

Captain's Home Insurance Plan Proposal Form

Proposer details

Name		Date of birth	
Insured Location		Start Date / /20	
		Bill from 01/ /20	
Tel (H)	Fax (H)	Own Mobile	
Tel (O)	Fax (O)	Spouse Mobile	
Own E-mail		Spouse E-mail	
Name of Spouse		Date of birth	

Household Contents Section (Compulsory) Check coverage desired ☒

Coverage (HK\$)	Monthly Premium (HK\$)
☐ \$250,000	\$135
☐ \$500,000	\$188
☐ \$1,000,000	\$375
☐ \$1,500,000	\$541
☐ \$2,000,000	\$710
☐ \$Higher	Refer

List * items worth more than \$100,000 and indicate value

* A 15% deductible applies to items worth more than \$100,000.

Personal Valuables Section (Optional) Check coverage desired ☒

Coverage (HK\$)	Monthly Premium (HK\$)
☐ \$100,000	\$110
☐ \$200,000	\$220
☐ \$300,000	\$325
☐ \$400,000	\$431
☐ \$500,000	\$532
☐ \$Higher	Refer

List ** items worth more than \$30,000 and indicate value

** A 15% deductible applies to items worth more than \$100,000.

How to Pay

No need to pay cash now... simply complete and return us the Direct Debit form attached, or go on-line to your bank and set up an auto pay arrangement, electronically.

If you do this, you will need a 'Debtor's Reference' number or policy number.† Please call us so as we can give you this number.

Direct Debit Authorization Form

Name of Party to be credited
NAVIGATOR INSURANCE BROKERS LTD.

Bank No. Branch No. A/C No. to be credited
004 598 002061002

I/We have not withheld any material information and accept that this Application Form and Direct Debit Authorization Form shall be the basis of, and be incorporated in, the Contract between the insurance Company and myself.

I/We hereby authorize my/our below named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time.

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).

I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization at any time on one week written notice.

This authorization shall have effect until further notice.

I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.

Proposer Bank details

My/Our Bank Name, Branch

Bank No. Branch No. My/Our A/C No.

Account Holder(s) My/Our Address

My / Our Authorized Signature(s)

Debtor's Reference (For Office Use Only) CHD

Policy effected from (For Office Use Only) / / 20

For Bank Use Only Signature(s) verified

Please sign the form, as well as alterations, if any, in the usual way that you would sign on your bank account.

The liability of the insurance company does not commence until this Proposal is accepted by the Company and the premium collected