



太平洋保險有限公司 THE PACIFIC INSURANCE CO., LTD.

(INCORPORATED IN HONG KONG IN 1960)

總行
電話 Tel: 2876 0000 傳真 Fax: 2876 0111

分行
電話 Tel: 2384 0071 傳真 Fax: 2782 1435

信用保險投保書 BOND PROPOSAL FORM

投保人姓名
Name of Proposer (in full) : _____
 註冊地址
Registered Office : _____
 營業地址
Business Address : _____
 業務性質
Nature of Business : _____
 何年開始營業
Year of Commencement of Business : _____
 實收資本
Paid up Capital : _____
 電話號碼
Telephone No. : _____
 來往銀行
Bankers : _____

所需擔保之合約詳情及金額若干？
 Details of Contract and amount in respect of which guarantee is required :

合約詳情 Details of Contract	投保金額 Amount

貴號有否投保火險或其他保險？如有，請將保險公司之名稱，投保地址，保險種類，保險期及投保金額等列出：
 Have you ever insured for fire or other classes of insurance? If so, please state the name of the insurance company, situation of risk, class of insurance, period of insurance and insured amount.

保險公司名稱 Name of Insurance Company	投保地址 Situation of Risk	保險種類 Class of Insurance	保險期 Period		投保金額 Amount
			起 From	止 To	

聲明 DECLARATION

本人/我們謹聲明上列所述俱屬事實，並請太平洋保險有限公司代本人/我們向_____根據上列事實發給保證書乙份。本人/我們復深知如太平洋保險有限公司因此保證書而遭受損失時當負全責償還。

I/We hereby declare that I/we have, in the replies made above, stated the truth and request The Pacific Insurance Company, Limited to furnish a guarantee on our behalf to _____ in accordance with the above particulars. I/We are aware that I/we are liable to indemnify The Pacific Insurance Company, Limited against any loss which they may sustain by reason of their entering into such guarantee.

本人/我們已閱讀及完全明白並同意背頁所列印之內容。

I/We have read and fully understood the contents printed overleaf and hereby give my/our consent thereto.

本人/我們謹聲明吾/吾等已獲得以上所提及第三者之同意使用其個人資料以填寫此投保書。

I/We hereby declare that I/we have obtained the consent of the third parties mentioned hereinbefore for the use of their personal data in completing this proposal form.

保險經紀佣金同意聲明 CONSENT DECLARATION ON INSURANCE BROKER COMMISSION

本人明白、確知及同意，太平洋保險有限公司（太平洋保險）會就本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。假如我們為法人團體，代表我們簽署的獲授權人員須向太平洋保險確認他/她已獲我們授權。

本人亦明白太平洋保險必須取得本人以上的同意，才可以處理本人的保險申請。

I understand, acknowledge and agree that, as a result of my purchasing and taking up the policy to be issued by The Pacific Insurance Company, Limited (the Company), the Company will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where we are a body corporate, the authorized person who signs on our behalf further confirms to the Company that he or she is authorized to do so.

I further understand that the above agreement is necessary for the Company to proceed with the application.

日期
Date _____

投保人簽署
Signature of Proposer _____

收集個人資料聲明

閣下在此投保書內所提供的資料，為本公司提供保險業所需，並可能使用於下列目的：

- 任何與保險或財務有關的產品或業務，或該等產品或服務的任何更改、變更、取消或續期；
- 任何索償，或該等索償的調查或分析；
- 行使任何代位權；及

可能移轉予：

- 任何有關的公司，或任何其他從事與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；
- 或現存或不時成立的任何保險公司協會或聯會或同類組織(「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，在此授權太平洋保險有限公司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太平洋保險有限公司持有有關閣下的資料。如有此項要求，可向香港灣仔皇后大道 43-59 號東美中心十字樓本公司總經理提出。

Personal Information Collection Statement

The information you provided in this Proposal Form is collected to enable us to carry on insurance business and may be used for the purpose of:

- any insurance or financial related product or service or any alterations, variations, cancellation 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:

- any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service 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 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
- any members of the Federation by the Federation for any of the above or related purposes.

Moreover, The Pacific Insurance Company, Limited 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 Pacific Insurance Company, Limited. Requests for such access can be made to the General Manager at 10th Floor, Dominion Centre, 43-59 Queen's Road East, Wanchai, Hong Kong.