禾 澤 保 險 服 務 有 限 公 司
One Harvest Assurance Services Co., Ltd.
Room 02, 17/F., Island Centre,
470 Reclamation Street, Mongkok, Kowloon
Tel: 2155 9935 Fax: 2155 9934, 3747 8107
Email: oneharvestgi@gmail.com

To (Co) : _____ Ref. No. : _____

_____ Date : _____

Attn. : _____ From : _____

Tel / Fax : _____ Tel / Fax : _____

REQUEST FOR QUOTATION (火險報價表)

Class of Insurance (投保類別) : ☐ Fire Insurance with Full Perils (火險)

1. The Insured Name (投保人名稱) : _____
2. The Insured Address (投保人地址) : _____
3. Location of Risks (受保地址) : _____

_____

4. Period of Insurance (受保期限) : _____
5. Business Nature (商業性質) : _____
6. **FAP or All Risk** (火險或全險)
   a) Sum Insured (火險投保額) : _____
   b) Building Name (樓宇名稱) : _____
   c) Building Year(s) (樓齡) : _____
7. Beneficiary (受益人) : _____

Past Three Years Claim Record

Year 年份	Reason 索償事件因由	Amount 索償金額