

# 水險投保申請書 MARINE INSURANCE PROPOSAL FORM

致: 昆士蘭保險 (香港) 有限公司  
 To: QBE General Insurance (Hong Kong) Limited  
 香港鰂魚涌英皇道 979 號太古坊德宏大廈 16 樓 1608 室  
 Suite 1608, 16/F, Devon House,  
 Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong.  
 電話 Tel: (852)2828 3188 傳真 Fax: (852) 3607 0384

For Office Use		
Policy No.		
Approval Date		
Officer	Checker	Operator

請用英文正楷填寫本表格及在適當方格內加「✓」號 Please fill in English BLOCK letters and "✓" where appropriate.

## 第一部份 Part I (必須填寫 Must be completed)

請按下列資料發出水險保單 / 按保單乙份, 所需正本 \_\_\_ 張, 副本 \_\_\_ 張:

Please issue  Marine Policy /  Risk Note in \_\_\_ originals, \_\_\_ copies with the following particulars:

投保項目之詳情 Details of the Insured Items		
投保人名稱 Full Name of Proposer	送單方式 <input type="checkbox"/> 郵寄 Post Delivered by: <input type="checkbox"/> 到取 Collection	
投保額 Sum Insured:		
航程 Voyage: 由 From: _____ 至 To: _____ 經 Via: _____		
<input type="checkbox"/> 啓航(啓程) ETD (Leaving) / <input type="checkbox"/> 到達 ETA 之大約日期 on or about (dd/mm/yyyy):		
運輸 Transportation: (請選擇下列的運輸方式及填寫其詳細資料 Please select the type of transportation and fill-in the details)		
<input type="checkbox"/> 海運 By Sea	船名 Name of Vessel _____ 若使用貨櫃, 請列明 If goods are shipped in container, please indicate: <input type="checkbox"/> 散貨櫃 LCL <input type="checkbox"/> 全貨櫃 FCL	提貨單號碼 Bill of Lading No.: _____
<input type="checkbox"/> 空運 By Air	航空公司名稱 _____ 航空公司投保之貨價 _____ Name of Airline _____ Value Declared to Carrier: _____ 班機編號 _____ 航空公司付貨號碼 _____ 貨運公司付貨單號碼 _____ Flight No.: _____ MAWB No.: _____ HAWB No.: _____	
<input type="checkbox"/> 陸運 By Land	運輸工具種類 Type of Vehicle: _____	<input type="checkbox"/> 車牌號碼 Vehicle No./ <input type="checkbox"/> 火車班次 Wagon No.:
<input type="checkbox"/> 郵遞 By Post	郵遞種類 Type of Post: _____	郵件編號 Post Receipt No.:
保單條款及條件 保險學會貨運條款 Institute Cargo Clauses Terms & Conditions: <input type="checkbox"/> (A) <input type="checkbox"/> (B) <input type="checkbox"/> (C) <input type="checkbox"/> (空運 Air) <input type="checkbox"/> 戰爭 War <input type="checkbox"/> 暴動險 Strikes <input type="checkbox"/> 盜竊短交險 T.P.N.D.		For Office Use: Term Codes
其他條款 Other Terms: _____		
賠款地點 _____ 取代按保單號碼 _____ <input type="checkbox"/> P <input type="checkbox"/> C Claim payable at: _____ Replacing Risk Note No.: _____		
嘜頭及號碼 Marks & Nos.	貨物名稱及數量 Description & Quantity of Goods	單價 Invoice Value
<div style="text-align: center; margin-top: 50px;"> <span style="border: 1px solid black; border-radius: 50%; padding: 5px 15px;">I.V.</span> </div>		
X _____ 投保人簽名及蓋章 Authorised Signature and Chop of Proposer		_____ 日期 Date (dd/mm/yyyy)



**恒生銀行**  
HANG SENG BANK



理財創富 專注為你  
Managing wealth for you, with you.

**第二部份 Part II****(若投保人乃首次投保此保險，請填寫此部份 Please complete this part if Proposer first applies for this insurance)**

<b>投保人資料 Proposer Information (Please complete in English)</b>			
投保人名稱 Full Name of Proposer:			
身份證明文件號碼 Document Identity:			
<input type="checkbox"/> 香港身份證號碼 HKID No.: _____			
<input type="checkbox"/> 商業登記證號碼 Business Registration No.: _____			
<input type="checkbox"/> 公司註冊證書號碼 Certificate of Incorporation No.: _____			
聯絡人姓名 Name of Contact Person:		職位 Position:	
電話號碼 Telephone No.:	辦公室 Office:	手提 Mobile:	住宅 Home:
電郵地址 E-mail Address:		圖文傳真號碼 Fax No.:	
通訊地址 Correspondence Address:			
<b>保單領取方法及地點 Collection Method and Location</b>			
<input type="checkbox"/> 郵寄 By Mail		<input type="checkbox"/> 派員到以下選定之地點領取 Collect by Courier at the selected location	
昆士蘭保險 (香港) 有限公司 QBE General Insurance (Hong Kong) Limited 香港鯉魚涌英皇道 979 號太古坊德宏大廈 16 樓 1608 室 Suite 1608, 16/F Devon House Taikoo Place 979 King's Road Quarry Bay Hong Kong			
<b>聲明 Declaration</b>			
<p>本人/本公司謹此聲明，就本人/本公司之所知及所信，於本投保申請書內之陳述及資料乃屬真確及詳盡，而本投保申請書將成為本人/本公司與昆士蘭保險 (香港) 有限公司 (「昆士蘭保險香港」) 之合約之基礎。本人/本公司同意該保險須在該投保申請書獲「昆士蘭保險香港」接納後或在發出保單/暫保單後方為有效。本人/本公司並聲明本人/本公司絕無向「昆士蘭保險香港」隱瞞任何事實*(例如該等事實足以影響保險公司決定是否接受投保)，如任何有關事實未有正確列明或有所隱瞞，保單將會作廢。</p> <p>本人/吾等確認本人/吾等已細閱昆士蘭保險(香港)有限公司的收集個人資料聲明(「通知」)並知悉及同意有關於本人/吾等於是次申請由本人/吾等提供的所有個人資料及其他資料將可能被持有、使用、處理或披露予有關各方以用作「通知」上所載的用途上。</p> <p>* 注意：若閣下/貴公司不能確定任何資料或事實之重要性，均須陳述。</p> <p>I/We declare that the statements and particulars given in this proposal are to the best of my/our knowledge and belief, true and complete and that this proposal shall form the basis of my/our contract with the QBE General Insurance (Hong Kong) Limited ("QBE GIHK"). I/We agree that the insurance will not be in force until the proposal has been accepted by "QBE GIHK" except to the extent of any official cover note which may be issued. I/We further declare that I/We have not withheld any material facts (ie facts relevant to an insurer's decision whether or not to provide coverage) from "QBE GIHK" and that if any material facts shall have been withheld or not truly or fairly stated, this insurance policy shall be null and voided.</p> <p>I/We confirm that I/We have read the QBE General Insurance (Hong Kong) Limited's Personal Information Collection Statement ("Notice") and acknowledge and agree that all personal data and information with respect to me/us which are provided by me/us in relation to this application may be held, used, processed or disclosed to such parties for such purposes as set out in the Notice.</p> <p>*Note : If you are in doubts as to whether or not particular information or facts are material, they should be disclosed.</p>			
X 投保人簽名及蓋章 Authorised Signature and Chop of Proposer		 日期 Date (dd/mm/yyyy)	
註：為符合有關監管機構之規定，新投保人需提供其商業登記證、公司註冊證書、香港身份證或護照之副本以供身分識別之用。如未能提供有關之副本，則「昆士蘭保險香港」需另行核實該投保人之身份證明文件。 Remark: New proposers are required under the relevant regulatory requirements to provide a copy of their Business Registration Certificate, Certificate of Incorporation, Hong Kong Identity Card or Passport for identification purposes. Otherwise, verification of the relevant identity document will be required by "QBE GIHK".			

**繳付保費方法 Payment Method**

將以現金交付恒生銀行分行或以支票繳付保費。 Payment will be made by cash at Hang Seng Bank branch or by cheque.

本人 / 本公司現授權恒生銀行在本人 / 本公司的恒生銀行戶口直接轉賬支付保費予昆士蘭保險 (香港) 有限公司。

I/We irrevocably request and authorise Hang Seng Bank Limited to effect transfer from my/our Hang Seng Bank account as specified below to QBE General Insurance (Hong Kong) Limited for the premium due.

恒生銀行儲蓄或往來戶口號碼 Hang Seng Banking Savings or Current Account No.:

(S.V.)

X \_\_\_\_\_

戶口持有人簽署 Signature of Account Holder(s)\*

日期 Date (dd/mm/yyyy) \_\_\_\_\_

\* 請用留存於恒生銀行支賬戶口的簽名。 Please use the signature of the debit account field with Hang Seng Bank.

如付款戶口為聯名戶口，各戶口持有人均需簽署。 If the account to be debited is a joint account holders must sign.

\_\_\_\_\_  
戶口持有人姓名 (如與投保人不同) Signature of Account Holder(s) if different from the Proposer

**For Office Use:**

<b>Officer:</b>	<b>Checker:</b>	<b>Operator:</b>	<b>Maker:</b>
<b>Branch Code:</b>	<b>Sales Code:</b>	<b>Referral Branch/ Dept. Code:</b>	<b>Referral Staff ID:</b>



## QBE General Insurance (Hong Kong) Limited

昆士蘭保險(香港)有限公司

A member of the worldwide QBE Insurance Group 澳洲昆士蘭保險集團成員

### QBE General Insurance (Hong Kong) Limited - Personal Information Collection Statement

#### Insurance Services

The information you provide to QBE General Insurance (Hong Kong) Limited ("the Company") is collected to enable the Company to carry on insurance business and may be used for the following mandatory purposes of:

1. processing and assessing of applications for any insurance products and daily operation of the related services;
2. any alterations, variations, cancellation or renewal of any insurance and related services
3. any claims or investigation or analysis of such claims;
4. exercising any right under the insurance policy including right of subrogation, if applicable;
5. meeting the requirements under any law and regulation, requests from regulators, industry bodies, government agencies and court order;
6. any activities directly relating to the above purposes.

The information you provide to the Company may be provided or transferred to the following parties in Hong Kong or overseas for the purposes set out in the above paragraph:

- a. any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment, debt collection, data processing or storage or related services 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;
- b. 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; and
- c. any members of the Federation by the Federation for any of the above or related purposes;
- d. regulators;
- e. lawyers;
- f. auditors; and
- g. any party under a duty of confidentiality to the Company including a group company of the Company which has undertaken to keep such information confidential

If you do not agree to the use of your personal data for above purposes, it would not be possible for the Company to process your application and render the services.

You have the right to ascertain the Company policies and practices in relation to personal data, obtain access to and to request correction of any personal information concerning yourself held by the Company subject to payment of an administrative fee. Requests for such access or correction can be made in writing to the Data Protection Officer, QBE General Insurance (Hong Kong) Limited, Suite 1608, 16/F, Devon House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. Fax: (852) 3607 0391.

If you do not want to receive any sale or marketing of any of the products or services from the Company at any time, you may also contact our Data Protection Officer.

MARCH 2013

昆士蘭保險(香港)有限公司 - 收集個人資料聲明

#### 保險服務

閣下向昆士蘭保險(香港)有限公司(本公司)提供的資料,是收集作為本公司進行其業務所需,並可能用作下列強制性的用途:

1. 處理及評估任何保險產品之申請,及有關服務之日常運作;
2. 有關保險產品及服務的任何更改、變更、取消或續期;
3. 任何索償或該等索償的調查或分析;及
4. 行使有關保險單賦予的任何權利包括代位權,如適用;
5. 根據任何有約束力的法例及條例規定,監管機構、相關行業認可機構、政府機構及法庭頒令的要求;
6. 供作任何與上述事項有關的用途。

閣下向本公司提供的資料可能會提供或轉送予下列各方在香港或海外單位作前段所述的用途:

- a. 任何代理人、承包商或提供行政、電訊、電腦、付賬、債務追討、數據處理或儲存或有關服務的第三者服務供應人或任何其他從事與保險或再保險業務有關的公司,或中介人,或索償或調查或其他提供與保險業務有關的服務供應人,以達到任何上述或有關的用途;
- b. 現存或不時成立的任何保險公司協會或聯會或類同組織(聯會),以達到任何上述或有關的用途,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;
- c. 或透過聯會提供予任何聯會的會員,以達到任何上述或有關的用途;及
- d. 監管機構;
- e. 執業律師;
- f. 認可核數師;及
- g. 任何已向本公司承擔保密責任,並已承諾為資料保密的任何人士,包括本公司的集團公司。

如果閣下不同意本公司使用閣下的個人資料於上述用途上,本公司可能不能處理閣下之申請及提供服務。

閣下有權查明本公司就個人資料的政策和實務,並有權要求查閱及更正由本公司持有有關閣下的個人資料,並須支付所需的行政費用。

有關查閱或更正的要求,可致函香港鰂魚涌英皇道979號太古坊德宏大廈16樓1608室,傳真:(852) 3607 0391 向昆士蘭保險(香港)有限公司資料保護主任提出。

如閣下於任何時間不欲收取本公司的任何產品或服務的任何銷售或推廣,閣下亦可聯絡上述資料保護主任。

[中文譯本僅供參考,文義如與英文本有歧異,概以英文版為準。]

2013年 3月