



裝置宣傳物及廣告物之民事責任投保書
Public Liability Insurance relating to the Fixing of Propaganda and
Publicity Material Proposal Form

要保人名稱
Name of Proposer in full : _____

營業地址
Business Address: _____

聯絡電話
Tel. No. : _____

營業性質
Nature of Business: _____

要保項目
Description of signboard insured: _____

招牌呎吋
Size: _____

招牌座落地址
Situation of the signboard insured: _____

每次意外事故及整個保險期最高賠償限額：
Limit of Indemnity (AOA / AOP) \$ _____

自負額
Excess: _____

保險期限
Period of Insurance: _____ months/days, from _____ (日 dd / 月 mm / 年 yy) to _____ (日 dd / 月 mm / 年 yy)

1. 要保項目有否任何維修合約？若然，請述其詳
Is the signboard insured involved in any maintenance contract? If so, please give particulars: _____
2. (a) 要保人曾否投保過與本保險單有關之責任保險？若然，請述該保險公司名稱
Have you ever proposed for any insurance in relation to this Liability insurance? If so, please state the name of the Insurance Company : _____
(b) 曾否有任何公司或保險公司就公共責任保險在任何時間
Has any Company or Underwriter in respect of Public Liability Insurance at any time
(i) 拒絕接受投保？ Ever declined your Proposal? (i) Yes 是 No 否
(ii) 要求加費或定出某些特別條款才接受投保？ Required an increased Premium or Special Conditions? (ii) Yes 是 No 否
(iii) 取消或拒絕續保你的保險？ Cancelled or refused to renew your Policy? (iii) Yes 是 No 否

聲明及授權

本人茲保證上述各節，均屬確實無訛，本人同意聲明上述所答各節應為本人與聯豐亨保險有限公司立約之基礎，並同意根據保單上載及所批註之條款，接受該公司保單及定時繳交保費。又所答各項，如非本人親筆而假手他人者，均被視為本人授意代答。

本人/我們明白及同意：

- (1) 本人/我們於本投保書內之陳述乃真實無訛，可作為簽發保單之根據。
- (2) 本投保書是本人/我們在澳門特別行政區內簽署，如有任何訛騙或資料失實，本人/我們及/或受保人之保障有失效之虞。
- (3) 本人/我們同意接受「裝置宣傳物及廣告物之民事責任保險」保單上所訂的條款及細則。
- (4) 本人/我們同意「聯豐亨保險有限公司」(「聯豐亨」)保留一切有關投保書接納與否之權利。
- (5) 本人/我們明白必須繳付保費後，聯豐亨對本人/我們及/或受保人之保險責任始行生效。
- (6) 本人/我們明白本人/我們提供的資料為聯豐亨提供保險業務所需，並可能使用於下列目的：
 - 任何與保險或財務有關的產品或服務，包括但不限於保險、理財、退休金或退休金計劃，或該等產品或服務的申請及任何更改、變更、取消、續期及/或復效的申請；
 - 不時向本人/我們推薦及提供產品及/或服務，及執行、維持、管理及營運該等產品及/或服務；
 - 任何索償，或該等索償的調查、分析、處理、評估、釐定或回應該等索償；
 - 行使任何代位權；
 - 防止及/或偵查罪行、欺詐及其他不誠實的行為；及
 - 可能轉予下述各方（無論在澳門特別行政區境內或境外）作為上述列出目的之用：
 - 任何再保險及索償調查公司、有關的保險行業協會及聯會和該等協會及聯會的會員；
 - 任何向聯豐亨及/或其相關聯公司提供業務運作有關的行政、電訊、電腦、市場推廣及/或其他服務的代理人、承包商、商業夥伴及第三方服務供應者；
 - 根據對聯豐亨具有法律約束力的規定，或因監管或其他管理機構所要求聯豐亨遵守的指引，履行對任何人士的披露責任；
 - 任何對聯豐亨有保密責任的人。
- (7) 本人/我們明白本人/我們有權查閱及要求更正由聯豐亨持有有關本人/我們及/或受保人的個人資料；及/或要求不將該等個人資料用於直接促銷的用途。如有需要，本人/我們可向聯豐亨人力資源部提出，地址：澳門新口岸宋玉生廣場 398 號中航大廈四樓。

本人/我們明白及授權，且不得撤回：

- (1) 本人/我們授權聯豐亨可向有關的保險行業協會及聯會和該等協會及聯會的會員從保險業內收集的資料中查閱及/或核對本人/我們及/或受保人任何資料。
- (2) 任何知悉或擁有本人/我們/被保人之工作、病假記錄、意外或損失(任何類別)之詳情、健康狀況、病歷或任何治療或諮詢記錄及曾為或將為本人/我們/被保人診治之機構、組織或人士，向聯豐亨透露有關資料。即使本人/我們/被保人死亡或喪失能力，此授權書仍然存在法律效力，而本人/我們/被保人之繼承人及轉讓人亦會受此授權書約束。此授權書之正本與副本同屬有效。

Declaration & Authorization

I/We warrant that the above statements and particulars are true, and I/We hereby agree that this Declaration shall be the basis of the Contract between me/us and Luen Fung Hang Insurance Co., Ltd., and I/We are willing to accept a Policy subject to the terms, Exceptions and conditions prescribed by the Company therein, and to pay the premium thereon. I/We further agree that if the above Statements and Particulars are in the hand-writing of any person other than the undersigned such person shall be deemed to have been my/our Agent for the purpose of filling in this Proposal Form.

IT IS UNDERSTOOD AND AGREED :

- (1) I/We declare that the information stated in this Proposal Form is true and complete and will form the basis of this insurance.
- (2) I/We declare that this Proposal Form is applied and signed at Macau Special Administrative Region, in case of fraud or factual misrepresentation, the cover for me/us and/or for the Insured Person(s) may be invalidated.
- (3) I/We agree to accept all the terms and conditions of "Public Liability Insurance relating to the Fixing of Propaganda and Publicity Material Proposal Insurance" Policy.
- (4) I/We agree "Luen Fung Hang Insurance Company Limited" ("Luen Fung Hang") reserves the right to accept or decline my/our application.
- (5) I/We understand that Luen Fung Hang's liability for myself/ourselves and/or for the Insured Person(s) will only take effect provided that premium has been paid.
- (6) The information provided by me/us to Luen Fung Hang is collected to enable Luen Fung Hang to carry on insurance business and may be used for the purpose of :
 - processing and/or approving applications for products and/or services and additions, alterations, variations, cancellations, renewals, and reinstatements of such products and/or services which may include, without limitation, insurance, provident fund or scheme, or other financial products or services;
 - offering and providing products and/or services to me/us from time to time, and administering, maintaining, managing and operating such products and/or services;
 - any claim or investigation, analyzing, processing, assessing, determining or responding of such claims;
 - exercising any right of subrogation;
 - preventing and/or detecting crimes, fraud and other dishonest behavior; and
 - may be transferred to the following parties (whether within or outside the Macau Special Administrative Region) for the purposes set out as above :
 - reinsurance and claims investigation companies, relevant insurance industry associations and federations, and members of such industry associations and federations;
 - agents, contractors, business partners, and third party service providers who provide administration, telecommunications, computer, marketing, and/or other services to Luen Fung Hang and/or any of its affiliated companies in connection with the operation of business;
 - any person to whom Luen Fung Hang is under an obligation to make disclosure under the requirements of any law binding on Luen Fung Hang or under and for the purposes of any guidelines issued by regulatory or other authorities with which Luen Fung Hang are expected to comply;
 - any other person under a duty of confidentiality to Luen Fung Hang which has undertaken to keep such information confidential.
- (7) I/We understand that I/We have the right to obtain access to and to request correction of any personal information concerning myself/ourselves and/or the Insured Person(s) held by Luen Fung Hang and/or not to use data for direct marketing purpose. Requests for such access can be made to the Human Resources Department of Luen Fung Hang, address: No. 398 Alameda Dr. Carlos D'Assumpcao, Edificio CNAC, 4 Andar, Macau.

IT IS UNDERSTOOD AND IRREVOCABLY AUTHORIZED :

- (1) Luen Fung Hang is hereby authorized to obtain access to and/or to verify any data provided by me/us and/or the Insured Person(s) with the information collected by the relevant insurance industry associations and federations, and members of such industry associations and federations from the insurance industry.
- (2) any organization, institution, or individual that has any record or knowledge of my/our/the Insured's employment, sick leave records, accident or loss details (of any sorts), health, medical history or any treatment or advice, that when requested by an authorized representative of Luen Fung Hang may disclose any such information. This authorization shall bind my/our/the Insured's successors and assigns and remain valid notwithstanding my/our/the Insured's death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original.

日期
Date: _____

投保人簽署
Proposer's Signature : _____

投保單在未經本公司接受允保及投保人未付清全數保費以前不生效力。

The liability of the Company does not commence until this Proposal has been accepted by the Company and the Premium paid, except as provided by any official Cover Note issued by the Company.

For Office Use Only			
Agent:	S.D. :	Premium:	
		Prepared by :	Approved by :