



**Office Plus Proposal Form 辦公室綜合保投保書**

投保人姓名  
Name of Proposer : \_\_\_\_\_

電話號碼 Telephone No. : \_\_\_\_\_ 傳真號碼 Fax No. : \_\_\_\_\_

通訊地址  
Correspondence Address : \_\_\_\_\_

受保地址  
Situation of Office : \_\_\_\_\_

業務性質  
Nature of Business : \_\_\_\_\_

投保期限  
Period of Insurance : 由 From \_\_\_\_\_ 至 To \_\_\_\_\_

如屬分期付款銀主為  
Financial Interest (If Any) : \_\_\_\_\_

**第一節 - 辦公室內物件 Section 1- Office Contents**

(A) 所有辦公室內物件除去如下之(B)及(C) All office contents excluding (B) & (C) below	保額 Sum Insured (HK\$)
_____	_____
(B) 個別價值超出 HK\$20,000 之藝術品或貴重金屬品 Works of art or articles of precious metals in excess of HK\$20,000 each	_____
_____	_____
(C) 個別價值超出 HK\$250,000 之物 Single items in excess of HK\$250,000 each	_____
_____	_____
第一節之總投保金額 Total Sum Insured for Section 1 (A) + (B) + (C)	=====

**第二節 - 額外租項及開支 (可隨意投保) Section 2 - Additional Rent & Expenses (Optional)**

(A) 額外租項 Additional Rent	保額 Sum Insured (HK\$)
_____	_____
(B) 額外開支 Extra Expenses	_____
_____	_____
第二節之總投保金額 Total Sum Insured for Section 2 (A) + (B)	=====

**第三節 - 金錢損失及僱員遇襲受傷 (隨第一節免費承保) Section 3 - Money & Assault (Free with Section 1)**

(A) 金錢 Money		
1) 劃線支票 crossed cheques	a) 在夾萬內的 kept in safe or strong room	HK\$200,000.00
2) 於辦公室內的 money in office	b) 非在夾萬內的 not kept in safe or strong room	HK\$50,000.00
		HK\$5,000.00
3) 在授權僱員家中 money at the home of authorised employee		HK\$2,500.00
4) 直接運送途中的金錢限額為第一節保額之百分之十, 或最高為 HK\$50,000		
		money in direct transit - 10% of the Sum Insured under Section 1, subject to a maximum of HK\$50,00.00
(B) 僱員遇襲 Assault to Employees		
1) 死亡 death		HK\$50,000.00
2) 終身完全殘廢 permanent and total disablement		HK\$50,000.00
3) 雙目失明或失去兩肢 permanent and total loss of sight in both eyes or use of both hands or both feet		HK\$50,000.00
4) 單目失明或失去一肢 permanent and total loss of use of one eye or use of one hand or one foot		HK\$25,000.00

**第四節 - 僱員賠償保險 (可隨意投保) Section 4 - Employees' Compensation (Optional)**

僱員人數 Total Number of Employees \_\_\_\_\_

估計全年薪酬 Estimated Annual Wageroll \_\_\_\_\_

**第五節 - 第三者責任保險 (隨第四節免費承保) Section 5 - Third Party Liability (Free with Section 4)**

每次賠償及在保險期內 any one Accident and any one Period of Insurance \_\_\_\_\_ 保額 Limit of Liability (HK\$) HK\$5,000,000.00

**聲明 Declaration**

在過往兩年內如有遇現想投保風險之損失請詳述如下: In the past 2 years, have you sustained loss or damage by any of the risk and liabilities you now wish to insure against? If so, please give particulars. \_\_\_\_\_

如曾被拒絕投保任何保險請詳述如下: Has any of your insurance ever been declined? If so, please give particulars. \_\_\_\_\_

我/我們在此聲明上列之表報及細則均屬正確。我/我們並無隱瞞或虛報任何事實, 我/我們同意本項聲明為我/我們與貴公司訂立契約之基礎。 I/We hereby declare that the above particulars and answers are true and complete in every respect and that no material fact has been suppressed or withheld and I/We agree that this declaration and the answers above given shall be the basis of the contract between me/us and the Company.

日期 Date \_\_\_\_\_

投保人簽署 Signature of Proposer \_\_\_\_\_