

# FIRE INSURANCE PROPOSAL FORM

## 樓宇結構火險投保書



Please complete in BLOCK LETTERS 請用英文正楷填寫此投保書

Please tick as appropriate (請在適當空格內填上 )

Proposer's Name (in full) 投保人姓名	
Correspondence Address 通訊地址	
Period of Insurance required 保單生效日期 From ____ / ____ / ____ To ____ / ____ / ____ both dates inclusive 由 Day日 Month月 Year年 Day日 Month月 Year年 包括首尾兩日	Contact No. 聯絡電話
Address of Premises for which this insurance is required (if different from above) 投保物業所在地點 (如與上述不同)	
Insured Item 投保項目 <input type="checkbox"/> On Building including Landlord's Fixtures and Fitting but excluding Foundation and Drains 樓宇包括發展商提供之裝修但不包括地基及溝渠	Mortgagee 按揭銀行 (if applicable 如適用)
Occupation of the Building 樓宇佔用性質 <input type="checkbox"/> Dwelling 住宅 <input type="checkbox"/> Other nature 其他性質 (please specify 請列明) _____	Sum Insured 投保額 HK\$ _____ HK\$ _____

**Important Notes 重要事項**

You are required to disclose all material facts which you know FWD General Insurance Company Limited as an insurer would regard them as likely to influence the acceptance and assessment of this proposal. If you are in doubt whether certain facts are material you should disclose them. We recommend you to keep a record (including a copy of the completed proposal) for your future reference of all 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 policy will not provide you with the cover you require and may even invalidate the policy altogether.

申請人必須提供所有可能影響富衛保險有限公司接受承保及評估之重要事實，如未能確定這項事實是否具有實質性的關係，應將該等事實填報，我們建議你將有關的資料（包括此投保書副本）作紀錄，以備日後作參考之用。為確保你的利益，你應如實呈報所有有關資料，否則此保單將可能無法提供你所需的保障，甚至可能會導致此保單無效。

**Declaration 聲明**

I hereby declare that the particulars and statements given above are, to the best of my knowledge and belief, true and complete. I agree that this proposal shall be the basis of the contract between me and FWD.

本人聲明上列資料乃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富衛之間合約根據。

**Applicable to Insurance Broker only:**

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

The applicant further understands that the above agreement is necessary for FWD General Insurance Company Limited to proceed with the application.

只適用於保險經紀：

申請人明白、確知及同意，富衛保險有限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。假如申請人為法人團體，代表申請人簽署的獲授權人員須向富衛保險有限公司確認他/她已獲該法人團體授權。

申請人亦明白富衛保險有限公司必須取得申請人以上的同意，才可以處理其保險申請。

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Signature of Proposer 投保人簽署	Date 日期
Agent / Broker 代理人 / 經紀	Account 賬戶號碼

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**Payment Method 付款方式**

Cheque 支票 Cheque should be crossed and made payable to "FWD General Insurance Company Limited" 劃線支票抬頭請寫“富衛保險有限公司”。

VISA  Master Card Credit Card No. 信用卡號碼 

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Cardholder's Name 持卡人姓名 \_\_\_\_\_ Card Expiry Date 信用卡有效期至 

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M 月 Yr 年

I hereby authorise FWD General Insurance Company Limited to charge my above credit card account for the premium of this insurance.  
本人茲授權富衛保險有限公司從本人上述之信用卡帳戶支取此保險所應繳之保費。

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Cardholder's Signature 持卡人簽署 _____	Date 日期 _____
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\* The liability of the Company does not commence until the proposal has been formally accepted.  
\* 此保單提供的保障，必須在本公司確定接納後，才能正式生效。

FPF 08/2013