

# Rental Protector Proposal Form

## 安租保投保表格

Please complete in English BLOCK letters 請以英文正楷填寫

### Information of the Proposer 投保人資料

Surname 姓: \_\_\_\_\_ Given Name 名: \_\_\_\_\_

HKID Card / Passport No. 香港身份證/護照號碼: \_\_\_\_\_ ( )

Occupation 職業: \_\_\_\_\_

Email 電郵地址: \_\_\_\_\_

Home Tel No. 住宅電話號碼: \_\_\_\_\_

Mobile Phone No. 手提電話號碼: \_\_\_\_\_

Proposed Location of Risk 投保物業地址:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HK香港島  KLN九龍  NT新界  Outlying Island 離島

Year of Building 樓宇建成年份: \_\_\_\_\_

Mailing Address (if different from Location of Risk) 通訊地址 (如與投保物業地址不同):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HK香港島  KLN九龍  NT新界  Outlying Island 離島

Policy Effective Date 起保日期: \_\_\_\_\_MM/月 \_\_\_\_\_DD/日 \_\_\_\_\_YYYY/年

Date of Lease 起租日期: \_\_\_\_\_MM/月 \_\_\_\_\_DD/日 \_\_\_\_\_YYYY/年

Please answer the following questions 請回答下列問題:

	Yes是	No否
1. Have you made claims against any insurance policy on proposed risk location during the past three years? 閣下曾在過去三年內, 就投保物業於任何保單提出索償?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you taken any legal action against tenant to recover rent or regain possession of proposed risk location during the past three years? 閣下曾在過去三年內, 為了收取欠租或收回投保物業而對租客採取法律行動?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there currently any outstanding rent for the risk location? 就閣下的投保物業, 現在有被拖欠租金嗎?	<input type="checkbox"/>	<input type="checkbox"/>

If your answer is "Yes", please give details on separate sheet.  
如問題之答案為“是”者, 請另加紙說明。

Please “✓” the appropriate box 請在適當的方格加上✓號

Coverage 保障範圍	Section 1 & 2 項目1及2	Section 1, 2 & 3 項目1, 2及3
Annual Premium 全年保費	<input type="checkbox"/> HK\$1,188	<input type="checkbox"/> HK\$1,488

## Payment Method 保費付款方法

Please ✓ the appropriate box 請在適當的方格加上✓號

Payment by Cheque 支票付款

Cheque No. 支票號碼: \_\_\_\_\_

Bank 銀行: \_\_\_\_\_

Cheque should be crossed and made payable to "AIG Insurance Hong Kong Limited"  
劃線支票抬頭請註明「美亞保險香港有限公司」

Payment By Credit Card 信用卡付款

 VISA Card VISA卡   MasterCard 萬事達卡

Card No. 信用卡號碼: \_\_\_\_\_

Expiry Date 信用卡屆滿日期: \_\_\_\_\_ (MM月/YY年)

Card Holder's Name 信用卡持有人姓名: \_\_\_\_\_

Card Holder's Signature 信用卡持有人簽署: \_\_\_\_\_

Date 日期: \_\_\_\_\_

I hereby authorize and request AIG Insurance Hong Kong Limited to charge my VISA/  
MasterCard account for the premium stated on this Proposal Form.  
本人茲授權並要求美亞保險香港有限公司從本人之VISA/ MASTER卡戶口內支付本投保表格所註  
明之保費。

For office use only 公司專用
Producer Name
Producer Code
Producer Contact Tel. No.

PP02RPA-11/15 (RE 05/23)

## Declaration 聲明

I/we declare and agree on behalf of myself/ourselves and any person or persons who may have or claim any interest in any insurance on this Proposal Form the followings:  
本人/吾等現聲明並謹代表本人/吾等及任何有權或聲稱有權就本投保表格要求保險賠償的人仕同意下列各項:

- The building structure of Location of Risk is of concrete construction.  
本人/吾等之投保物業乃石屎建築。
- Occupancy of Location of Risk is solely for private residential purpose and there is no commercial use.  
本人/吾等之投保物業純屬私人住宅用途, 並不作任何商業用途。
- In the event of differences between the English and Chinese version of this Proposal Form, the English version shall prevail. It is also understood that the insurance policy relevant to this Proposal Form is issued in English version only and will be binding upon this Proposal being accepted and approved.  
本人/吾等同意如本文之譯本於意義上遇到任何爭議時, 一概以英文版本為準; 本人/吾等同時明白保險契約只會以英文發出, 並會於本申請獲接納及核實時生效。
- I/we agree that AIG Insurance Hong Kong Limited (hereinafter called "AIG Hong Kong"), reserves its right to accept or reject my/our application for insurance. If the Proposal Form is accepted and approved by AIG Hong Kong, the policy will become effective.  
本人/吾等同意美亞保險香港有限公司(以下簡稱「美亞保險」), 保留一切接納申請與否之權利; 並明白申請一經美亞保險接納及批核後, 保障立即生效。
- I/we agree that this Proposal Form shall be the basis of the insurance contract between me/us and the insurer, AIG Hong Kong. I/we declare that the statements made in this Proposal Form are true, correct and complete to the best of my/our knowledge and belief.  
本人/吾等同意此投保表格為本人/吾等與美亞保險香港有限公司訂立保險契約之根據。本人/吾等特此聲明此投保表格內所填報之資料, 據本人/吾等所知並確定全部正確無訛、完整及足夠。
- In relation to the personal data collected in this application form, I/we agree and acknowledge that: 就有關從此表格所收集的個人資料, 本人/吾等同意及確認:
  - (Unless specifically indicated otherwise in this form) the personal data requested in this form is necessary for AIG Insurance Hong Kong Limited ("AIG HK") to process this application and any such data not provided may mean this application cannot be processed.  
除非於本表格上另有訂明, 本表格所要求提供的個人資料是供美亞保險香港有限公司(“美亞保險”)處理此申請的所需資料, 若未能提供任何所需資料此申請則可能不被處理;
  - The personal data collected in this form may be used by AIG HK for the purposes stated in its Data Privacy Policy, which include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, data matching, claim processing, investigation, payment and subrogation and any related purposes).  
美亞保險可按列於其私隱政策的用途使用此表格所收集之個人資料, 其用途包括核保及管理已申請的保單(包括獲取再保險、核保續保之保單、資料配對、處理索賠、調查、付款及行使代位權及任何有關用途);
  - Unless I /we have indicated otherwise by ticking the "Promotion Material Opt-out" box below (of which I/we take note), AIG HK may use my/our contact details (name, address, phone number and e-mail address) to contact me/us about other insurance products provided by the AIG group and that my/our contact details may not be so used without me/us giving this agreement.  
除非本人/吾等於以下的「不收取推廣資料」方格填上✓號以作表示(其內容本人/吾等已細閱), 美亞保險可使用本人/吾等的聯絡資料(姓名、地址、電話號碼及電郵地址)聯絡本人/吾等有關其它由AIG集團提供之保險產品, 而在未獲本人/吾等同意的情况下, 本人/吾等之個人資料將不會被如此使用;
  - AIG HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (b) and (c) above:
    - Third parties providing services related to the administration of my/our policy (including reinsurance);
    - Financial institutions for the purpose of processing this application and obtaining policy payments;
    - In the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
    - For the purpose of conducting direct marketing activities (per (c) above), marketing companies authorized by the AIG group;
    - Another member of the AIG group (for all of the purposes stated in (b) and (c)) in any country; or
    - Other parties referred to in AIG HK's Data Privacy Policy for the purposes stated therein.  
美亞保險亦可向以下類別的人士(不論在香港或海外)轉交該些個人資料, 作上述(b)及(c)項所列明之用途:
      - 提供有關本人/吾等保單管理服務的第三者(包括再保險公司);
      - 財務機構, 作處理此申請及收取保費;
      - 公證人、調查員、第三者管理人、緊急支援服務提供者、法律服務提供者、零售商、醫療提供者、及交通工具機構, 以處理索償事宜;
      - AIG集團授權的市場推廣公司, 以作直銷之用(如上(c)項所述);
      - 其它在任何國家之AIG集團之成員公司, 作上述(b)及(c)項所有列明之用途; 或
      - 其它於美亞保險私隱政策所列明的人士, 作於私隱政策列明之用途。
  - I/we may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), or opt out of my/our personal data being used for direct marketing at any time, by writing to the Privacy Compliance Officer of AIG Insurance Hong Kong Limited at GPO Box 456 or cs.hk@aig.com. The full version of AIG HK's Data Privacy Policy can be found at www.aig.com.hk. 本人/吾等可隨時致函到美亞保險香港有限公司之私隱事務主任(地址: 香港郵政總局信箱456號或電郵: cs.hk@aig.com)查閱、或要求修改本人/吾等的個人資料(美亞保險可就查閱及修改要求收取合理費用), 或選擇不將本人/吾等的個人資料用作直銷用途。美亞保險私隱政策的全文載於www.aig.com.hk。

- Promotion Material Opt-out (if you wish to opt-out, please tick)  
不收取推廣資料(如閣下不欲收取推廣資料, 請在方格填上✓號)
- I /We agreed all the Content in the above Declaration and Personal Information Collection Statement  
本人/吾等同意以上所有聲明內容及個人資料收集聲明

Signature of Proposer 投保人簽署

Date 日期