

ASIA PERSONAL ACCIDENT PLUS INSURANCE PROPOSAL FORM 亞洲新人身意外保投保書

Please complete the form in BLOCK CAPITALS and tick the appropriate boxes.
請以英文正楷填寫，並在適當的空格內填上 號。



亞洲保險
ASIA INSURANCE

7/F & 8/F, 118 Connaught Road West, Sheung Wan, Hong Kong
香港干諾道西118號7樓及8樓
Tel: (852) 3606 9933 | Fax: (852) 2810 0218 | Email: mailbox@afh.hk
asiainsurance.hk

Details of Applicant/Proposer 申請人資料					
Name of the Applicant/Proposer 申請人姓名 (Surname 姓) (Given Name 名)		<input type="checkbox"/> Mr 先生 <input type="checkbox"/> Ms 女士		Email Address 電郵地址	
Business/Position 服務行業/職位			Contact Tel. 聯絡電話		
Correspondence Address 通訊地址					
Proposed Effective Date 建議保險生效日期	From 由	D 日	M 月	Y 年	for 1 year 開始投保一年

Details of Insured Person 受保人資料		
Name of the Insured Person 受保人姓名 (Surname 姓) (Given Name 名)		<input type="checkbox"/> Mr 先生 <input type="checkbox"/> Ms 女士
Date of Birth (D/M/Y) 出生日期 (日/月/年)	Hong Kong Permanent Resident 香港永久居民 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	Relationship with Applicant/Proposer 與申請人關係
Business/Position/Job Nature 服務行業/職位/工作性質		Business Tel. No. 辦公室電話
Name of Employer 僱主名稱	Company Address 公司地址	

Basic Insured Benefits 基本保障項目	Sum Insured (HK\$) 投保額 (港幣)	Premium (HK\$) 保費 (港幣)
Accidental Death & Permanent Disablement (Lump sum) 意外死亡及永久傷殘 (整數保額)		
Temporary Total Disablement (Per week) 暫時完全喪失工作能力 (每週保額)		
Accidental Medical Expenses (Per event) 意外受傷醫療費用 (每宗意外)		
Hospital Cash Allowance (Per week) 住院現金津貼 (每週保額)		
	Total Premium 合共保費	

Details of Beneficiary 受益人資料	
Name of the Beneficiary 受益人姓名 (Surname 姓) (Given Name 名)	<input type="checkbox"/> Mr 先生 <input type="checkbox"/> Ms 女士
Beneficiary's Address 受益人地址	
Relationship with Applicant/Proposer 與申請人關係	

Please answer the following questions 請回答以下問題	
1. Does the Insured Person operate machinery (except hand tools) or engage in manual or hazardous activities? 受保人是否需要操作機器 (手動工具除外) 或從事體力勞動或危險性工作?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
2. Does the Insured Person suffer from any physical or mental disability or chronic illness? 受保人是否有身體殘缺或神智不正常或慢性疾病?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
3. Is there any other Life, Income Benefit, Medical or Personal Accident insurance presently in force in respect of the Insured Person? 受保人是否已購有人壽、入息保障、醫療或人身意外保險?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
4. In respect of the Insured Person, has any insurer ever declined application for Life, Personal Accident, Income Benefit or Medical insurance or refused renewal or terminated such insurance or applied special terms? 受保人是否曾被保險公司拒絕接受有關人壽、人身意外、入息保障或醫療保險之申請，或拒絕續保，或取消未到期之保險，或附加特別之強制條款?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
5. During the past 5 years, has the Insured Person ever incurred accidents resulting in accidental bodily injury or disease lasting more than 7 days or made a claim against insurers in respect of accidental bodily injury? 受保人在最近5年內有否因意外而導致超過7天之身體損傷或疾病，或曾因意外受傷向保險公司要求賠償?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
6. Is the Insured Person receiving or contemplating any medical attention or surgical treatment or taking physiotherapy treatment or prolonged drug treatment? 受保人是否正接受醫藥治療、手術護理、物理治療、或需要長期服用藥物?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
7. Does the Insured Person frequently require to travel or work outside Hong Kong? 受保人是否需要經常在香港以外地方工作或逗留?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If the answer to any of the above questions 1 to 7 is "Yes", please give details. 以上第1至第7項問題中，若答案為「是」，請詳加說明。	

Declaration 聲明

- I hereby apply to Asia Insurance Co., Ltd. ("the Company") for insurance on the terms as set out in the Company's **Asia Personal Accident plus Insurance** Policy. I warrant that the particulars and statements I supply are complete and correct and agree that this Proposal shall be the basis of the contract between me and the Company. I further declare that all proposed Insured Persons are in good health and not currently under medical observation or undergoing any medical treatment. 本人現依據**亞洲新人身意外保險單**內之條款投保該項保險。謹此聲明在本投保書內所填報的資料，均屬正確無誤，並同意本投保書作為本人與亞洲保險有限公司（「亞洲保險」）訂立保險合約之根據。本人聲明所有受保人身體健康、體格健全，現時並無接受任何醫藥治療。
- I confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this Proposal Form. 本人確認已閱讀及明白隨本投保書附上有關亞洲保險的收集個人資料聲明。

Signature of Applicant/Proposer 申請人簽署

Date 日期: _____

Name of Licensed Insurance Intermediary 持牌保險中介人名稱

Important Notes to Applicant/Proposer 申請人注意事項

- The insurance will not be effective unless this Proposal has been officially accepted by the Company. 投保須經批核，方可生效。
- Accidental Death & Permanent Disablement are compulsory benefits. 意外死亡及永久傷殘是必須投保項目。
- Minimum policy premium is HK\$400. 最低保費為港幣400元。
- The Insured Person's age limit is 16 to 65. 受保人年齡限制：16歲至65歲。
- Incomplete Proposal Form will delay your application. 未經填妥之投保書會延誤閣下之申請。
- This leaflet is not a policy of insurance. Please refer to the policy document for full details of terms, conditions and exceptions. 此小冊子並非保單，詳情請參閱保單之條款細則及不承保範圍。
- Any facts known to you which are likely to affect acceptance or assessment of this insurance cover must be disclosed. If you have any doubt about what you should disclose, do not hesitate to check with the Company or your insurance intermediary. Failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether. 閣下必須盡己所知提供所有可能影響亞洲保險於接納或釐定此保單條款的資料，對資料應否透露若有任何疑問，請即向亞洲保險或閣下的保險中介人查詢。閣下應如實呈報有關資料，否則此保單將無法提供閣下所需的保障，甚至可能導致此保單無效。
- Premium Levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate and would be remitted in accordance with the prescribed arrangements. For further information, please visit www.asiainsurance.hk or contact: (852) 3606 9933. 保監局將透過保險公司向保單持有人根據訂明的徵費率按保單保費收取保費徵費。如要進一步資料，請瀏覽亞洲保險網頁 www.asiainsurance.hk 或致電 (852) 3606 9933。
- The Applicant/Proposer understands, acknowledges and agrees that as a result of the purchasing and taking up this policy issued by the Company, licensed insurance broker will receive remuneration paid by the Company during the continuance of the policy including renewals, for arranging the said policy. Where the Applicant/Proposer is a body corporate, the authorised person who signs on behalf of the Applicant/Proposer further confirms to the Company that he or she is authorised to do so. The Applicant/Proposer further understands that the above agreement is necessary for the Company to proceed with the application. 申請人明白、確知及同意，持牌保險經紀會就申請人購買及接受由亞洲保險簽發的保單，於保單有效期內（包括續保期）負責安排有關保單而獲取由亞洲保險給予的酬金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向亞洲保險確認他/她已獲該法人團體授權。申請人亦明白亞洲保險必須取得申請人以上的同意，才可以處理其保險申請。
- If there is any conflict or inconsistency between the English & Chinese versions of this document, the English version shall prevail. 此本文件的中文內容力求符合英文原意，如有任何歧異，概以英文版本為準。

ASIA INSURANCE COMPANY LIMITED – PERSONAL INFORMATION COLLECTION STATEMENT ("PICS")

- Your personal information and particulars may be required by Asia Insurance Company Limited (the "Company") in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.
- The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as "Your Personal Data".
- "Your Personal Data" will also include personal data relating to your beneficiaries, dependents, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you confirm that you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.
- As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, "the Group").
- The Company may use the personal data the Company collect about you for the following purposes:
 - processing and assessing of applications or requests for any insurance products and daily operation of the related services;
 - administering your insurance policy and providing services in relation to your insurance policy;
 - investigating, analyzing, processing and paying claims made under your insurance policy;
 - exercising any right under the insurance policy including right of subrogation, if applicable;
 - detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
 - developing insurance and other financial services and products;
 - developing and maintaining credit and risk related models;
 - carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
 - for statistical or actuarial research undertaken by the Company or any member of the Group;
 - complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies and court order;
 - contacting you for any of the above purposes;
 - other ancillary purposes which are directly related to the above purposes.
- Your Personal Data may be transferred or disclosed to the following parties in Hong Kong or overseas for the purposes set out in the above paragraph:
 - any insurance adjusters, agents and brokers, employers, healthcare professionals, hospitals, advisors, contractors or third party service providers who provide administrative, telecommunications, computer, payment, debt collection, security, data processing or storage or related services or any other company carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to insurance business, for any of the above or related purposes;
 - organisations that consolidate claims and underwriting information for the insurance industry;
 - fraud prevention organisations;
 - other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information;
 - any association, federation or similar organisation of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
 - any members of the Federation by the Federation for any of the above or related purposes;
 - regulators;
 - lawyers;
 - accountants, financial advisors, auditors;
 - other members of the Group;
 - any assignee, transferee, participant or sub-participant of all or any

- substantial part of the Company's business;
- The Company undertakes to keep the information confidential and solely for the purposes set out in the above paragraph.
- If you do not agree to the use of Your Personal Data for above purposes, it would not be possible for the Company to process your policy and/or claim application and render the services.
- You have the right to ascertain the Company policies and practices in relation to personal data, obtain access to and to request correction of any personal information concerning yourself held by the Company and the Company has the right to charge you a reasonable fee for processing your data access request. Requests for such access or correction can be made in writing to the Personal Data Protection Officer, Asia Insurance Company Limited, 8/F, 118 Connaught Road West, Sheung Wan, Hong Kong SAR.
- In case of any discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
- The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.

亞洲保險有限公司 – 收集個人資料聲明

- 亞洲保險有限公司（「本公司」）可能會要求閣下就本公司提供的服務及產品提供個人資料及詳情。如未能提供所需資料及詳情，可能會導致本公司無法向閣下提供或繼續提供有關服務及產品。
- 本公司亦可以利用閣下提供的資料及詳情製作及匯編額外的個人資料。本公司不時收集、製作及匯編的所有個人資料，以下統稱為「閣下的個人資料」。
- 「閣下的個人資料」亦包括由閣下提供有關閣下的受益人、受養人、獲授權代表及其他人士的資料。如閣下代表他人提供個人資料，代表閣下確認閣下乃是該等人士之父母或監護人或閣下確認已取得該等人士同意提供其之個人資料予本公司作本聲明之用途。如本聲明所述，閣下的個人資料亦可能被本公司的附屬公司、控股公司、聯營或聯屬公司或本公司控制的公司或與本公司受共同控制的公司（統稱「本集團」）處理。
- 本公司將所收集閣下的個人資料，可能用作下列的用途：
 - 處理及評估任何保險產品之申請或要求，及有關服務之日常運作；
 - 管理閣下的保單及為閣下的保單提供相關服務；
 - 閣下保單索償的調查、分析、處理及賠償；
 - 行使有關保險單賦予的任何權利包括代位權，如適用；
 - 偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的目的；
 - 發展保險及其他金融服務及產品；
 - 發展及維持本公司信貸及風險之相關模型；
 - 就本公司之服務及產品作出資格、信貸、身體、醫療、擔保、承保及/或身份核証；
 - 作本公司或本集團的任何成員的統計或精算研究；
 - 遵守及符合任何法例及條例規定的要求、行業手則、指引、監管機構、相關行業認可機構、政府機構及法庭頒令的要求；
 - 為上述任何用途與閣下聯絡；
 - 與上述用途直接有關之其他附帶的目的。
- 閣下的個人資料可能會轉移或披露予下列各方在香港或海外單位作前段所述的用途：
 - 任何保險理算人、代理和經紀、僱主、醫護專業人士、醫院、顧問、諮詢人、承辦商或提供行政、電訊、電腦、付賬、債務追討、保安、數據處理或儲存或有關服務的第三者服務供應商或任何其他從事與保險或再保險業務有關的公司，或中介人，或索償或調查或其他提供與保險業務有關的服務供應商，以達到任何上述或有關的用途；
 - 整合保險業申索和承保資料的組織；
 - 防欺詐組織；
 - 其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；警察；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）；
 - 現存或不時成立的任何保險公司協會或聯會或類同組織（聯會），以達到任何上述或有關的用途，或以便聯會執行其監管職能，或其他基於保險業或任何聯會會員的利益而不時在合理要求下賦予聯會的職能；
 - 或透過聯會提供予任何聯會的會員，以達到任何上述或有關的用途；
 - 監管機構；
 - 執業律師；
 - 會計師、財務顧問、認可核數師；
 - 本集團的其他成員；
 - 任何承讓人、受讓人、本公司業務的任何實質部分的參與人或次參與人；本公司承諾將資料保密並純粹用作上述的用途。
- 如果閣下不同意本公司使用閣下的個人資料於上述用途上，本公司可能不能處理閣下的保單及/或索償申請及為閣下提供服務。
- 閣下有權查明本公司就個人資料的政策和實務，並有權要求查閱及更正由本公司持有有關閣下的個人資料，及本公司有權就處理閣下的查閱資料要求而收取合理費用。有關查閱或更正的要求，可致函香港上環干諾道西一百一十八號八樓亞洲保險有限公司的個人資料保護主任提出。
- 中英文版本如有差異，將以英文版本為準。
- 本公司保留隨時增補、更改、更新及修訂本聲明之權利，任何更改將於發出通知時起生效。