



# 太平洋保險有限公司

## THE PACIFIC INSURANCE CO., LTD.

(INCORPORATED IN HONG KONG IN 1960)

總行

分行

電話 Tel: 2876 0000 傳真 Fax: 2876 0111

電話 Tel: 2384 0071 傳真 Fax: 2782 1435

### 機械保險投保書

### MACHINERY INSURANCE PROPOSAL FORM

投保人姓名：  
Full Name of Proposer：

通訊地址：  
Correspondence Address：

受保地址：  
Situation of Risks：

項目 Item No.	投保項目詳情 Specification of Insured Item	投保金額港幣 Sum Insured HK\$
	牌子 Brand : 型號 Model : 機身編號 Serial No : 機械吊重量 Capacity : 製造年份 Year of Manufacture : 車輛號碼 Vehicle No. :	
總投保金額 Total Sum Insured		

保險期：由 \_\_\_\_\_ 至 \_\_\_\_\_  
Period of Insurance: From \_\_\_\_\_ To \_\_\_\_\_

分期付款公司名稱：  
Hire Purchase Owner：

#### 聲明 DECLARATION

本人/我們謹保證及聲明上述一切陳述均屬實無訛，並同意此投保書及聲明將成為本人/我們與太平洋保險有限公司訂立保險合同之根據，及願接受並遵守貴公司所簽發之保險單內所有條款及細則。

I/We hereby warrant and declare the truth of all the above statements and agree that this Proposal Form and Declaration shall be the basis of the Contract between me/us and The Pacific Insurance Company, Limited, (the Company) and accept a policy subject to the terms, exceptions and conditions prescribed by the Company.

本人/我們謹聲明本人/我們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.

本人/我們已閱讀及完全明白並同意背頁所列印之收集個人資料聲明。

I/We have read and fully understood the Personal Information Collection Statement printed overleaf and hereby give my/our consent thereto.

#### 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 \_\_\_\_\_

除經發給正式保險單或按保單外，本公司在未接納此投保書及未收妥保費前概不負任何責任。

The Company will not undertake any liability until this Proposal has been accepted and Premium received by the Company, except as provided by a Policy or an Official Cover Note issued by the Company.

#### 本公司專用 FOR OFFICE USE ONLY

保單編號 POLICY NO.	保率 RATE
賬戶編號 ACCOUNT NO.	保費 PREMIUM
備註 REMARKS	自負額 EXCESS

#### 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東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 10<sup>th</sup> Floor, Dominion Centre, 43-59 Queen's Road East, Wanchai, Hong Kong.