Jebsen Insurance Brokers Ltd.
捷成保險顧問有限公司

Group Personal Accident Insurance – Information requested for quotation

(團體人身意外保險 報價所需要的資料)

Insured Name (投保人名稱): _____

B.R. No. (商業登記號碼): _____

Nature of Business (業務性質): _____

Correspondence Address (通訊地址): _____

Insured Period (投保期間): _____

Age Range (承保年齡範圍): _____

No. of Insured Person (受保人數): _____

Plan (計劃)	Classification (類別)	AD&D Sum Insured Per Person (每名人士意外死亡及傷殘投保額)	AME Sum Insured Per Person (每名人士意外醫療費用投保額)

Existing Insurance Company (現有保險公司名稱): _____

Claim History for past 3 years (過往三年賠償紀錄): _____

Other Requirements (其他要求): _____

Contact Person (聯絡人): _____ Position (職位): _____

Mobile (手提電話): _____ Email (電郵): _____