

更改 / 取消保單申請書

AMENDMENT / CANCELLATION REQUEST FORM

請填妥有關部分，如有遺漏可能延誤有關申請。 Please complete all related questions; failure to do so may result delay in processing your request.

呈遞此申請書，並不表示保險公司已更改內容，一切以保險公司收取正本為有效日期。 This submission of this form does not mean the Insurance Company have modified the content, the effective date will start on the date when the Insurance Company received the original document.

請用正楷填寫本表格。 Please complete this form in BLOCK LETTERS.

保單號碼 POLICY NO. : _____ 代理編號 AGENT CODE : _____

保戶名稱 NAME OF INSURED : _____

本人謹通知 貴司辦理以下事宜 (請在適當方格內加“√”號) Please proceed with the followings (please “√” in the appropriate box)

1. 保戶名稱：
Name of Insured: _____
2. 保戶通訊地址：
Insured's Mailing Address: _____
3. 受保地址：
Location of Risks: _____
4. 營業性質：
Trade or Business: _____
5. 保險期限： 由 _____ 至 _____ (首尾兩日包括在內)
Period of Insurance: From _____ To _____ (Both Dates Inclusive)
6. 保險金額：增加 / 減少 總額更改至：
Sum Insured: Increased by / Decreased by: _____ Total Sum Insured Revised: _____
*請列明更改保額的有關承保項目
*Please Specify the Relevant Item: _____
7. 過戶 / 財務名稱：
Name of Mortgagee: _____
8. 條款：
Clauses: _____
9. 取消保單：*如要取消保單，必須把批改申請書連同保單一起送回
Cancel Policy: *In order to cancel the Policy, please return the Original Policy together with Endorsement Application Form.
10. 其他：
Others: _____

申請人簽署：

Signature of Proposer: _____

日期：

Date: _____