



中国人民保险(香港)有限公司

The People's Insurance Company of China (Hong Kong), Ltd.

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Product Liability Insurance Proposal Form

產品責任保險投保書

I. General data			
1. Name of Proposer in full 投保人全名			
2. Address 地址			
3. Description of Business 經營範圍			
4. How long established? 成立日期			

II. Product and Sales data 產品及銷售資料			
1. Does your business involve manufacture, processing, packing, wholesaling or retailing? Please state which: 請列明生產、加工、包裝、批發或零售情況:			
2. Give below details of all products: (Use separate sheet if insufficient space below) 請列明產品情況:			
Trade Name 產品品牌	Name of Manufacturer 產品廠家	Description of product 產品類型	Estimated Annual Turnover 全年銷售額
3. How Long have your products been on the market? 何時開始銷售			

<p>4. Specify any products which are inflammable, explosive, poisonous, radioactive or in any way dangerous: 產品是否易燃、易爆、具有毒性、幅射或其他危險:</p>
<p>5. Are directions for use given 是否有指示使用方法</p> <p>a) by printing on the container or product? 使用方法印在產品或包裝上 <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>b) by separate leaflet or brochure? 另有說明書 <input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>6. Describe the containers? 包裝方式</p>
<p>7. Are the products used as components? 是否屬於其他產品的配件 <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If yes, with what type of products and by what industries? 如果是, 屬於哪一種產品的配件</p>
<p>8. If any of your products are assembled by another firm (or persons) or if your products incorporate parts manufactured elsewhere, please give details below:</p> <p>產品是否在其他地方裝配或生產, 請說明:</p>
<p>9. Are any of your products or components thereof manufactured abroad? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>是否有配件在國外生產?</p> <p>If yes, please give details below, incl. country of manufacture and value of such products or components: 如果有, 請列明國別及配件價值:</p>

<p>10. Give the following details regarding products supplied or distributed abroad: 如果產品係出口，請列明國別及全年營業額</p>	
Country 國別	Annual Turnover 全年營業額
<p>How are you represented in those countries? 用何種方式銷售? (由代理人、分公司或指定經銷商) (e.g. through agencies, concessionaires or your own Branches i.e. direct)</p>	
<p>11. Do you keep record of the sources of supply of goods and materials which you handle or use? 是否保存著供應商提供的物料?</p>	
<p>12. Do you enter into any agreements or undertaking to Indemnity (or hold harmless) suppliers of materials or components or sub-contractors or processors in respect of any Injury or damage? 有無與買家約定賠償的責任和範圍嗎? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please supply wordings. 如果有, 請提供約定的文字.</p>	
<p>13. Do you issue any written guarantee or Conditions of Sale with or in respect of any of your products? 有無發出文字上的產品質量保證書 <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please supply wordings. 如果有, 請提供此類文字.</p>	
<p>Note: For all products concerned in this enquiry it is essential that descriptive leaflets or brochures, specimen labels, guarantees and conditions of sale are attached to this questionnaires. 註: 如果有說明書或保證書, 請提供.</p>	

III. Previous Insurance/Previous Claims 以往保險及索賠紀錄			
1. Have you previously been insured? 以往是否曾經投保? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please specify: 如果是, 請列明:			
	Name of Insurer 保險人名稱	Policy period 保險期限	Limit of Indemnity 限額
1			
2			
3			
4			
5			
2. Has a previous application been declined? 是否曾被拒保? <input type="checkbox"/> yes <input type="checkbox"/> no Has a previous insurance a) required increased premium? 被通知加費 <input type="checkbox"/> yes <input type="checkbox"/> no 有無下列情況 b) required special restrictions? 被特別限制條款 <input type="checkbox"/> yes <input type="checkbox"/> no c) been terminated /not been renewed by an Insurer? 被中途退保或停止續保 <input type="checkbox"/> yes <input type="checkbox"/> no If so, please give detailed information: 如果有, 請說明			
3. In respect of the products proposed for this Insurance, please give details of: a) any claims made or pending against you 保險期限內有無賠款或未決賠款			
Year 年份	Number of Claims 次數	Paid 賠款	Outstanding 未決賠款
* Please give detail information regarding each claim on separate sheet. 請提供每次索賠資料 b) any circumstances or incidents which may result in a claim or claims against your firm? 在那種情況下買方會索賠			
IV. Indemnity required 要求賠償限額			
1. Limit any one accident 每次賠償限額			
2. Limit in the annual aggregate 每年要求累計賠償限額			
3. Deductable each and every loss to be borne by Insured 免賠額			

I/We declare that the statements and particulars in this proposal are true and that I/we have not

misstated or suppressed any material facts, I /we agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.

Signing this proposal form does not bind the proposer or underwriter to complete this Insurance.

Date this _____ day of _____ 200

For and on behalf of _____

(Insert name of firm)

Signature of partner or principal _____

Please attach a brochure concerning your firm.