



# 三井住友海上火災保險（中国）有限公司

MITSUI SUMITOMO INSURANCE (CHINA) CO., LTD.

34F, Shanghai World Financial Center, 100 Century Avenue, Pudong New Area, Shanghai 200120, P.R. China

PHONE: (021) 6877-7899 FAX: (021) 6877-7500

## Questionnaire for Data Processing Insurance

### 电脑保险调查表

1. Applicant 投保人 Ownership(Please tick) <input type="checkbox"/> Japanese <input type="checkbox"/> Non-Japanese Foreign <input type="checkbox"/> State-owned <input type="checkbox"/> Collective <input type="checkbox"/> Private <input type="checkbox"/> Individual <input type="checkbox"/> Others 企业性质(请选择) 日资 非日资外企 国有 集体 私营 个体 其他  English Name 英文名称 Chinese Name 中文名称  Correspondence Address 通讯地址  Telephone 电话 Fax 传真 Post Code 邮编  Date and Time of Establishment 成立时间  Nature of Business 业务范围
2. Assured 被保险人 Ownership(Please tick) <input type="checkbox"/> Japanese <input type="checkbox"/> Non-Japanese Foreign <input type="checkbox"/> State-owned <input type="checkbox"/> Collective <input type="checkbox"/> Private <input type="checkbox"/> Individual <input type="checkbox"/> Others 企业性质(请选择) 日资 非日资外企 国有 集体 私营 个体 其他  English Name 英文名称 Chinese Name 中文名称  Correspondence Address 通讯地址  Telephone 电话 Fax 传真 Post Code 邮编  Date and Time of Establishment 成立时间  Nature of Business 业务范围
3. Scope of Business (业务范围)
4. Establishment Date of the Company (成立时间)

5. Location and Building Structure of Insured Premises  
 (被保险设备地址、以及建筑物结构)  Reinforced Steel (钢筋构件)  Brick (砖)  Concrete (混凝土)  Wood (木)

6. Period of Insurance  
 保险期限  
 From \_\_\_\_\_ to \_\_\_\_\_  
 由 \_\_\_\_\_ 至 \_\_\_\_\_

7. Insured Property (or attach detailed list including the items as below)  
 (保险项目) (若随附详细清单, 可不用填写)

**A. Material Damage - Data Processing System Equipment**  
 (物质损失 - 仪器设备)

Quantity, Description, Model, Type (数量、描述、式样、型号)	Maker (制造公司名)	Manufacturing DD/MM/YYYY (制造年月日)	Sums Insured (Listed Price) (保险金额 < 标明价格 >)

**B. Data Processing Media**  
(数据介质)

Quantity & Description (数量、描述)	Sums Insured (保险金额)
Floppy Disc/Tape (磁盘/磁带)	
Disk chain / Tape Cassette (磁盘纽/磁带盒)	
Others (其他)	

The following questions must be answered by the Applicant (Please tick appropriate box):  
 投保人必须回答以下问题 (请选择适当空格加 √ 号)

1. Are all the insured properties brand-new?  
 (所投保设备是否都是全新设备) YES NO  
 是 否

If second-hand property is included, please specify details.  
 (如有二手货, 请说明机器名)

2. Is there any other insurance effected upon this property currently or previously?    
此财产目前或以前是否有其他保险?  
If "YES", please give details  
如果“是”，请说明保险公司

3. Have you ever suffered any loss or damage in the respect of the listed perils in the last 3 years?    
您在过去三年中曾否因目前所要保之灾险遭受过损失?  
If "YES", please give details.  
如果“是”，请详细说明

4. Has any Company or Underwriter at any time (1)declined to accept or continue any insurance of yours, (2)required an increased premium or (3) imposed special conditions?    
曾否有其他保险公司(1)拒绝接受或延续贵公司的保险，(2)加收保费或(3)附加特别条件?  
If any of the above answer is "YES", please give details.  
如上述任何一项为“是”，请详细说明

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I/We declare the information given above to be correct and agree that this questionnaire shall form the basis of the contract between me/us and the Insurer.

我/我们就此宣告以上所填报资料真实无误,并同意此调查表将成为我/我们和保险公司之合约的基础

Applicant's Signature:  
投保人签名 \_\_\_\_\_

Date:  
日期: \_\_\_\_\_