



雋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
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To (Co) : _____ Ref. No. : _____
Attn. : _____ Date : _____
Tel / Fax : _____ From : _____
Tel / Fax : 2155 9935 / 2155 9934

OFFICE PACKAGE QUOTATION (辦公室綜合保險報價)

Class of Insurance (投保類別) : ☐ OFFICE PACKAGE (店舖綜合保險)

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) Building (樓宇) : _____
b) Machinery & Utensils (機械及工具) : _____
c) Contents & FFF (設備/裝修) : _____
d) Stock in Trade (存貨) : _____
Sum Insured (總金額) : HKD _____

7. **Employees' Compensation** (僱員保險)
Classification (類別) No. (人數) Annual Wageroll (總收入)

8. Public Liability (公眾責任險) : A.O.A. A.O.P.

Past Three To Five Years Claim Record

Year 年份	Reason 索償事件因由	Amount 索償金額

Remark(Co.)

☐ 商業登記證(BR) ☐ 去年保險單(OLD POLICY)
☐ 今年續保通知書(Renewal Notice) ☐ 強積金報告(MPF REPORT)