

PLEASURE CRAFT INSURANCE PROPOSAL FORM
遊艇保險申請表

APPLICATION DETAILS 受保人資料

Name of Insured 受保人姓名	
Occupation 職業	
Address 地址	
Tel. No. 電話號碼	

PARTICULARS OF VESSEL 船舶資料

Name of Vessel 遊艇名稱	
Registration / License No. 牌照號碼 (Please provide copies of certificate of ownership and operating license) 請提供擁有權證明書	
Type / Class of Vessel 遊艇類型/類別	
Length Overall 總長度	
Extreme Breadth 最大寬度	
Depth 最大深度	
Maximum number of persons intended to be carried 允許運載在總人數	
Material of Hull 船身物料	
Name of Builder 造船廠名稱	
Date and Where Vessel Was Built 建造日期及地點	
Date and Price of Purchase 購買日期及價錢	
Type of Main Engine 主機種類 (Inboard 內置/ Outboard 外置/ Diesel 柴油/ Petrol 汽油)	
Make of Main Engine(s) 主機製造廠	
Engine Model & Serial No. 主機型號及編號	
Year of Built 建造年份	
Horse Power 功率	
Maximum Designed Speed (In Knots) 最高速度 (以海里計)	
Is any Tender attached to or carried on the Vessel 有沒有附屬小艇	Yes <input type="checkbox"/> No <input type="checkbox"/>
Length Overall 總長度	
- Extreme Breadth 最大寬度	
- Type 類型 (Wooden 木造/ Inflatable 充氣/ G.R.P 玻璃纖維)	
- Engine No. 主機號碼	
- Year Built 建造年份	
- Horse Power 功率	

TYPE OF INSURANCE COVERAGE REQUIRED 保障範圍

- Hull and Machinery including Third Party Liability as per current Legislative minimum requirement 船殼險及法定第三者責任保險 Or
- Only Third Party Liability as per current Legislative minimum requirement 法定第三者責任保險
Please state if any higher Third Party Liability amount is required: HKD _____
如你希望提高第三者責任保險之投保額，請註明所需責任限額
- Do you wish to cover legal liability to and of the water skier operating with your vessel? 是否需要滑水活動的責任保險 Yes No
- Do you need racing extension? 是否需要遊艇賽事擴展條款 Yes No
If yes, please state full replacement value of mast, spars, sails and rigging: HKD _____
如需要，請提供桅杆，索具，繫杆，風帆等重置費用金額

Cruising Limits 航行區域

- Within Hong Kong territorial waters only 只限於香港水域 Or
- Other cruising limits 其他水域
Please specify: 請註明 _____

Use of Vessel 遊艇用途

- Use solely for private pleasure purpose and not to be let out on hire or charter 非出租的私人遊樂用途
- Use as a houseboat 住家用途
- Other 其他
- Please specify: 請註明 _____

SUM INSURED 投保金額

Please fill in this section if you choose to insure Hull and Machinery including Third Party Liability 如購買船殼險及法定第三者責任保險，請填寫以下部分

Value proposed for insurance 擬投保金額

Hull and Fittings 船身	HKD
Machinery / Engines 機械	HKD
Sails, Masts, Spars, Rigging etc 桅杆，索具，繫杆，風帆等	HKD
Tender 附屬小艇	HKD
Other 其他	HKD
Total Sum Insured 總投保金額	HKD

MOORING 停泊資料

Normal Place of Mooring: 停泊地點

PROPOSERS RECORD AND EXPERIENCE 投保人紀錄

Please give details of any accidents occurring during the past five years to the vessel(s) under your control, management or ownership: 如過去五年你擁有控制或管理的遊艇船隻曾有出險記錄，請提供詳細資料

Have you ever been convicted of any criminal offence and/or had any maritime license suspended? Yes No

你是否有刑事犯罪紀錄及或操作員證書是否曾被吊銷或停牌
Has any Insurer decline to insure you? Yes No

以往曾被保險公司拒絕承保
Has any Insurer cancelled / refused to renew your insurance? Yes No

以往曾被保險公司取消保單拒絕續保
Has any Insurer imposed special terms? Yes No

以往曾被保險公司增設特別條款

If your answer to any of the questions above is "Yes", please give details: 如以上任何一項為“是”，請提供詳細資料

DECLARATION & SIGNATURE 聲明及簽署

- 本人/我們明白此次投保申請書內的資料就本人/我們所知所信，全部真實無訛。本人/我們明白此次投保申請書將成為本人/我們與東京海上火災保險(香港)有限公司(簡稱“本公司”)簽訂合約的依據。
I/We have not withheld any material information and I/We accept that this application and declaration shall be the basis of and incorporated in the contract between I/We and The Tokio Marine and Fire Insurance Co. (HK) Ltd. (“the Company”).
- 本人/我們明白及同意此保單將於東京海上火災保險(香港)有限公司核准此申請書並已獲得保費之後方能正式生效。
I/We understand that the liability of the Company does not commence until this proposal has been accepted by the Company and the premium has been paid.
- 本人/我們明白及同意若此保險經由中介人安排，並由東京海上火災保險(香港)有限公司承保(簡稱“本公司”)，本公司將會付佣金予該中介人。
I/We understand and agree that the Company will allow brokerage/commission to the intermediary, if any, involved in placing this insurance with the Company.

有關收集個人資料聲明 Personal Information Collection Statement

本人/我們提供的資料，為東京海上火災保險(香港)有限公司提供保險業務所需，並可能使用於下列目的：The information provided by me/us to The Tokio Marine and Fire Insurance Co. (HK) Ltd. (“the Company”) is collected to enable the Company to carry on insurance business and may be used for the purpose of:

- 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或更新；any insurance or financial related product or service or any alterations, variations, cancellation or renewal of the said products or services;
 - 任何索償，或該等索償的調查或分析；及 any claim or investigation or analysis of such claim; and
 - 行使任何代位權；及 exercising any right of subrogation; and 可能轉移予： may be transferred to:
 - 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的 any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
 - 現存或不時成立的任何保險公司協會或聯會或類同組織(“聯會”)以達到任何上述或有關目的，或以便“聯會”執行其監管職能，或其他基於保險業或任何“聯會”會員的利益而不在合理要求下賦予“聯會”的職能；及 any association, federation or similar organization of insurance companies (“Federation”) that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and
 - 透過“聯會”轉移予任何“聯會”的會員，以達到任何上述或有關目的。 any members of the Federation by the Federation for any of the above or related purposes.
- 此外，在此授權東京海上火災保險(香港)有限公司由“聯會”從保險業內收集的資料中查閱及/或核對閣下任何資料。
本人/我們有權查閱及要求更正由東京海上火災保險(香港)有限公司持有的本人/我們的個人資料，若有此需要可寫信並寄至香港金鐘道九十五號統一中心二十七樓A向該公司協調官員提出。
Moreover, the Company is hereby authorized to obtain access to and/or to verify any data provided by me/us with the information collected by the Federation from the insurance industry.
I/We understand that I/We have the right to obtain access to and to request correction of any personal information concerning myself/ourselves held by the Company. Requests for such access can be made in writing to the Compliance Officer, 27A, United Centre, 95 Queensway, Hong Kong.

重要通告：(只適用於保險經紀業務)

申請人明白，確知及同意，本公司會就申請人購買及接受其簽署的保單，於保單有效期內(包括續保期)，向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向本公司確認他/她已獲該法人團體授權。
申請人明白本公司必須取得申請人以上的同意，才可以處理其保險申請。
IMPORTANT NOTICE: (Applicable to Broker's Business only)
The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by the Company, the Company will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to the Company that he or she is authorized to do so.
The applicant further understands that the above agreement is necessary for the Company to proceed with the application.

申請人簽名: Applicant's Signature:

申請日期: Date of Application:

申請人須瞭解以下事項：
Proposers are requested to note the following:

- 閣下不得隱瞞任何所知的其他可能會影響本公司對投保申請的接受或者保障專案的事實。如果閣下不清楚需要提供什麼資訊，請告訴我們或者閣下的經紀人或保險代理。我們建議閣下記錄所提供的任何額外資訊(包括信函影本)。請閣下相信我們要求這些資訊是為保護閣下自己，因為如果有任何消息未透露，都會導致閣下的保單無法提供閣下所要求的保險專案，甚至導致保單的失效。 Any other facts known to you which are likely to affect acceptance or assessment of the Insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to tell us or your broker's insurance agent. We recommend you keep a record (including copies of letters) for your future reference, of any additional information given. Making sure we are informed is for your own protection, as failure to disclose may mean that your policy will not provide you with the cover you require, or perhaps may invalidate the policy altogether.
- 錯誤資訊亦會導致保單無效。 Failure to give us correct information may render this Policy null and void.
- 閣下可以索取保單範本。 A specimen copy of the policy form is available on request.

