

Agency No. Policy No.  
代理編號：\_\_\_\_\_ 保單號碼：\_\_\_\_\_

### HOMEGUARD PROPOSAL FORM 家居樂投保書

(Please use English block letters 請用英文正楷填寫)

Full Name 姓名 (Mr先生/Mrs太太/Miss小姐) : \_\_\_\_\_ Date of Birth 出生日期 : \_\_\_\_\_  
dd日/mm月/yy年

HKID Card / Passport No. 香港身份證 / 護照號碼 : \_\_\_\_\_ Email Address 電郵地址 : \_\_\_\_\_

Tel 電話 : (Home 住宅 / Mobile 手提) \_\_\_\_\_ (Office 辦公室) \_\_\_\_\_ Fax 傳真 : \_\_\_\_\_

Insured Address 投保地址 : \_\_\_\_\_

Industry 在職行業 : \_\_\_\_\_ Period of Insurance 承保日期 : From 由 \_\_\_\_\_ To 至 \_\_\_\_\_  
dd日/mm月/yy年 dd日/mm月/yy年

Postal Address 郵遞地址 : \_\_\_\_\_  
(Only needed if different from Insured Address 如與投保地址不同請填寫此欄)

### Home Contents 家居財物 (Please tick the appropriate box 請在適當方格內加 ) :

1. Please select a Plan 請選擇計劃  Plan I 計劃一  Plan II 計劃二
2. The Gross Area (in sq. ft.) of your home is:  
您的居所建築面積(平方呎)為：  
 500 or below 或以下  701-1,000  1,501-2,000  
 501-700  1,001-1,500  More than 超過2,000. (Please specify 請註明 \_\_\_\_\_ )
3. Is your home built of or roofed with materials other than bricks, stone or concrete?  
您的居所及其屋頂是否以磚、石或水泥以外的材料建成?  Yes 是  No 否
4. Have you ever been refused for purchasing any personal property insurance?  
您是否曾經購買個人財產保險而被拒絕? (If yes, please provide details.) 若答「是」者，請詳細說明 \_\_\_\_\_  
 Yes 是  No 否
5. Have you made any claim under personal property insurance within the past 12 months?  
您有否於過去十二個月內就個人財產保險申請索償? (If yes, please provide details.) 若答「有」者，請詳細說明 \_\_\_\_\_  
 Yes 有  No 沒有
6. Do you want a higher Sum Insured which exceeds HK\$600,000 (Plan I) or HK\$1,000,000 (Plan II)?  
您是否希望家居財物投保額超過港幣600,000元(計劃一)或港幣1,000,000元(計劃二)?  
(If yes, please state the additional amount. Additional premium is required.) 若答「是」者，需附加保費，請註明額外金額：HK\$ 港幣 \_\_\_\_\_ 元  
 Yes 是  No 否
7. Will you leave your home unoccupied for more than thirty (30) consecutive days?  
您的居所會否被空置連續超過三十天?  Yes 會  No 否
8. Is the age of the insured building older than 30 years? 您投保居所的樓齡是否超過三十年?  Yes 是  No 否

### Optional Cover I 可供選擇投保項目1：Personal Possessions 個人財產

(Please complete this section only if you select this cover 如選擇此項保障，請填妥此欄)

1. Total Sum Insured 總投保額：HK\$ 港幣 \_\_\_\_\_ 元  
(Total value of item 2. and 3. below 以下第二及第三項之總值)
2. Please list any item valued over HK\$5,000 請列出任何價值超過港幣5,000元之物件  
(If any item is over HK\$10,000, cover can be given when evidence of value is produced 如任何物件超過港幣10,000元，則需要提出單據證明其價值後，方接受投保。)  
Item Description 物件說明 (If the space below is insufficient, please attach a separate sheet 如下列空位不足，可另加紙張填寫。) Value 價值(HK\$ 港幣/元)
- | Item Description 物件說明 | Value 價值(HK\$ 港幣/元) |
|-----------------------|---------------------|
| i. _____              | _____               |
| ii. _____             | _____               |
| iii. _____            | _____               |
| iv. _____             | _____               |
| v. _____              | _____               |
3. Is there any unspecified item at value HK\$5,000 or below per item to be insured? 有否價值不高於港幣5,000元之不用列明的物件投保?  
(The value of each unspecified item must not exceed HK\$5,000. Total Sum Insured for all unspecified items is HK\$20,000 at maximum. 不用列明的物件之最高限額為每件港幣5,000元，而所有不用列明的物件之總投保額最高為港幣20,000元。)  
 Yes 有 Sum Insured 投保額：HK\$ 港幣 \_\_\_\_\_ 元  No 沒有
4. Where will your items be stored when not in use? 您的物件備用時存放在哪裏?
5. When was your jewellery last overhauled and valued by a competent person? 您的珠寶最近一次被檢查及經由合資格人士估價是何時?

**Optional Cover 2 可供選擇投保項目2 : Domestic Helper Insurance 家庭傭工保險**

(Please complete this section only if you select this cover 如選擇此項保障，請填妥此欄)

**1. Plan Required 選取計劃 : (Please tick  the appropriate box 請在適當方格內加)**

Plan A : Employees' Compensation only 計劃A : 僱傭保障

Plan B : Employees' Compensation + Hospitalisation + Medical Expenses 計劃B : 僱傭保障 + 住院保障 + 醫療費用保障

**2. Employees' Information 僱傭資料**

(If more than one domestic helper is employed, please specify details on a separate sheet 如僱用兩位或以上家傭，請另加紙張填寫)

Name of Employee (in full) 僱傭全名 \_\_\_\_\_ HKID Card / Passport No. 香港身份證 / 護照號碼 : \_\_\_\_\_

Date of Birth 出生日期 : \_\_\_\_\_ Nationality 國籍 : \_\_\_\_\_ Sex 性別 : \_\_\_\_\_

3. Please state the total number of domestic helpers you have 請列出所聘家傭之總數 : \_\_\_\_\_

4. Have you made any claim under your Domestic Helper Insurance within the past three years?  Yes 是  No 否

您有否於過去三年內就家庭傭工保險申請索償?

If yes, please provide details. 若答「是」者，請詳細說明 : \_\_\_\_\_

**5. Please complete this item if Plan B is selected. 如選擇「計劃B」，請填寫此欄。**

(This plan is only available for persons aged 18 to 60. Please complete the following health conditions of your domestic helper and tick  the appropriate box.

此計劃只適合十八至六十歲人仕，請填妥以下有關您家傭的健康狀況及在適當方格內加)

a. Is he/she receiving or contemplating any medical attention or surgical treatment or taking any medicine?  Yes 是  No 否

他/她是否現正接受或打算接受任何醫療診治或手術或服用藥物?

b. Has he/she ever suffered from any injury or serious illness?  Yes 是  No 否

他/她是否曾經受傷或患有重疾?

c. Has he/she ever been refused for purchasing any accident or medical insurance or subjected to special terms and conditions?  Yes 是  No 否

他/她是否曾經購買意外或疾病保險被拒或受制於附帶條件?

If any of the above answer is "Yes", please give details. 選擇「是」者，請詳細說明 :

**Declaration 聲明**

1. I declare to the best of my knowledge and belief that the information given is true in every respect.

本人謹此聲明，根據本人所知及所信，本投保表格上所填報之資料均屬實無訛。

2. I understand that this Application will not become effective until this proposal has been accepted by Royal & Sun Alliance Insurance plc ("the Company") and agree that this Application and Declaration shall be the basis of the insurance contract between me and the Company.

本人明白本投保書被皇家太陽聯合保險有限公司(「保險公司」)正式接納後，保險責任始正式生效。本人同意本投保書和聲明將成為保險合約的基礎。

3. Cover will be effective only with signature on this document and receipt of premium by the Company or its authorised representative.

投保書需經保險公司或其授權代表簽署，並於收妥保費後，此保障計劃始正式生效。

I do not wish to receive any marketing or promotional materials.

本人不願意收取任何宣傳或推廣的資料。

Signature of Proposer

投保人簽署 : \_\_\_\_\_

Date

日期 : \_\_\_\_\_

Underwritten by 承保公司 : Royal & Sun Alliance Insurance plc 皇家太陽聯合保險有限公司 (incorporated in the United Kingdom with limited liability)

**Notice of Personal Information Collection 個人資料收集聲明**

Any person from whom the Company has collected personal information shall have the right to enquire the purpose of using the information, the right of access to and the right to request correction of the personal information concerning themselves. Such request can be made to the Compliance Officer of the Company via, mail to 32/F., Dorset House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong, or fax to +852 2968 5111, or email to hk\_compliance@hkrsagroup.com.

任何人士若曾經提供個人資料給本公司，均可查詢其資料用途、查閱及更改有關資料。有關查詢及申請可循下列途徑向本公司之條例事務主任提出：

郵寄至香港鰂魚涌英皇道979號太古坊多盛大廈32樓，或傳真至+852 2968 5111，或電郵至hk\_compliance@hkrsagroup.com。

**Payment Instruction and Authorisation 支付保費方法及授權書**

(Please tick the appropriate box  or consult your agent regarding methods of payment. 請在適當的空格內加或與您的保險代理諮詢付款方法。)

Cheque payable to 支票抬頭請寫 :

Royal & Sun Alliance Insurance plc 皇家太陽聯合保險有限公司 Cheque No. 支票號碼 : \_\_\_\_\_

Visa  Mastercard  Amex  Diners Credit Card No. 信用卡號碼 :

Name of Cardholder 持卡人姓名 : \_\_\_\_\_ Issuing Bank 簽發銀行 : \_\_\_\_\_ Expiry Date 有效日期 : \_\_\_\_\_

I hereby authorise Royal & Sun Alliance Insurance plc to charge the relevant premium to my credit card account for this insurance policy.

本人授權皇家太陽聯合保險有限公司從本人信用卡戶口內支取有關保費。

Signature 簽署 : \_\_\_\_\_ Date 日期 : \_\_\_\_\_

(Signature should correspond to the specimen signature of the above credit card account. 簽署必須與上述信用卡戶口簽署式樣相同。)

Loyal Insurance

Head Office : Tel: 2388 3283 / Fax: 2388 9578

Branch : Tel: 2475 7248 / Fax: 2473 2555