

MARINE CARGO INSURANCE PLAN APPLICATION FORM

貨物運輸保險計劃申請表格



東茂保險代理(國際)有限公司

Regional Insurance Management (International) Limited

Unit 2604 26/F 9 Chong Yip Street Kwun Tong Kowloon

Tel: 2861 3122 Fax: 3016 9813 E-mail: info@regional.com.hk

Agent Name
代理人姓名: _____
Agent No
代理人編號: _____



ZURICH

蘇黎世

MARINE CARGO FAX HOTLINE

貨運保險傳真熱線: 2105 3703 / 2105 3702

Name of Assured 保戶名稱		The Document Required 所需文件: (Please tick (√) whichever is appropriate 請在下列適當方格內寫上 (√)號)																			
Tel No. 電話	Fax No. 傳真	<input type="checkbox"/> Policy 保單 (Original 正本頁數 & Copies 副本頁數)																		
Carrier/Flight No. & Airway Bill No. 船名/班機號碼及航空付貨單號碼		<input type="checkbox"/> Cover Note 按保單																			
Sea Parcel/Air Parcel & P.O. Receipt No. 付海郵或空郵及郵政局收據號碼																					
Replacing Cover Note No. (if any) 代替按保單號碼	From 由	Amount Insured 保額																			
To 至	Final Destn. if on carriage 內陸目的地	Date of Departure 啓航日期																			
Open Cover No. (if any) 開口保單號碼	Transhipment (if any) 轉運地點	Claim, if any payable at 賠款地點																			
Marks & Numbers 唛頭及號碼	Container No., Quantity and Kind of Packages, Description of Goods 貨櫃號碼, 數量, 包裝種類及貨物名稱		<p align="center">FOR OFFICE USE ONLY</p> <table border="1"> <tr> <td>Policy No./ Cover Note No.</td> <td></td> </tr> <tr> <td>Account No.</td> <td></td> </tr> <tr> <td>Conditions</td> <td></td> </tr> <tr> <td>Keyed in by</td> <td></td> </tr> <tr> <td>Date</td> <td></td> </tr> <tr> <td align="center" colspan="2">RATE & PREMIUM</td> </tr> <tr> <td>Marine</td> <td></td> </tr> <tr> <td>War & Strikes</td> <td></td> </tr> <tr> <td>Surcharge</td> <td></td> </tr> </table>	Policy No./ Cover Note No.		Account No.		Conditions		Keyed in by		Date		RATE & PREMIUM		Marine		War & Strikes		Surcharge	
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(Please tick (√) whichever is appropriate 請在下列適當方格內寫上 (√) 號)																					
<input type="checkbox"/> FCL 整櫃貨 <input type="checkbox"/> LCL 散貨 <input type="checkbox"/> Open-top container 開頂櫃																					
Conditions of Insurance 保險條款: (Please tick (√) whichever is appropriate 請在下列適當方格內寫上 (√) 號)																					
<input type="checkbox"/> Institute Cargo Clauses (A)	A種條款(全保)	<input type="checkbox"/> Parcel Post Clauses	郵運險條款																		
<input type="checkbox"/> Institute Cargo Clauses (B)	B種條款(安運)	<input type="checkbox"/> Institute War Clauses (Cargo)	兵險條款																		
<input type="checkbox"/> Institute Cargo Clauses (C)	C種條款(平安)	<input type="checkbox"/> Institute Strike Clauses (Cargo)	罷工險條款																		
<input type="checkbox"/> Institute Theft Pilferage And Non-delivery Clauses	盜竊險條款	<input type="checkbox"/> Other	其它條款																		
<input type="checkbox"/> Institute Cargo Clauses (Air) (Excluding sendings by Post)	空運險條款																				

I/We agree that this Application and Declaration shall be the basis of the contract between me/us and the Insurers and all covers are subject to the terms and conditions of the policy issued by the Insurers. Liability does not attach until this Application has been accepted by the Insurers.

本人/吾等謹此承認本投保書為本人或本公司與保險公司訂立此保險契約之根據並願接受保單上所刊載一切條款。本投保書必須獲得保險公司接納後，保險責任方才生效。

Date of Application 投保日期

Signature of Applicant 投保者簽名或蓋章

Zurich Insurance Company Ltd (a company incorporated in Switzerland)

25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong

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