

## Fire Insurance Policy Cancellation Form

### 火險保單取消表格

Private & confidential 私人及保密文件

#### Important notes 重要事項

1. Please complete all sections; failure to do so may result in your request being rejected.  
請填妥所有欄位，如有遺漏可能拒絕有關申請。
2. This form should be filled in BLOCK LETTERS and ensure all signature boxes are duly signed.  
請以正楷填寫及確保已妥善簽署所有簽署位置。
3. Please tick in the appropriate box.  
請在適當方格內填上「✓」。

#### Policy Information 保單資料

Policy No.:

保單號碼：

Name of Policyholder:

保單持有人姓名：

Email / Mobile:

電郵/電話：

Account Member ID:

帳戶會員編號：

Insured Property Address:

受保物業地址：

(Please fill in the insured property address as stated on the policy. 請按照保單上的受保物業地址填寫。)

I request to cancel the above policy with effect from\*

本人要求取消以上保單，取消生效日期為\*

Day 日

Month 月

Year 年

\* Please submit your cancellation request 7 to 30 days before the target cancellation date. If the required information is incomplete, the cancellation date will be based on the actual completion date of the formalities. Once finalized, a confirmation notice will be sent to your registered email.

\* 請於目標取消日期前 7 至 30 天提交申請。如資料不全，取消日期將以實際完成手續之日為準。完成後，我們將向你的登記電郵發出確認通知。

#### Cancellation reason 取消原因

(You may choose more than one. 可選多項。)

- ☐ I will soon leave / have already left Hong Kong 即將 / 已經離開香港
- ☐ I cancel due to unsatisfactory claims experience 我對索償的體驗不滿意
- ☐ The plan is out of my price range 保單價格不符合預算
- ☐ I prefer the insurance from another insurer 我選擇其他公司的保險
- ☐ The policy terms are unclear 保單內容不清晰
- ☐ I am not satisfied with the coverage 對保障範圍不滿意
- ☐ There are too many issues with your system 你們的系統有太多問題
- ☐ I will use another discount code to repurchase 我會用另一個優惠碼投保

- ☐ Wrong input, I will cancel and purchase with correct information 輸入錯誤，我取消後會重新投保
- ☐ I will sell / have sold the insured property 即將 / 已經售出受保單位
- ☐ Others (please specify) 其他 (請註明) : \_\_\_\_\_

## Declaration 聲明

1. I hereby agree that once my policy cancellation is confirmed, all coverage will immediately terminate, and the policy cannot be reinstated. Should I reapply for insurance in the future, I understand that I will need to undergo a new underwriting process, and any conditions existing or occurring prior to the effective date of the new policy will be deemed exclusions.  
本人謹此同意，保單一經確認取消，其保障將立即終止，且本保單將無法復效。若日後重新投保，除須重新進行核保外，任何於新保單生效日前已存在或發生的狀況將被視為不保事項。
2. I confirm that I have thoroughly read and understand the policy cancellation terms and agree that any applicable refunds will be calculated in accordance with the relevant terms, and shall be subject to a minimum administrative fee of HKD400.  
本人確認已仔細閱讀並明白保單內有關取消之條款，並同意任何退還之保費（如適用）將根據相關條款計算，且須扣除最少港幣400元之行政費用。
3. For policies for which a claim has been or is to be lodged within the current policy year: I acknowledge and accept that all premiums paid will be non-refundable, and I nevertheless agree to proceed with the cancellation.  
適用於本保單年度內曾提出或需提出索償之保單：本人明白並接受，所有已繳保費將不獲退還，並仍同意繼續辦理取消手續。
4. I confirm that I have read through the details of the Personal Information Collection Statement which is made available on our website at <https://www.onedegree.hk/en-us/privacy-policy>, and agreed to OneDegree Hong Kong Limited's collection and use of personal information.  
本人確認已閱讀有關個人資料收集聲明之詳情，並同意 OneDegree Hong Kong Limited 收集及使用個人資料。本公司之個人資料收集聲明詳載於 <https://www.onedegree.hk/zh-hk/privacy-policy>。

Date Signed  
簽署日期

Day 日

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Month 月

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Year 年

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Signature of Policyholder  
保單持有人簽署

**PLEASE DO NOT SIGN ON BLANK FORM.** 請勿於空白表格簽署。

In the event of any discrepancy or inconsistencies between the English and Chinese versions of this form, the English version shall prevail.  
如此表格之中英文版本有任何歧異或不一致，概以英文版為準。

If you have any questions on how to complete this form, please contact our Customer Care at [care@onedegree.hk](mailto:care@onedegree.hk).  
倘若閣下在填寫此表格時有任何疑問，請透過 [care@onedegree.hk](mailto:care@onedegree.hk) 與我們客戶服務部聯絡。



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