sign a blank form)		日期 Date (日/月/年 dd/mm/yy)	

投保人須知 Important Notes to Proposer

- 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險代理 / 經紀查詢。我們建議閣下將有關的資料作紀錄(包括信件副本), 以備日後作參考之用。為確保閣下的利益, 閣下應如實呈報所有有關資料, 否則此保單將可能無法提供閣下所需的保障, 甚至可能會導致此保單無效。
 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.
- 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之需要。作為本公司的寶貴客戶, 我們會時刻為閣下提供新產品及服務之最新消息。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 a valued customer of our Company we will keep you informed of new products 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.

* 此保單提供的保障, 必須在本公司確定接納投保後, 及收妥保費後, 才能正式生效。 The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.

【註: 本中文簡譯, 概以英文原文為準】