



中國保險(澳門)股份有限公司

CHINA INSURANCE (MACAU) COMPANY LIMITED

澳門新口岸宋玉生廣場398號中航大廈10樓 TEL: (853) 2878 5578 FAX: (853) 2878 7218, 2878 6137
ALAMEDA DR. CARLOS D'ASSUMPCAO, NO. 398, EDIFÍCIO CNAC, 10 ANDAR, MACAU

現金保險投保書

要保人姓名：

地 址：

營 業：

保險單起期自 年 月 日至 年 月 日中午止

運送現金保險	1. 請說明要保“運送現金險”或“屋內現金險”或兩者均保
	2. 一次運送之最高額，亦即保險公司一次賠款之最高責任
	3. 常有現金運送否？每月有多少次數？
	4. 運送地點之範圍及其約計距離
	5. 僱用幾人運送？
	6. 送銀人是否步行？倘非步行，用何種車輛？
	7. 送銀人攜有武器否抑另有武裝護送人員？ 不然，有何防衛措施？
屋內現金保險	8. 請說明屋內現金總共要保若干金額？
	9. 前項8.項要保金額在營業時間外是否都鎖在夾萬或庫房內？
	10. 請說明： (a) 夾萬或庫房之製造廠名及其構造
	(b) 有鑰匙幾把？誰持有鑰匙？
	(c) 營業完畢後屋內有人看守否？有幾人看守？
	11. 要保人過去曾否在屋內或在運送途中遭遇到銀錢損失？ 如有，請將詳細情況說明
	12. 要保人有無投保過上項保險？ 如有，請將該保險公司的名稱見告
	13. 要保人的上項保險曾否被保險公司 (a) 拒絕受保？
	(b) 取銷保險單或拒絕續保？
	(c) 要求加收保費或訂立特別的條款？

本要保人現請中國保險(澳門)股份有限公司承保上述現金保險，同時聲明上表內所填及所答各節俱屬真實完備，無隱諱不報或隱報情事，並願採取一切通常合理之防禦以保障上開財產之安全，承認本要保書為雙方訂約之根據，接受中國保險(澳門)股份有限公司保險單上所訂條件，特款及背書等，並同意繳納應繳之保費。

保險費應在保險公司發出有關收據時即時繳交，倘其在起保日期之日起計三十天內仍不繳交保費時，則有關保險合約即告失效。

本保險並不包括由“恐怖活動”所造成的直接或間接損失。

日期：

投保人簽章

非經本公司允保並由要保人繳清保險費後該保險不生效力



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ALAMEDA DR. CARLOS D'ASSUMPÇÃO, NO. 398, EDIFÍCIO CNAC, 10 ANDAR, MACAU

Name of Proposer:

Address:

Business:

Policy to commence from to until noon

	1. State whether cover required against CASH IN TRANSIT or CASH ON PREMISES, or both.....	.....
CASH IN TRANSIT INSURANCE	2. Highest amount in transit at any one time which is to be the limit of the Company's liability for any one loss.....	.....
	3. How often are journeys with cash made? .....	.....
	4. What is the approximate distance money is conveyed?.....	.....
	5. How many persons will be engaged in carrying money?.....	.....
	6. Do the persons conveying the money travel by foot? If not, what means of transport are employed? .....	.....
	7. Will such persons be armed or accompanied by an armed guard? If not, state what protection, if any, is provided for them.....	.....
	CASH ON PREMISES INSURANCE	8. What is the total amount or cover required on premises?
9. Is the money described under Question 8 kept in locked safe or strongroom after business hours?.....		.....
10. In respect of cash insured in safe or strongroom, please state (a) Maker's name of safe or strongroom and its construction (b) Number of keys and by whom held..... (c) Will the premises be guarded whilst they are closed for business? If so, by how many persons?.....		..... ..... .....
11. Have you ever sustained any loss of money while in transit or while on your premises? If so, please give full particulars.		.....
12. Have you ever submitted a proposal in respect of the risk you now desire to insure against? If so, please state the name of the company proposed.....	.....
13. Has any Insurer (a) Ever declined your proposal?..... (b) Cancelled or refused to renew your policy?..... (c) Required an increased premium or special conditions?.....	..... ..... .....

I/We hereby apply for insurance against risks as set out in the Company's Cash Insurance Policy and I/We hereby declare that the above particulars and answers are true and complete in every respect and that no material fact has been suppressed or withheld and I/we undertake to exercise all ordinary and reasonable precautions for the safety of the property, and I/we agree that this proposal and declaration shall be the basis of the contract between myself/ourselves and the Company and I/we further agree to accept a policy subject to the usual conditions prescribed by the Company and endorsed on its policy and to pay the first premium thereunder when called to do so.

The premium will be payable to the Company on demand. The contract will be cancelled after 30 (thirty) days from the date of commencement during such period the Insured does not pay the premium.

This insurance does not cover any loss, damage, cost or expense directly or indirectly caused by, resulting from or in connection with any act of terrorism.

Dated

Proposer's Signature

NO INSURANCE IS IN FORCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM PAID