



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  
Tel: 2155 9935 Fax: 2155 9934, 3747 8107  
Email: oneharvestgi@gmail.com

## Insurance Questionnaire for Building Management

Prepare by

Please kindly complete the followings for the insurance quotation(s) / Renewal terms: 請提供以下資料作報價/續保參考:

\* Please do not leave it blank.

請勿將空格留空，多謝合作。

If it is not applicable, please mark "N/A".

如答案是不適用，請填上“不適用”。

If the answer is nil, please mark "NIL".

如答案是沒有，請填上“沒有”。

1	Insured Name/ 投保人:	
2	Name of Building/樓宇名稱:	
3	Location of Risk/地址:	
4	Management Company/管理公司:	
5	Year of Built/樓宇落成年份:	
6	Occupation of Building (Residential/Commercial/Industrial/Residential and Commercial)	
	樓宇用途 (住宅/商業/工業/住宅及商業用途):	
7	Are there any shops within the Building / 大廈內是否有商戶	Yes 是 / No 否
	If yes, how many are there / 若答“是”，有多少間?	
	Please give details – business nature & located floor of the shop(s). 請說明商戶的商業性質及其位置	
8	Are there any club house/public facilities within the Building area? 大廈範圍內是否有所或公共設備? If yes, please give details – nature & Location 請說明性質及其位置	
9	Total No. of Blocks/總座數:	
	No. of storeys per Block/每座層數:	
	No. of Flats per storey/每層單位數量:	
10	No. of lifts/升降機數量:	
	Passenger Lift/ 乘客升降機:	
	Cargo Lift/ 貨運升降機:	
11	Total No. of Car Parks/ 停車場泊車位數量:	
	No. of Car Park Storeys/ 停車場泊車位層數:	
	Location of car Park: Basement/Ground floor/Others (Please delete if not applicable) 停車場位置: 地庫/地面/其它(請刪去不適用者)	



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12	No. of Watchmen/大廈管理員人數:	
	Average Age/ 平均年齡:	
	24 hours/ 24 小時當值:	Yes 是 / No 否
13	Any automatic sprinkler system?是否裝有自動灑水系統:	Yes 是 / No 否
14	Any other fire protection facilities? (If yes, please specify)/是否裝有其它防火系統: (如有, 請說明.)	
15	Any Management Manual and Handling procedures in dealing with risks such as typhoon, flooding and the like? 是否有大廈風險管理守則? 例如遇到颱風或水浸等之應變措施?	
16	Frequency of Electrical Maintenance : 每隔多久會進行大廈電力裝置維修 :	
17	Any Illegal Structure/是否有違例建築物?	Yes 是 / No 否
	If yes, please specify in (21). 如是, 請於(21)列明。	
18	Any Slope or Retaining Wall owned by the Building? 大廈是否擁有斜坡或擋土牆?	Yes 是 / No 否
19	Year of Renovation/樓宇翻新 :	
	Detail of Renovation/翻新項目:	

20 Past 3 years claims/loss history (過往 3 年賠償 / 損毀紀錄):

Year of Accident/Loss 年份	Nature of Accident/Loss 損毀性質及原因	Amount of Loss (HKD) 損毀金額( 港幣)

21 Other relevant information/其他補充資料:



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- 22 Is there any sub-division of flat units or cage houses within the building ? If yes, please provide the details include no. of sub division of flat units or cage houses, locations, whether the owner had appointed an authorized person and registered structural engineer for preparation of plans approved by the Building Authority when the contract works were carried out.

大廈內是否有割房或籠屋？如有，請列明詳細資料包括割房或籠屋的數目，那一樓層或單位存有割房或籠屋，該割或籠屋的業主是否按法例規定聘請認可人士及註冊結構工程師裝備圖則，並獲得建築署批准後工程才施工。

- 23 Proposed Insured Amount ( 投保金額)

Property All Risk / 財產一切險		HKD
Fire & Allied Perils / 水，火險		HKD
Public Liability 公眾責任險	Any one accident	HKD
	And one period	HKD
BOCTPL 法團第三者責任險	Any one accident	HKD
	And one period	HKD
Employee Compensation 顧員保險		
No. of staff / 員工人數		
Total payroll/總薪金		HKD

- 24 Insurance effective date/保險生效日期:

Insured Signature/投保人簽署	
Company Chop(公司蓋印)	
Date:	

\*Completion of this form does not imply acceptance of insurance/renewal

\*完成此問卷後並不代表公司已經接受報價/續保申請