

保險代理人委托書

客戶名稱：_____

電郵地址：_____ 電話：_____

通訊地址：_____

轉介人姓名：_____

保險類別：_____ **各類一般保險**

(一) 客戶現委任 萬事保險業務有限公司 為保險代理人(代理人)，其職權包括：

1. 保險建議及報價
2. 出單、續保、轉換保險公司
3. 解釋保單(包括投保書)、保單更改
4. 處理索償

(二) 客戶確認明白下列保險業監管局《持牌保險代理人操守守則》5.4a—資料披露

若客戶是由他人轉介予保險代理人，

- (i) 代理人會負責安排保單，而就此目的而言，客戶只應直接與代理人作往來（即客戶不應為了安排保單而與轉介人往來）；
- (ii) 轉介人並不代表代理人，亦不應參與安排保單的過程；
- (iii) 代理人就轉介人對於有關保單所給予客戶的任何意見不承擔任何責任；及
- (iv) 保單的保費應直接支付予保險人或，如獲許可的情況下，支付予代理人（而非轉介人）。

聲明：

1. 本人/本公司 明白，所有上述服務均由代理人全部直接處理，任何轉介人(如有)不可參與，亦不可代表代理人提供意見。相關保費，須直接繳付予本代理人，並知悉轉介人或會從該等業務獲得轉介費。
2. 本人/本公司同意，(i) 此委托書之副本，與正本具同樣效力，除正式通知代理人撤銷外，否則持續生效；(ii) 有關保險文件及/或資料可由轉介人代為收發。
3. 本人/本公司提供及填報之資料，是據自己所知所信，真實正確的。

客戶簽署(如屬公司請蓋上公司印章)

日期

Letter of Appointment

Name of Client : _____

Email Address : _____ Phone No.: _____

Mailing Address : _____

Name of Referrer: _____

Class of Ins. : _____ **VARIOUS** _____

- (A) The Client hereby appoint and authorize MASS INSURANCE SERVICES LTD as his/her/its insurance agent (Agent) with immediate effect, whose duties include:
1. Insurance recommendations & quotations
 2. Policy issuance, renewal & change of insurers
 3. Policy interpretation (including application forms), policy amendments
 4. Claims

- (B) The Client hereby further acknowledges his understanding the following Insurance Authority "Code of Conduct for Licensed Insurance Agents" 5.4a - Disclosure in relation to a client referred by another person:

If Client is referred by another person to the Insurance Agent,

- (i) the Agent will be responsible for arranging the insurance policy and, for this purpose, the client should only deal directly with the Agent (i.e. the client should not deal with the referrer for arranging the insurance policy);
- (ii) the referrer does not represent the Agent and should have no involvement in the arrangement of the insurance policy;
- (iii) the Agent disclaims all liability for any advice in relation to the insurance policy given to the client by the referrer; and
- (iv) premium for the insurance policy should be paid directly either to the Insurer concerned or, if permitted, to the Agent (and not to the referrer).

Declaration:

1. I/We fully understand and aware that:
 - (i) all the above-mentioned services will be solely handled by the Agent directly
 - (ii) the referrer (if any) shall not represent the Agent to provide insurance advice
 - (iii) the related premium shall be paid by me/us to the Agent directly
 - (iv) the referrer may receive referral fee for referring insurance to the Agent
2. I/We agree:
 - (i) a copy of this has the same effect as original and continuously be valid until and unless rescinded by me/us
 - (ii) the insurance documentation and/or information can be transferred through the referrer
3. I/We hereby declare that the information submitted is true and correct according to my/our best knowledge.

Client's signature (with co. chop if applicable)

Date