

# 永隆保險有限公司

## WING LUNG INSURANCE CO LTD

INCORPORATED IN HONG KONG WHOLLY OWNED SUBSIDIARY OF WING LUNG BANK LTD  
 45 DES VOEUX ROAD CENTRAL HONG KONG TEL: 2826 8232 FAX: 2526 7045  
 香港中環德輔道中四十五號 電話: 2826 8232 電傳: 2526 7045

### 辦公室綜合保險投保書 OFFICE PACKAGE INSURANCE PROPOSAL FORM

(為方便電腦輸入, 請用英文填寫)

保戶名稱 Name of Insured : (中文).....  
 : (英文).....  
 通訊地址 Corr. Address : .....  
 : .....  
 業務性質 Business / Trade : .....  
 電話 Telephone No. : ..... 傳真 Fax No. : .....

永隆銀行戶口號碼 Wing Lung Bank A/C No. : .....

**投保詳情 Particulars of Insurance**  
 投保地址 Insured Address : .....  
 (若與通訊地址不同, 請填此項) .....  
 保期 Period of Insurance : 由 From..... 至 To.....

投保範圍 Coverage	投保額 Sum Insured
1) 辦公室設備 Office Contents 請列出任何價值逾 HK\$50,000 的器材 List any equipment exceeding HK\$50,000	HK\$.....
a) _____ HK\$ _____ b) _____ HK\$ _____	
2) 營業中斷 Business Interruption	
a) 額外開支 Additional Expenditure	HK\$500,000
b) 收入損失 Loss of Income	HK\$.....
i) 估計未來 12 個月可得之收入 Estimated Income for the next 12 months	
ii) 所需最長補償期間 Maximum Indemnity Period required	12/18/24 個月 months
iii) 所需投保額 Sum Insured required	HK\$.....
3) 金錢損失 Money	
a) 在辦公時間置於保址內、運送途中或置於銀行夜庫內的金錢 In the premises during business hours, in transit or in bank night safe	HK\$25,000
b) 在非辦公時間置於保址內的上鎖夾萬或保險庫的金錢 Out of business hours & secured in locked safe or strongroom	HK\$20,000
c) 在非辦公時間置於保址內惟並無存放在上鎖夾萬或保險庫的金錢 Out of business hours but not secured in locked safe or strongroom	HK\$5,000
d) 劃線支票及其他不可轉讓票據 Crossed cheques, etc.	HK\$500,000
4) 僱員賠償 Employees' Compensation	根據僱員補償條例 As per Employees' Compensation Ordinance
工作類別 Occupation      人數 No. of employees      年薪 Total earning	
_____	_____
_____	_____
5) 公眾責任 Public Liability	HK\$5,000,000

### 聲明 DECLARATION

本人/公司現投購上述保險, 並同意此投保書作為本人/公司與 貴公司訂立保險契約之根據。

I/We hereby apply for insurance against risks as set out above and I/we agree that this proposal shall be the basis of the contract between myself/ourselves and the Company.

投保人簽名 Signature of Proposer

日期 Date: .....