

Name of Proposer:

保戶名稱

Correspondence Address:

通訊地址

Business or Trade:

行業

Telephone No.

電話

Particulars of work:

工作詳請

Period of Insurance: From

to

(Both dates inclusive)

保險期 由

至

(首尾兩天包括在內)

Limit of Indemnity:

HK\$

for any one Occurrence 每一宗意外事故

賠償限額

HK\$

for any one Period of Insurance 全年之最高賠償

If cover is required in respect of 如投保內容有關

a) Power-operated Lifts, Hoists or Cranes, please list below 如有電梯、吊機等請詳述

Maximum Number Lifting Capacity 電梯負重	Number of Floors served 層數	Whether passenger or goods 客用電梯或貨用電梯

b) Mobile power-operated Equipment, please give description and numbers 其他機械設備

Give particular of all claims made against you during the past three years, whether or not any payment has been made:

以往三年之賠款記錄

Year 年份	Brief Details of Each Incident 簡述每次意外事故	Cost of Claim Paid 賠償金額	Estimated outstanding 估計未結案之賠償金額

Has any Insurer ever declined a proposal, refused renewal or terminated on insurance?

以往是否有被保險公司拒保、推卻續保或終止保單

Yes 是

No 否

Has any Insurer ever required an increased premium or imposed special conditions?

以往是否被保險公司加收保費或附加一些特別條款

Yes 是

No 否

**Important Notes:**

Any other facts know to you which are likely to influence the acceptance and assessment of the insurance proposal must be disclosed. If you are in any doubt about facts considered materials, you should disclose them. We recommend that you keep a record of all information provided (including copies of letters) for future reference. A copy of this proposal form will be supplied upon your request with a period of three months after its completion. For your own interest, please make sure that all materials facts are disclosed to us failing which your policy may be not afford the cover you require or may even become void. This proposal form only contains a summary of the coverage. For more details about the terms, conditions and exclusion, please refer to the policy wordings. A policy specimen will be supplied on request.

**Declaration :**

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 MIN XIN INSURANCE CO., Ltd. I/We agree that the insurance will not be in force until the proposal has been accepted by the Company.

**Personal Information Collection Statement :**

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of:

- any insurance of financial related product or services or any alterations, variations, cancellation or renewal of such product or services;
- any claim or investigation or analysis of such claim; and
- exercising any right of subrogation

This information may be transferred to :

- any related company or any other company carrying on insurance or reinsurance related business or an intermediary or other services provider providing services relevant to insurance business for any of the above or related purposes;
- any association, federation or similar organization of insurance companies ("Federation") that exists or is formed 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
- any members of the "Federation" by the "Federation" for any of the above or related purposes.

Moreover, MIN XIN INSURANCE CO., LTD. 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 by the Company.

Proposer's Signature: \_\_\_\_\_

Authorised Agent/Broker: \_\_\_\_\_

Date: \_\_\_\_\_