

Proposal Form

請妥可 傳真：2513 7135 或電郵 Alice.YW.Ng@marsh.com (查詢電話：2301 7351)

(附件 2)

Details of Proposer 投保人資料

Insured's full name (in block letters) 被保險人全名 (請以正楷填寫) : _____

Address 地址: _____

Phone 電話: Work 工作: _____ Mobile 手機: _____

Email address 電郵地址: _____ Insurance attachment date 起保日期: _____

Coverage Required 保障範圍

Whether 4/4ths Collision Liability cover is required? 是否需要4/4ths碰撞責任保障? Yes 是 No 否

Whether the vessels will be requested by the Government to operate under typhoon signal no. 8 or above? 受保船隻會否於8號颱風訊號下按政府要求下操作? Yes 是 No 否

Deductible Options 免賠額選項: Plan A: 1% of sum insured 計劃A: 投保金額之1%

Plan B: 2% of sum insured 計劃B: 投保金額之2%

Proposers Record and Experience 投保人紀錄

How many years experience have you had in owning or operating or managing vessels? 你在擁有、操作或管理船隻方面有多少年經驗? _____

Please give details of any accidents occurring during the past 5 years to the vessel(s) under your control, management or ownership:

如過去5年，你擁有控制或管理的船隻曾有出險紀錄，請提供詳細資料:

Proposal Form

Details of Vessels 船隻資料

Please provide copies of the latest certificate of ownership, operating licence and certificate of surveys
請提供最新牌本之擁有權證明書、運作牌照和驗船證明書的副本

	Vessel Name	Registered Owner	Operating Licence No.	Type	Class	Year Built	Gross Tonnage	Agreed Value / Sum Insured
	船名	註冊船東	運作牌照號碼	船隻類別	船隻級別	建造年份	總噸	保險價值 / 投保金額
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

If the vessel(s) is not registered in Hong Kong, please advise its (their) Port of Registry. 如船隻並非於香港註冊，請提供其註冊港資料。

Declaration 聲明

All material facts must be disclosed to Underwriters whether or not the subject of a specific questions above. A material fact is one which a prudent Underwriter would regards as likely to influence the acceptance or assessment of the proposal. Non-disclosure or misrepresentation of a material fact may result in the insurance being void. If you are in any doubt whether facts would be considered material, you should disclose them.

I declare that the particulars and answers are correct and complete in every respect to my knowledge and belief. I agree that this proposal and declaration shall from the basis of the contract of insurance between me and the underwriters if cover is confirmed.

I further declare and agree that if the statement and paritcuals above have been completed int eh handwriting of any other persons other than undersigned, such person is deemed to be the agent of the propoers for the completion purposes.

Date: _____
日期

Signature of Proposer: _____
投保人簽署