

# Contents Insurance Quotation Form

Contents Insurance 家具保险		
Name(s) of owner: 户主名称		
Postal Address 邮政地址		
Date of Birth(s) 出生日期		
Phone Number(s) 电话号码		
Email Address 电邮地址		
Property Address 房屋地址: (if different from postal address)		
Settlement / Start Date 开始日期:		
Sum Insured 保险总金额:	\$	
Specified Items 特殊声明的项目:	1	Value \$:
Laptop computers, tablets, over \$5,000 价值超过\$5,000的手提电脑和平板电脑	2	Value \$:
Hearing aids or sets of hearing aids over \$5,000 价值超过\$3,000的助听器	3	Value \$:
Jewellery over \$3,000 of if all jewellery is greater than \$15,000 单件价值超过\$3,000, 或总价值超过\$15,000的珠宝首饰品	4	Value \$:
	5	Value \$:
Photographic, digital, and video camera equipment over \$3,000 价值超过 \$3,000 的摄影、数码和录象器材	Additional items to be specified 附加声明的事项 :	
Bicycles, kayaks, surf boards, surf skis, kite surfers, paddle boards or windsurfers over \$3,000 价值超过\$3,000的自行车、划板、冲浪板、滑雪板、划船、帆板		
Owner Occupied 自住房产 ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Professionally installed alarm 有无安装的报警系统 ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
House insured 房屋有保险 ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Claim Free for last 12 months? 过去12个月中是否有发生索赔?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, specify:	
<b>Contents Excess Options (Please tick one) 被保人自己承担的费用选择 (选一种)</b>	<input type="checkbox"/> \$250 <input type="checkbox"/> \$350 <input type="checkbox"/> \$600 <input type="checkbox"/> \$1,100 ● Additional excess may apply	