



Blue Cross 藍十字

An AIA Company 友邦保險成員公司

Household Protection Insurance 家居綜合保 Change of Address Application Form 更改地址申請表

POLICY NO. 保單編號

Please complete this Form in English BLOCK letters and tick where appropriate 請以英文正楷填寫本表格並於適當空格內加上「✓」號

Please sign and return this Form to Blue Cross (Asia-Pacific) Insurance Limited upon completion. The premium will be adjusted in accordance with the change of risks of the Insured Premises.
請於填妥及簽署後將此申請表交回藍十字(亞太)保險有限公司保費將根據投保物業的風險改變而作出調整

Name of the Policyholder/ Insured 保單持有人/受保人姓名	
E-Mail Address 電郵地址	Contact Telephone No. 聯絡電話
Effective Date (dd/mm/yy) From 生效日期(日/月/年): 由	
New Address 新地址	
<input type="checkbox"/> Correspondence Address in Hong Kong 香港通信地址	
Flat 室	Floor 樓
Building Name 大廈名稱	Block 座
Estate 屋苑	Phase 期
Street No. 街道號數	
Street Name/Lot 街道名稱/地段	
District 地區	
<input type="checkbox"/> HK 香港	<input type="checkbox"/> KLN 九龍
<input type="checkbox"/> NT/Outlying Islands 新界/離島	
<input type="checkbox"/> Address of Insured Premises in Hong Kong 投保物業的香港地址	
Flat 室	Floor 樓
Building Name 大廈名稱	Block 座
Estate 屋苑	Phase 期
Street No. 街道號數	
Street Name/Lot 街道名稱/地段	
District 地區	
<input type="checkbox"/> HK 香港	<input type="checkbox"/> KLN 九龍
<input type="checkbox"/> NT/Outlying Islands 新界/離島	
Identity of the Policyholder/Insured 保單持有人/受保人身份	
Please declare identity of the Policyholder/Insured for the above new Insured Premises 請註明保單持有人/受保人於上述新投保物業之身份	
<input type="checkbox"/> Owner and Occupier 業主及住客	<input type="checkbox"/> Tenant/Occupier 租戶/住客
<input type="checkbox"/> Owner 業主	
Type of Insured Premises 投保物業類別	
<input type="checkbox"/> Low Rise House (House/semi-detached house/village house of not more than 3 storeys, excluding the roof floor) 矮房(獨立房子/半獨立屋/村屋(不超過3層高,天台層除外))	
<input type="checkbox"/> Non-Low Rise House 非矮房	
Age of Insured Premises 投保物業樓齡	
Please declare the age of the building in which the Insured Premises is located _____ Year(s) 請註明投保物業的樓齡 _____ 年	
Note 注意:	
1. The insurance coverage applied for shall only take effect when this application has been accepted and the required premium has been paid. 一概保障項目必須在本申請獲接納後並繳交應付保費後始可生效。	
2. The insured premises have never suffered any fire damage or other loss in the past two years. 上述受保單位於過去兩年內從未因火警或其他原因引致任何損失。	
Declaration 聲明	
I/We hereby declare and agree that the answers to all the above questions including all information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Blue Cross (Asia-Pacific) Insurance Limited (the "Company") and me/us. I/We hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application, or may render the insurance policy void. 本人/我們謹此聲明並同意上述所有問題的答案包括所有資料及細節均是準確無誤,真實及為事實之全部,並且是盡本人/我們所知及所信而作答的。本人/我們並沒有隱瞞任何重要資料及同意此申請書之內容及聲明將成為此項保險合約之承保根據。本人/我們在此確認,如未能提供真實及準確無誤之資料或通知藍十字(亞太)保險有限公司(「貴公司」)任何有關此保險申請之重要資料,將可能導致貴公司不能接受或處理此保險申請或令本保單失效。	
Signature of Policyholder/Insured (with company chop if appropriate) 保單持有人/受保人簽署 (並公司蓋章,如適用。)	:
Name 姓名	:
Date 日期 (dd/mm/yy 日/月/年)	:

Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.
本申請書的中、英文版本如有差異,概以英文版本為準。

MG11b/11.2023

