



SmartPlan Office

Selecting the right office insurance is essential for your business planning

SmartPlan Office lets you get on with your day to day business so that you don't have to deal with the unexpected. Covers are provided for office contents, employees' compensation and legal liability.

Product Features and Benefits

1 All Risks on Office Contents and Stock

"All Risks" insurance to protect your office contents, including furniture, fixtures and fittings, tenant's improvements, office equipment and machinery, plus trade samples, etc.

Office Contents	up to the limit of
▪ Any one item of office equipment or machinery	\$100,000
▪ Any one item of trade samples	\$35,000
▪ Any one item of portable office equipment outside your office within Hong Kong	\$10,000 & \$25,000 per year
▪ Any one document, card, tape file or transparency	\$5,000
▪ Any one item of work of art	\$5,000 & \$10,000 per year
▪ Personal effects belonging to any one employee in the office	\$5,000
▪ Any one bottle of wine/spirit	\$1,000 & \$5,000 per year

Additional Benefits

- **Alterations or Repairs**
We will provide coverage for your Office Contents if they are damaged during alterations or repairs, provided that the contract value does not exceed \$200,000.
- **Architects' and Surveyors' Fees**
We will pay the fees for hiring professional architects and surveyors for the reinstatement of your office, up to a limit of \$5,000 per year.
- **Company Signage**
We will pay for accidental damage to company signage installed at the lobby of premises, up to a limit of \$2,000 per year.
- **Damage to Premises by Theft**
Covers loss of or damage to your office premises caused by theft or attempted theft, up to a limit of \$20,000 per year.

- **Debris Removal**
We will pay for debris removal costs after an insured loss, up to 10% of your Office Contents Sum Insured.
- **Documents in Transit**
Loss of documents in transit anywhere in Hong Kong up to a limit of \$5,000 per year.
- **Fire Extinguishing Expenses**
Covers the replacement or refilling costs of fire extinguishers and sprinklers following a fire or an explosion, up to a limit of \$10,000 per year.
- **Rental Relief**
We will pay for rental relief if your office premises is temporarily closed for more than 5 consecutive days due to loss or damage to office contents contained in the office premises, up to a limit of \$1,000 per day and \$5,000 per year.
- **Roller Shutters and Gate**
We will pay for accidental damage to roller shutters and gate, up to a limit of \$20,000 per year.
- **Temporary Removal**
This plan covers loss of or damage to your Office Contents (excluding trade samples) temporarily removed from your office for cleaning, repairing and maintenance, up to 10% of the Sum Insured.

✓ Optional Cover

Stock

This plan provides protection on damage and loss of stock in the office.

Note: Excess for each and every loss is \$1,000.

Loss due to water damage subject to a minimum excess of \$3,000 or 10% of the loss.

Excess for each and every loss to each portable laptop computer is \$2,500.

2 Business Interruption

Basic Cover (Free)

This plan indemnifies you up to \$1,000,000 for additional expenditure you may incur after an insured loss and interruption of your business for more than 48 consecutive hours, including the cost of fitting out temporary premises, for a period up to 12 months from the date of the damage.

SmartPlan Office

The office insurance that allows you to concentrate on your business



Additional Benefits

- **Denial of Access**
Covers you in the event that your office is affected as a result of denial of access for more than 48 consecutive hours due to an emergency or damage to neighbouring property, up to a limit of \$500,000 per year.
- **Failure of Public Utilities**
Covers you in the event that your office is affected as a result of failure of public utilities for more than 48 consecutive hours due to damage to property of public supply undertaking caused by insured loss, up to a limit of \$500,000 per year.
- **Mandatory Provident Fund (MPF) Contribution**
Covers you as an Employer's actual monthly MPF contributions of up to 3 months, if your business is temporarily closed for more than 7 consecutive days due to damage to your insured property caused by fire and/or explosion, up to a limit of \$5,000 per year.
- **Professional Accountants' Fees**
Your accountants' charges for the purpose of claims verification are also covered up to a limit of \$50,000 per year.

Optional Cover

Loss of Gross Profit, Gross Revenue and/or Wages

This plan provides optional protection on loss of gross profit, gross revenue and/or wages resulting from business interruption.

Note: Time Excess - 48 Hours

3 Electronic Equipment Insurance for Computers (Free)

- We will cover your office computer equipment, systems and data media caused by any unforeseen and sudden physical loss or damage from electrical or mechanical breakdown, up to a limit of \$100,000 per year.
- We will also pay for the additional expenditure incurred due to total or partial interruption of operation to your office computer equipment, up to a limit of \$ 50,000 per year.

Note: Excess for each and every loss is \$1,000.

Loss due to water damage subject to a minimum excess of \$3,000 or 10% of the loss.

4 Loss of Money (Free)

Reimburses loss of cash, bank notes, cheques, money orders and postal orders, up to the following limits per year:

- Crossed cheques and other non-negotiable items \$500,000
- In transit in Hong Kong in the custody of yourself or your authorized employees \$ 50,000
- Inside premises during office hours \$ 50,000
- Inside premises after office hours and in locked safe or strongroom \$ 50,000
- Inside premises after office hours but not in a safe or strongroom \$ 5,000
- In a bank night safe \$ 30,000

Additional Benefits

- **Damage to Safe and/or Strongroom**
Covers up to \$10,000 per year for the damaged safe and/or strongroom caused by theft.
- **Infidelity and Dishonesty**
This plan insures the loss of money due to fraud or dishonesty by employees discovered within 3 days after the occurrence, up to a limit of \$30,000 per year.

5 Office Assault - Personal Accident (Free)

This plan provides compensation of accidental death or permanent total disablement for you or your employees as a result of a robbery or attempted theft in the premises, up to a maximum limit of \$250,000 per person. We also cover you or your employees suffer from temporary total disablement, up to a limit of \$25,000. It also provides a weekly cash benefit if you or your employees are confined to hospital for treatment of such injury, up to a limit of \$500 per week and \$1,500 in total during any one year.

6 Glass Breakage (Free)

This plan covers accidental breakage of fixed glass or glass window, up to a limit of \$20,000 per year.

Note: Excess for each and every loss is \$1,000.

7 Public Liability (Free)

This plan insures you against legal liability for third party bodily injury and/or property damage arising from your business, up to a limit of \$10,000,000 per occurrence.

Additional Benefits

- First Aid
- Independent Contractor's Liability
- Overseas Visits
- Social and Sports
- Tenant's Liability

Optional Cover

8 Employees' Compensation

This plan insures you as an employer under the Employees' Compensation Ordinance and Common Law for bodily injuries to employees arising out of and in the course of employment, up to a limit of \$100,000,000 per event.

Eligibility

This plan is specially designed for small to medium size offices. "Type of Business" within our underwriting acceptance

Common Exclusions

This plan contains some exclusions such as:

- Shortage due to errors or omissions
- Loss or damage due to war, terrorism and kindred risks and government acts
- Loss or damage due to pollution and contamination
- Loss or damage due to IT/Cyber Risk

NB: Please refer to the policy for complete details. A specimen policy can be made available upon request.

Office Contents Sum Insured

We use a simple rating method for this particular plan. All we require from you is to declare the Sum Insured of your Office Contents.

Claims for the loss or destruction of contents (other than stock, trade samples and personal effects) will be settled on the basis of replacement as new. Please ensure the Sum Insured you declare is on the same basis.

NB: Minimum premium is \$1,000 for Office Contents and \$500 for Employees' Compensation Section.

All benefits and premiums are in Hong Kong Dollars.

AXA: A World Leader in Financial Protection

AXA Group in 2007

- 93.6 billion euros in consolidated revenues
- 1,281 billion euros in assets under management
- 165,000 employees and distributors worldwide working to deliver the right solutions and top quality service to our customers
- 65 million customers across the globe have placed their trust in AXA to:
 - Insure their property (vehicles, homes, equipment)
 - Provide health and personal protection coverage for their families or employees
 - Manage their personal or corporate assets
- Standard & Poor's Rating: AA

AXA General Insurance Hong Kong Limited

- One of the top general insurers in Hong Kong
- Over 170 years of local experience in Asia
- Over 180 professional, well-trained and caring staff
- Wide range of SMART products for individual and business needs

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To apply or for more details, please contact
your agent or broker, or you can contact us on 2523 3061



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「卓越」商機保
SmartPlan Office

投保書 PROPOSAL

請以英文正楷填寫，並在適當的空格內填上 Please fill in this form in English block letters and tick the boxes where appropriate

投保人資料 PROPOSER DETAILS

公司名稱 (與商業登記証相同) Company Name (as Business Registration)		商業登記號碼 Business Registration No.	
通訊地址 Correspondence Address		<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT	
聯絡人 Contact Person		職位 Title	
手提電話 Mobile No.	公司電話 Tel No.	傳真號碼 Fax No.	電郵地址 Email

倘若表格不敷應用，請另加紙張填寫。 If space provided for your answer is insufficient, please continue on a separate sheet.

辦公室資料 OFFICE DETAILS

投保辦公室地址 (如與上不同) Insured Office Address (if different from above address)	
大廈類別 Type of Building	<input type="checkbox"/> 商業 Commercial <input type="checkbox"/> 工業 Industrial
「業務性質」(請詳述) Type of Business (please give full details)	

投保細則 INSURANCE COVER

* 本保單由 _____ 日 dd / 月 mm / 年 yyyy 起一年內有效
Policy to commence on _____ for one year

* 此保單所提供的保障，必須在本公司確定接納投保後，及收妥保費後，才能正式生效。
The liability of the Company does not commence until this proposal has been accepted by the Company and the premium is received.

基本保障：辦公室財物 BASIC COVER : OFFICE CONTENTS

投保額 Sum Insured
辦公室設備 Office Contents \$ _____

註：投保額代表閣下所有的辦公室設備包括傢俱、裝置及設備、內部裝修、貨辦及辦公室器材等。
N.B. Sum Insured represents all your Office Contents including furniture, fixtures & fittings, interior decorations, trade samples and business equipment.

自選保障 OPTIONAL COVER

投保額 Sum Insured
 存貨 Stock \$ _____
 盈利損失 Loss of Gross Profit# \$ _____
 收入損失 Loss of Gross Revenue# \$ _____
 薪酬損失 Wages# \$ _____

賠償期限 Indemnity Period 6 個月 Months 12 個月 Months

僱員補償 Employees' Compensation

僱員職業 Occupations of Employees	僱員人數 No of Employees	估計總年薪 Total Estimated Earnings
(a) 辦公室內僱員 Managerial, Administrative and Clerical Staff	_____	\$ _____
(b) 推銷員、信差及外勤員工 Salesperson, Messenger and Commercial Travellers	_____	\$ _____
(c) ** 其他 (請註明) Others (please specify)	_____	\$ _____

總數 Total \$ _____

** 若「僱員職業」與一般辦公室性質不同，本公司將會收取適當的額外保費。 If "Occupations of Employees" is different from normal nature of office duties, an additional premium will be charged as appropriate.

投保人聲明 DECLARATION

請細閱下列各項條文，然後在指定空位內簽署。
Please read the following statements carefully and sign in the space provided.

本人聲明
I declare that

- 本人 / 本公司投保的辦公室只供作寫字樓用途，並無進行製造業或有關的程序。
The premises are solely occupied by me/my company as an office and no processing and/or manufacturing of any kind is carried out within the office.
- 本人 / 本公司投保的辦公室包括屋頂，全用磚石或三合土建成並有經常維修適宜營業。
The premises are built of brick or concrete and roofed with concrete, and is in good state of repair.
- 本人 / 本公司從未遭受任何保險公司拒絕受理投保、續保或取消本人 / 本公司的保單或要求提高保費及附加特別條件始允承保。
No insurer has ever cancelled, declined, refused to renew or imposed special terms or conditions on any policy held by myself or my company.
- 本人 / 本公司從未於過去三年間遭受損失。
I/My company have/has not suffered any loss in the past 3 years.
- 本人 / 本公司已填報一切重要的有關資料，絕無隱瞞或保留，並同意將本投保書和聲明作為與安盛保險有限公司和本人 / 本公司所訂合約的根據，並以保單上各條款為準則。
I have not withheld any material information and accept that this proposal and declaration shall be the basis of, and be incorporated in, the contract between AXA General Insurance Hong Kong Limited and myself or my company.

投保人簽署及公司印章 Proposer's Signature with Company Chop
(請勿於空白投保書上簽署 Do not sign a blank form)

日期 Date
(日 / 月 / 年 dd/mm/yyyy)

付款方法 PAYMENT METHOD

支票抬頭請填「安盛保險有限公司」 Cheque payable to **AXA General Insurance Hong Kong Limited**

投保人須知 Important Notes to Proposer

1 閣下必須在其知悉範圍內提供所有有關會影響保險公司於接納或釐定此保單條文的資料，如對應透露的資料有任何疑問，請即向本公司或閣下的保險代理 / 經紀查詢。我們建議閣下將有關的資料作記錄 (包括信件副本)，以備日後作參考之用。為確保閣下的利益，閣下應如實呈報所有有關資料，否則此保單將可能無法提供閣下所需的保障，甚至可能會導致此保單無效。本公司保留接受或拒絕閣下投保的權利。

Any other facts known to you which are likely to affect acceptance or assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance agent / broker. We recommend you keep a record (including copies of letters) for your future reference of any additional information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether. We reserve our right to accept or reject your application.

2 收集個人資料聲明

閣下提供的資料，為本公司提供保險業務所需，並可能使用於下列目的

- 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；
- 任何索償、或該等索償的調查或分析；及
- 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；
- 現存或不時成立的任何保險公司的協會或聯會或類同組織 (「聯會」)，以達到任何上述或有關目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；及
- 或透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的。

此外，在此授權安盛保險有限公司由「聯會」從保險業內收集的資料中查閱及 / 或核對閣下任何資料。

閣下有權查閱及要求更正由本公司持有有關閣下的個人資料，如有需要，可向本公司的個人資料(私隱)條例監察主任提出。

Personal Information Collection Statement

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of

- any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service;
- any claim or investigation or analysis of such claim; and
- 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 claim or investigation; or other service provider providing services relevant to insurance business for any of the above or related purposes;
- any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and
- any members of the "Federation" by the "Federation" for any of the above or related purposes.

Moreover, AXA General Insurance Hong Kong Limited is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by our Company. Requests for such access can be made to our Personal Data (Privacy) Ordinance Compliance Officer.

3 本公司致力發展及改良產品的質素，務求滿足閣下個人保險上的需要。作為本公司的寶貴客戶，我們會時刻為閣下提供新產品及服務的最新消息。倘若閣下日後不希望收到此等資料，請來信通知本公司。

Our Company is committed to developing products to meet your personal insurance requirements. As you are a valued customer of our Company, we will keep you informed of new products and services when they become available. If you do not want to receive this information either now or in the future, please write and tell us.