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Tel 電話: 2968 1636 Fax 傳真: 2917 6266

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完美保險代理有限公司

Perfect Insurance Agencies Limited Tel: 2384 0099 Fax: 2384 0101



Email: info@perfectins.com.hk Agency No. Policy No. 代理編號: 保單編號:

HOUSEGUARD PROPOSAL FORM 屋主樂投保書 (Please use English block letters 請用英文正楷填寫)

Full Name 姓名								
(Mr 先生 / Mrs 太太 / Mis	s 小姐) : _							
Date of Birth 出生日期				D Card / Passport No				
(dd 日 / mm 月 / yy 年) Tel 電話	: -			身份證 / 護照號碼	:			
(Home 住宅 / Mobile 手提	是) .		(Offi	ce 辦公室) :				
Fax	· _			il Address				
傳真	:			地址 :				
Address 地址 :	-			-				
Industry 在職行業 :								
Period of Insurance	From		То					
承保期 : Insured Address		(dd ⊟ /	mm 月 / yy 年) 至			(dd ⊟ / mn	m 月 / yy 年
投保地點 :								
Name of any other interest, 其他享有權益人士姓名 /	銀行/財務公司	可(貸款編號)	:					
Plan required 選取計劃 (☐ Plan A 計劃 A			在適當方格內加☑): ŊA包括可供選擇投保	頁目 ☐ Plan B 計	·劃B			
Sum Insured 投保額	:							
Declaration 聲明								
I declare to the best of m	y knowledge and	belief that the informatio	n given is true in everv re	spect.				
本人謹此聲明,根據本人	, 所知及所信,本持	设保表格上所填報之資料 均	自實屬無訛。	•				
 i) The insured situation servants or my tens 		use or self contained flat	with a separate locked er	trance occupied only for	private purpos	es and solely	by me, my f	family and
		位,設有獨立門鎖,並只	作爲本人、本人之家人及	僱傭或本人租戶的私人用	途。			
			ofed with concrete, slate i . . 磚或其他不能燃燒的物料		e material.			
2. Lundaratand that this An	nligation will not	bassama offactiva until th	a nranasal baa baan asa	anted by Davel 9 Cun Al	lianaa Inaurana	na nia ("tha Ca		and course the
	laration shall be tl	he basis of the insurance	s proposal has been acco contract between me and 式接納後,保險責任始正	I the Company.				nd agree tha
3. Cover will be effective on 投保書需經保險公司或其				empany or its authorised	representative.			
□ I do not wish to receive a 本人不願意收取任何宣傳		promotional materials.						
Signature of Proposer			Date					
投保人簽署 :			日期:					
Node of Breeze and Con-		ATT I Area lead of the Attended to						
Notice of Personal Information Any person from whom the comp			re the right to enquire the nurr	ose of using the information	the right of acces	s to and the righ	nt to request (correction of th
personal information concerning	themselves. Such r	request can be made to the C	ompliance Officer of the Com	pany via, mail to 32/F., Dorse	t House, Taikoo f	Place, 979 King!	s Road, Quar	rry Bay, Hong
Kong, or fax to +852 2968 5111, 司之條例事務主任提出:郵寄至						關貧料。 有關登記	引及申請可循	下列途徑回本2
Payment Instruction	and Authoris	sation 支付保費方法	去與授權書					
(Please tick the appropria	ate box 🗹 or co	nsult your agent regar	rding methods of paym	ent. 請在適當的空格內	內加☑或與您的	的保險代理語	\$詢付款方	i法。)
□ Ob				Observa No	m: .			
□ Cheque payable to 支		白宏士阻蔽合用险专門	ハヨ	Cheque No. 支票號码	馬:			-
☐ Visa ☐ MasterCard		皇家太陽聯合保險有限 Diners Credit Care		1 1			1	ı
□ VISa □ IVIASICIOAIU	- Allica -	Diricis Orcan Can						
Name of Cardholder #	寺卡人姓名:_							
Issuing Bank 簽發銀行	ŕ:		Expiry	[,] Date 有效日期:				
I hereby authorise Royal 本人授權皇家太陽聯合保障				m to my credit card ac	ecount for this	s insurance	oolicy.	
Signature 簽署:			Date 日期:_			_		
(Signature should corres	pond with the s	specimen signature of	the above credit card	account 簽署必須與上	就信用卡戶□	簽署式樣相	同)	