



日本興亞保險(亞洲)有限公司 NIPPONKOA INSURANCE COMPANY (ASIA) LIMITED

19th Floor, Tai Tung Building, 8 Fleming Road, Wanchai, Hong Kong.
Tel: (852) 2524 0036 (852) 2521 2482 Fax: (852) 2868 1997 (852) 2868 4413

投保人資料 Proposer Details			
姓名 Full Name	先生 <input type="checkbox"/> 女士 <input type="checkbox"/>	身份証號碼 I.D. Card No.	職業 Occupation
住宅地址 Home Address			
通訊地址 Correspondence Address			
住宅電話 Home Telephone	公司電話 Office Telephone	電子郵箱 E-mail Address	
投保資料 Coverage Details 本人現申請投保下列所選擇之日本興亞保險(亞洲)有限公司「妥善家居保」 I hereby apply for the NIPPONKOA Insurance Company (Asia) Limited (Home Comprehensive Package). Please enroll me in the Plan indicated below. <div style="display: flex; justify-content: space-around;"> 計劃 Plan A <input type="checkbox"/> 計劃 Plan B <input type="checkbox"/> </div>			
居所之樓齡 Age of your home : _____ 樓宇類別 Type of Building <div style="display: flex; justify-content: space-around; margin-top: 5px;"> 單層樓宇 <input type="checkbox"/> 獨立洋房 <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Flat / Apartment House </div>			
起保日期 (須為申請日之翌日或以後) Policy Effective Date (Any date after the application date) : _____			
附加保險 Optional Insurance 高爾夫球 Golfer Insurance <div style="display: flex; justify-content: space-around; margin-top: 5px;"> 是 <input type="checkbox"/> 否 <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Yes No </div>			
投保人聲明 本人謹此聲明，就本人之所知及所信，於本申請表內之陳述及資料乃屬真確及詳盡。本人並聲明： <ul style="list-style-type: none"> ● 本人之居所絕無任何部份低於地面 ● 本人從未遭受任何保險公司拒絕投保續保或取消本人之保單或要求提高保費及附加特別條款始允承保 ● 本人已填報一切重要有關資料絕無隱瞞或保留並同意將本投保書和聲明作為與日本興亞保險(亞洲)有限公司和本人所訂合約之根據並以保單上各條款為準則 			
DECLARATION I declare that the statements and particulars given hereon are to the best of my knowledge and belief, true and complete. I further declare that : <ul style="list-style-type: none"> ● No part of the dwelling is below ground floor level ● No insurer has ever cancelled, declined, refused to renew or imposed special terms or conditions on any policy held by myself ● I have not withheld any material information and accept that this proposal form and declaration shall be the basis of, and be incorporated in, the contract between NIPPONKOA INSURANCE COMPANY (ASIA) LIMITED and myself 			
_____ 投保人簽署 Signature of Proposer		_____ 日期 Date	
請將填妥的表格郵寄至： 香港灣仔 菲林明道 8號 大同大廈19樓 或傳真至： (852) 2868-1997			