

富邦家居財物保險計劃投保表格

Fubon Home Contents Insurance Plan Enrolment Form



Fubon Bank
富邦銀行



ZURICH
蘇黎世

請用英文正楷大寫填報，請✓適用方格及*刪去不適用者。Please complete in BLOCK LETTERS, tick the appropriate box and * delete inappropriate item(s).

I. 投保人資料 Proposer's information

投保人姓名 (先生/太太/女士)* 姓 _____ 名 _____
Name of proposer (Mr./Mrs./Ms.)* Surname _____ Name _____
香港身份證/護照號碼* _____ 職業 _____
HKID card no./Passport no.* _____ () Occupation _____
電郵地址 _____ 日間聯絡電話 _____
E-mail address _____ Day time contact no. _____
晚間聯絡電話 _____ 手提電話號碼 _____
Night time contact no. _____ Mobile phone no. _____
通訊地址 室/單位 _____ 樓 _____ 座 _____ 大廈 _____
Correspondence Flat/Rm. _____ Floor _____ Block _____ Building _____
address 屋苑名稱/街名及門牌/地段* _____ 地區 _____ 香港/九龍/新界*
Estate name/ no. & name of street/ lot no.* _____ District _____ HK/ KLN/ NT*
投保地址 室/單位 _____ 樓 _____ 座 _____ 大廈 _____
Risk Address Flat/Rm. _____ Floor _____ Block _____ Building _____
(如與上述地址不同 屋苑名稱/街名及門牌/地段* _____ 地區 _____ 香港/九龍/新界*
if different from the above) Estate name/ no. & name of street/ lot no.* _____ District _____ HK/ KLN/ NT*
樓齡 _____
Age of building _____

II. 所需保障及保費表 Plan selection & premium table

每月保費 Monthly premium

投保居所建築面積(平方呎) Gross area of insured address (sq. ft.)	計劃一 (港幣/元) Plan 1 (HK\$)	計劃二 (港幣/元) Plan 2 (HK\$)
500 或少於 or less than 500	<input type="checkbox"/> 65	<input type="checkbox"/> 82
501-700	<input type="checkbox"/> 89	<input type="checkbox"/> 112
701-900	<input type="checkbox"/> 132	<input type="checkbox"/> 164
901-1,200	<input type="checkbox"/> 175	<input type="checkbox"/> 199
1,201-1,500	<input type="checkbox"/> 188	<input type="checkbox"/> 222
1,501-2,000	<input type="checkbox"/> 217	<input type="checkbox"/> 257
2,001-2,500	N/A	<input type="checkbox"/> 290
2,501-3,000	N/A	<input type="checkbox"/> 330

保障生效日期: _____ (日/月/年)
Effective date of insurance: _____ (dd/mm/yy)

III. 過往保險及意外資料 Past experience and insurance history

若 ✓「是」者，請詳細說明。If your answer is "Yes", please provide full details.

閣下曾否遭保險公司拒絕接受投保同類型保障計劃？如有，請列明？

否 No 是 Yes

Have you ever been refused by other insurance companies with similar coverage? If yes, please state:

過去 12 個月內，閣下有否蒙受任何與現申請保障有關之損失？

否 No 是 Yes

During the past 12 months, have you sustained any loss, whether insured or otherwise, in connection with the cover which insurance has been requested? If yes, please state:

IV. 保費支付方法 Premium payment method

- 富邦信用卡 Fubon Credit card
 VISA (VISA 卡) Master Card (萬事達卡)
 American Express (美國運通信用卡) Diners Club International (大來信用証)

本人授權蘇黎世保險從本人下述之信用卡賬戶支取「富邦家居財物保險計劃」之每月保費，直至本人有進一步書面通知取消。

I hereby authorize Zurich Insurance Company to charge my credit card account below for the Fubon Home Contents Insurance Plan monthly premium until further written notice from me.

持卡人姓名 _____ 與投保人關係 _____
Name of the credit cardholder _____ Relationship with proposer _____
持卡人香港身份證號碼 _____
Cardholder HKID card no. _____ ()

