



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

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 _____ / _____ / _____ For one year 由 _____ Day日 _____ Month月 _____ Year年 _____ Day日 _____ Month月 _____ Year年 起一年	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 ING 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ING General Insurance Company Limited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)作記錄，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。	
Personal Information Collection Statement 收集個人資料聲明	
The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of <ul style="list-style-type: none">any insurance or financial related product or service or any alterations, variations, cancellations or renewal of such product or service;any claim or investigation or analysis of such claim;exercising any right of subrogation; and may be transferred to: <ul style="list-style-type: none">any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; andany related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation; or other service provider providing services relevant to insurance business for any of the above or related purposes;any members of the Federation by the Federation for any of the above or related purposes. Moreover, ING General Insurance Company Limited ("ING") is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right to obtain access to and to request correction of any personal information concerning yourself held by the Company. Requests for such access can be made to the Corporate Data Protection Officer at 1/F, ING Tower, 308 Des Voeux Road Central, Hong Kong. 閣下提供的資料，為ING General Insurance Company Limited ("ING")提供保險業務所需，並可能使用於下列目的： 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期； <ul style="list-style-type: none">任何索償、或該等索償的調查或分析；及行使任何代位權；及 可能移轉予： <ul style="list-style-type: none">任何有關的公司，或任何其他從事保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；現存或不時成立的任何保險公司的協會或聯會或類同組織（「聯會」），以達到任何上述或有關目的，或以便聯會執行其監管職能，或其他基於保險業或任何聯會會員的利益而不時在合理要求下賦予聯會的職能；及或透過聯會移轉予任何聯會的會員，以達到任何上述或有關目的。 此外，在此授權ING由聯會從保險業內收集的資料中查閱及/或核對閣下任何資料。 閣下有權查閱及要求更正由ING持有有關閣下的個人資料，如有此項要求，可向ING之資料保護主任提出，地址為香港中環德輔道中308號安泰金融中心1樓。	
Declaration 聲明	
I/We hereby declare that the particulars and statements given above are, to the best of my/our knowledge and belief, true and complete. I/We agree that the proposal shall be the basis of the contract between me/us and ING. I/We agree to keep a proper Wages Record and to render at the end of each period of insurance a statement in the form required by ING of all Wages actually paid and to pay premium on any wages paid in excess of the amount estimated above. 本人/吾等聲明上列資料乃本人/吾所知一切據實填報，本人/吾同意此投保書及聲明將構成本人/吾與ING合約根據。本人/吾同意設一正確之薪金及工資記錄表冊，並於保險期屆時遵照貴公司所需之表格並報實際支出之薪金及工資，並繳付超過以上所估計之薪金及工資數額之保險費用。	
Signature of Proposer 投保人簽署 _____	Date 日期 _____
Agent / Broker 代理人 / 經紀 _____	Account 賬戶號碼 _____
Payment Method 付款方式	
<input type="checkbox"/> Cheque 支票 Cheque should be crossed and made payable to 劃線支票抬頭請寫 "ING General Insurance Company Limited"。	
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard Credit Card No. 信用卡號碼 _____	
Cardholder's Name 持卡人姓名 _____	Card Expiry Date 信用卡有效期至 _____ M 月 Yr 年
I hereby authorise ING General Insurance Company Limited to charge my above credit card account for the premium of this insurance. 本人茲授權ING General Insurance Company Limited從本人上述之信用卡帳戶支取此保險所應繳之保費。	
Cardholder's Signature 持卡人簽署 _____	Date 日期 _____

* 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。

ING General Insurance Company Limited

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