

## Cargo Insurance

Any reason not to take out cargo insurance will not be sound when you are aware of the extent of loss in the event of one hit.

### 貨物運輸保險 當您

知悉遭遇到一次重創可以帶來的經濟損失，您必定會同意任何不打算購買貨物運輸保險的藉口都是不明智的。



## Cargo Insurance – Generali



If you cannot accept the carrier to compensate you USD26 per kg or USD500 per pallet of your trading goods in the event of cargo loss or damage; or if you neither want to abandon your goods nor make cash deposit before redeeming goods in case of general average, you shall rely on cargo insurance to protect your interests.

We offer:

- cargo insurance coverage for wide range of general merchandises and specialized goods in transit e.g. high value, bulk, sizable, perishable commodities and dangerous goods etc
- renowned services supported by a dedicated specialist team
- 24 x 366 worldwide claims network with expertise in claims handling and salvage
- loss prevention proposal and risk management consultancy
- solutions achieving economy, effectiveness and efficiency

### 貨物運輸保險 — 忠利保險

如果在貨運途中，貨物出現損壞，而您不能接受承運人以每公斤26美元或每托盆 貨物500美元補償；或碰上共同海損的海難時，您既不想放棄您的貨物，也不想 繳付現金以贖回您的貨物，那麼您必須依購買貨運保險以保障您的權益。

我們提供：

- 貨物運輸保險方案廣泛地覆蓋在運輸過程中的一般商品和特殊貨物，如高價值、散貨、體積龐大、易腐爛之貨品及危險品等
- 由服務聞名的專業團隊提供支援服務
- 24x366全球理賠網絡，以專業方式處理索賠和損餘
- 預防事故建議及風險管理諮詢
- 達致具有經濟、效益和效率的解決方案

## Product Highlights

- Applicable to single mode or multi-modal transportation
- Real time issuance of electronic insurance certificate
- Enable the insured to make monthly declaration of frequent shipments data for cargo insurance
- Minimize paperwork and save administration time

## 產品亮點

- 適用於貨物單式付運或多式聯運
- 實時簽發電子貨物運輸保險憑
- 如運輸宗數較多，投保人可申請每月申報貨物保險數據
- 減少文書工作，節省管理時間

# 貨物運輸險投保書

## CARGO INSURANCE APPLICATION

報價內容如下 QUOTATION AS PER FOLLOWING PARTICULARS

保戶名稱 Assured:	_____		
地址 Address :	_____		
電話 Telephone:	_____	聯絡人 Contract Person:	_____
保險金額 Sum Insured :	_____		
船名 / 運輸工具		開船日期 ( 年 Y Y / 月 MM / 日 DD )	_____
		提單 / 空運單 / 郵局收據號碼	_____
Vessel or Conveyance:	_____	B/L. / A.W.B / P.O. Receipt No.:	_____
船程 Voyage : 由 From	_____	至 To	_____
何處轉船 With Transhipment at:	_____	賠款地點 Claim payable at	_____
投保貨品 Subject-matter insured:	_____	信用證 / 訂單號碼 L.C./ Order No.	_____
	_____		_____

唛頭 MARKS & NUMBERS	貨物名稱及數量 QUANTITY & DESCRIPTION OF GOODS	包裝 PACKING

投保條款 Proposed terms:

Institute Cargo Clauses A

Institute Cargo Clauses B

Institute Cargo Clauses C

Institute War & Strikes Clause


其它 Others:


申報暫保單號碼 Declaring Cover Note No. \_\_\_\_\_

重要事項：本表格並非保單，有關保單條款細則及不承保範圍，請投保人參閱接納投保書後或在投保人索取時提供的保單。

IMPORTANT NOTE : This form is not a policy of insurance. Please refer to the policy wordings including the applicable terms, conditions and exclusions which will be issued to applicant upon acceptance of this proposal or upon applicant's request.

## 聲明 DECLARATION

本人 / 吾等聲明 · 本人 / 吾等已填報一切必要的資料 · 絕對正確 · 並無隱瞞或保留。本人 / 吾等明白本人 / 吾等提供的資料為泰山保險顧問有限公司提供保險業務所需 · 並可能使用於下列目的：i) 任何與保險或財務有關的產品或服務 · 或該等產品或服務的任何更改、變更、取消或續期；ii) 任何索償 · 或該等索償的調查或分析；iii) 行使任何代位權；及可能移轉予任何有關的公司 · 或任何其他從事與保險或再保險業務有關的公司 · 或與保險業務有關的中介人或索償或調查或其他服務提供者 · 以達到任何上述或有關目的。

I / We declare that the Statements and particulars given in this application are true and that I / We have not withheld any material information. The information provided by me / ourselves to Taishan Insurance Brokers Ltd. is collected to enable Taishan Insurance Brokers Ltd. to carry on insurance business and may be used for the purpose of: i) any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service; ii) any claim or investigation or analysis of such claim; and iii) exercising any right of subrogation; and may be transferred to any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes.

## 支付經紀佣金 PAYMENT OF BROKER COMMISSION

泰山保險顧問有限公司（「該公司」）藉向保險公司收取的佣金 · 作為其所提供服務的酬金。閣下同意進行是項保險交易 · 即構成閣下同意該公司收取佣金。

Taishan Insurance Brokers Limited is remunerated for its services by the receipt of commission paid by insurers. Your agreement to proceed with this insurance transaction shall constitute your consent to the receipt of commission by the Company.

本人 / 投保人亦明白泰山保險顧問有限公司必須取得本人 / 投保人以上的同意 · 才可以處理本人 / 投保人之保險申請。

I / Proposed insured further understand that the above agreement is necessary for Taishan Insurance Brokers Limited to proceed with the application.

\_\_\_\_\_  
日期 Date

\_\_\_\_\_  
保戶簽署 Signature of Insured

聯絡人 Person to Contact:

姓名 Name:

\_\_\_\_\_

電話 Telephone No. :

\_\_\_\_\_

電郵 Email Address :

\_\_\_\_\_