

Property All Risk & Public Liability

財產全險及公眾責任保險

Insured Details 投保人資料		
Name of Applicant 投保人姓名		
Period of Insurance 承保期		
Postal Address 通訊地址		
Business Nature 業務性質		
Situation 投保地址		
Gross Floor Area 總佔用面積		
Occupied As 佔用性質		
Nature of Building: 樓宇性質 / 用途	<input type="checkbox"/> Residential Complex 住宅樓宇 <input type="checkbox"/> Commercial Complex 商業樓宇	<input type="checkbox"/> Industrial Building 工業樓宇 <input type="checkbox"/> Industrial / Trade Complex 工貿中心 <input type="checkbox"/> Others 其他 _____
Age of the Insured Building 投保樓宇之建築年齡		
Mortgagee (if any) 受抵押人 (如適用)		

Property Insured 投保財物	Sum Insured 投保額 (HK\$)
Building including landlord's fixtures, fittings therein and thereon excluding foundation and drains 樓宇結構；包括業主裝修(地基渠道除外)	
Decoration, furniture, fixtures and fittings 傢俬及裝修	
Machinery, equipment and trade utensils but excluding moulds of any kind 機器，設備及生財工具(不包括工模)	

Stock in trade including materials, semi-finished and finished goods 貨物；包括原料、製成品及半製成品 (Article Limit 每件貨品之最高價值：)	
For others, please specify below 其他請詳細列出	
Total Sum Insured 總投保金額	
Fire Protection & Security Measure 防火及安全措施	
Is any anti-theft alarm System installed? 有否裝置防盜系統? If yes, is it a direct-linked alarm or an auto-dialer? (Please attach alarm plan) 若然, 是否直接報警系統?	
Any automatic Sprinkler System? 是否裝有自動灑水系統?	
Any other fire protection facilities (if YES, please specify) 是否裝有其他防火設備? (如有, 請說明)	

Public Liability 公眾責任保險	
Limit of Indemnity 每宗事故最高保障額	<input type="checkbox"/> HK\$10 Million 港幣一千萬 <input type="checkbox"/> HK\$15 Million 港幣一千五百萬 <input type="checkbox"/> Others 其他 _____

Insurance History 投保歷史	
1. Any claim in the past 3 years? If yes, please give details: 過去三年, 有否任何損失? 若然, 請詳述之。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
2. Has any such proposal or renewal ever been declined or withdrawn? 曾否被其他保險公司拒絕受保, 取消保單, 不允續保, 要求增加保費或註明特別條件? 若然, 請詳述之。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
3. Any existing policy with Chubb Insurance Limited (any other classes)? (If yes, please provide Policy No. _____) 投保人是否已投購或購有安達的保險? 若然, 請提供保險單號碼。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否