



| (I) Personal Information of Policy Holder(s) 保單持有人的個人資料 | | | | | | |
|---|--|--|--|---|--|--|
| Name of Representative Policy Holder (as shown on HKID Card) 保單持有人代表姓名 (以香港身份證為準) | | <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Miss 小姐 | | HKID Card No. 香港身份證號碼 | Date of Birth (dd/mm/yyyy) 出生日期 (日 / 月 / 年) | |
| Residential Address 居住地址 | | Personal E-mail Address 個人電郵地址 | | Contact Telephone No. 聯絡電話 Mobile 流動電話 _____ Home 住宅 _____ | | |
| Name of Other Policy Holder (if any) (as shown on HKID Card) 其他保單持有人姓名 (如有) (以香港身份證為準) | | <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Miss 小姐 | | HKID Card No. 香港身份證號碼 | Date of Birth (dd/mm/yyyy) 出生日期 (日 / 月 / 年) | |
| Residential Address 居住地址 | | Personal E-mail Address 個人電郵地址 | | Contact Telephone No. 聯絡電話 Mobile 流動電話 _____ Home 住宅 _____ | | |

| (II) Information of the Proposed Insured Person 準受保人資料 | | | | | | |
|--|--------------------------|---|-----------|--|------------------|---|
| Please provide the following information for the proposed Insured Person. 請提供準受保人資料。 | | | | | | |
| Name of Insured Person (as shown on HKID Card) 姓名 (以香港身份證為準) | HKID Card No. 香港身份證號碼 | Date of Birth (dd/mm/yyyy) 出生日期 (日 / 月 / 年) | Sex 性別 | Height / Weight 身高 / 體重 _____ cm 厘米 _____ lbs 磅 | Occupation 職業 | Relationship with the Policy Holder(s) 與保單持有人的關係 |
| Proposed Insured Person's Residential Address 準受保人居住地址 | | | | | | |

| (III) Policy Information 保單資料 | |
|-------------------------------|--|
| Plan Option 計劃選項 | <input type="checkbox"/> Plan 1 計劃一 (F00038-01-000-02) Semi-Private Room 半私家房間 <input type="checkbox"/> Plan 2 計劃二 (F00038-02-000-02) Standard Private Room 標準私家房間 |
| Payment Mode 繳付保費方式 | <input type="checkbox"/> Annual 年繳 <input type="checkbox"/> Monthly 月繳 |

| (IV) Payment Method 繳付保費方法 | |
|--|---|
| <input type="checkbox"/> Cheque 支票 Bank Name 銀行名稱 _____ Cheque No. 支票號碼 _____ Please attach a cheque make payable to "Asia Insurance Co., Ltd." 請將支票交回本公司，支票抬頭人為「亞洲保險有限公司」 | <input type="checkbox"/> Credit Card 信用卡 Please fill in Part (V) 請填寫第(V)部分 |

| (V) Credit Card Payment Authorisation 信用卡付款授權書 | |
|---|---|
| Credit Card Type 信用卡類別 | <input type="checkbox"/> VISA 滙財卡 <input type="checkbox"/> MasterCard 萬事達卡 |
| Credit Card No. 信用卡號碼 | Expiry Date (MM/YY) 有效期限 (月 / 年) |
| Full Name in English of Cardholder 信用卡持有人英文姓名 | |
| <input type="checkbox"/> I hereby authorise Asia Insurance Company Limited to charge the above credit card for the required premiums of this insurance policy and Levy (including payments upon policy renewal) collected by the Insurance Authority. 本人授權亞洲保險有限公司從本人上述的信用卡賬戶支取有關保險保單的保費及保險業監管局收取的徵費 (包括續保費用)。 | |
| Signature of Cardholder 信用卡持有人簽署 (Signature must be matched with the bank's record) (簽名必須與所屬銀行紀錄相同) | Signature Date (DD/MM/YYYY) 簽署日期 (日 / 月 / 年) |

| (VI) Claim Settlement Mode 索償處理方式 | |
|--|---|
| <input type="checkbox"/> Autopay 自動轉賬 <input type="checkbox"/> Cheque (for Mail Claims Statements only) 支票 (只適用於郵寄索償報告單) | |
| For selection of autopay, please provide the following bank account information: 如選擇自動轉賬，請於下表提供銀行戶口資料。 | |
| Account No. 賬戶號碼 | Bank No. 銀行編號 |
| Branch No. 分行編號 | Account No. 賬戶編號 |
| Full Name of Account Holder 戶口持有人姓名 | |
| Claims Statement Services (please select one) 賠償表服務 (請選擇一項) | <input type="checkbox"/> E-claims Statements 電子賠償表 <input type="checkbox"/> Mail Claims Statements 郵寄賠償表 |
| Additional Services 自選服務 | <input type="checkbox"/> Medical On-line Enquiry Services 網上醫療查詢服務 |

| (VII) Health Statement of the Proposed Insured Person 準受保人病歷聲明 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|----------------------------|-----------------------------|----------------------------|---------------------------------------|-------------------|---|--|---|---|--|---|--|--|--|---|--|--|---|---|--|---|--|--|---|--|---|--|---|--|--|---------------------------------------|---|---|--|---|---|--|--|--|---|--|--|--|--|
| The proposed Insured Person in this application must answer the following questions: 準受保人必須回答下列問題： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>1. Has the proposed Insured Person ever suffered from, aware of or been treated for any sickness or any abnormal medical condition(s)? If "Yes", please tick the appropriate items below. 準受保人是否患有、已知道存在或曾經接治療下列疾病及不正常的身體狀況，若「是」，請於下列適當空格填上「✓」。</p> <table border="0"> <tr> <td><input type="checkbox"/> Cancer or tumour of any kind 各類型癌症或腫瘤</td> <td><input type="checkbox"/> Diabetes 糖尿病</td> <td><input type="checkbox"/> Any kind of blood disorder, anemia, thalassemia, leukemia 各類型血液疾病、貧血、地中海貧血、白血血病</td> </tr> <tr> <td><input type="checkbox"/> Disorder of the skin, bones, glands, eyes or ears 皮膚、骨、腺、眼或耳之疾病</td> <td><input type="checkbox"/> Hypertension, hyperlipidemia, hypercholesterolemia 高血壓、高脂血症、高膽固醇血症</td> <td><input type="checkbox"/> Spinal or muscular skeletal conditions/disorder 脊椎或肌肉及骨骼病</td> </tr> <tr> <td><input type="checkbox"/> Asthma or any kind of respiratory disorder 氣喘病或各類型呼吸疾病</td> <td><input type="checkbox"/> Chest pain, angina 胸口痛、心絞痛</td> <td><input type="checkbox"/> Arthritis, rheumatism, gout 關節炎、風濕病、痛風</td> </tr> <tr> <td><input type="checkbox"/> Deviated nasal septum (or turbinates) 鼻中隔或鼻甲骨偏側</td> <td><input type="checkbox"/> Cardiovascular or circulatory disorder 心臟血管或循環系統疾病</td> <td><input type="checkbox"/> Breast disorder 乳房疾病</td> </tr> <tr> <td><input type="checkbox"/> Raised, spat blood, or tuberculosis 吐血、血痰或結核病</td> <td><input type="checkbox"/> Any kind of heart disorder, arrhythmias, heart failure 各類型心臟病、心律不正、心臟衰竭</td> <td><input type="checkbox"/> Any kind of gynecological conditions 各類型婦科疾病</td> </tr> <tr> <td><input type="checkbox"/> Thyroid disorder, Lymph node enlargement 甲狀腺病、淋巴結腫大</td> <td><input type="checkbox"/> Ulcer of any kind 各類型潰瘍症</td> <td><input type="checkbox"/> Disease the Genito-urinary organs 生殖器與泌尿器之疾病</td> </tr> <tr> <td><input type="checkbox"/> Hepatitis or hepatitis carrier 肝炎或肝炎帶菌者</td> <td><input type="checkbox"/> Digestive, esophagus, gastrointestinal tract disorder 消化系統、食道、腸胃疾病</td> <td><input type="checkbox"/> Venereal disorder, Syphilis 性病、梅毒</td> </tr> <tr> <td><input type="checkbox"/> Any kind of liver disorder, fatty liver, cirrhosis, 各類型肝疾病、脂肪肝、肝硬化</td> <td><input type="checkbox"/> Haemorrhoids, anal fistulae 痔瘡、肛瘻</td> <td><input type="checkbox"/> Infection by Human Immunodeficiency Virus (HIV), AIDS 後天免疫力缺乏症病毒感染、愛滋病</td> </tr> <tr> <td><input type="checkbox"/> Malaria 瘧疾</td> <td><input type="checkbox"/> Hernia 疝氣</td> <td><input type="checkbox"/> Diseases/ complications or conditions Associated with pregnancy 與妊娠有關之疾病或其併發症</td> </tr> <tr> <td><input type="checkbox"/> Varicose Veins 靜脈曲張</td> <td><input type="checkbox"/> Stone, renal failure or any kind of kidney disorder 腎石、腎功能衰竭、各類型腎病</td> <td><input type="checkbox"/> Mental disorder or psychiatric problems 精神病</td> </tr> <tr> <td><input type="checkbox"/> Fainting, Vertigo 昏厥、暈眩</td> <td><input type="checkbox"/> Hallux Valgus 拇趾外翻</td> <td><input type="checkbox"/> Others (other disorders/ diseases not listed) 其他(任何以上未提及之疾病)</td> </tr> <tr> <td><input type="checkbox"/> Epilepsy 腦癇症</td> <td><input type="checkbox"/> Autoimmune disorder 自體免疫性疾病</td> <td></td> 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| 2. Has the proposed Insured Person ever been in a hospital or clinic for surgery, observation or treatment within the last 5 years? 在過去 5 年內，準受保人是否曾在醫院或診所內接受手術、診察或治療？ | | <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Does the proposed Insured Person know any circumstances for which medical treatment may be necessary in the next 12 months? 準受保人是否知道在未來 12 個月內需要接受任何醫療的治療？ | | <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Is the proposed Insured Person currently under observation or taking any treatment or medication? 準受保人是否現正接受診察、治療或服用藥物？ | | <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. For female only 只適用於女性 Is the proposed Insured Person now pregnant? If YES, please state the stage of pregnancy in terms of months or weeks and declared if there is any complication such as high blood sugar, high blood pressure or other pregnancy related complications. 準受保人是否有正在懷孕中？如是，請提供懷孕月數或周數。如有任何妊娠併發症如高血糖、高血壓或其他因懷孕而導致的併發症，請詳述。 | | <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Has the proposed Insured Person ever experienced of losing weight for more than 5 kg within 6 months? 準受保人是否在 6 個月內體重下降超過 5 公斤？ | | <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Has the proposed Insured Person's parents or brother or sister who has ever been diagnosed of cancer before Age 55? 準受保人之父母或兄弟姐妹是否曾在 55 歲之前被診斷為癌症？ | | <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Has the proposed Insured Person or his/her parents or brother or sister ever been refused to cover under any form of life or health insurance or ever had a policy rated, modified or renewal refused? 準受保人、其父母或兄弟姐妹曾否投保人壽或醫療保險而被拒絕受保或擁有任何保單經額外加保費或經修改保單條款或被拒續保？ | | <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If your answer is "Yes" for any of the above questions, please give full details below: 若上述問題的答案為「是」者，請詳述如下： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Item No. 項目 | Name of the Person Treated 病者姓名 | Diagnosis 病症 | Date of Occurrence 發生日期 | Treatment Received 所接受治療 | Present Conditions 現在狀況 | Date of Last Consultation 最近一次求診日期 | Physician 主診醫生 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| (VIII) Declaration 聲明 | | |
|--|--|---|
| The Applicant understands this 申請人明白: | | |
| <p>1. The applicant agrees to furnish Asia Insurance Company Limited the information in related to the eligible persons or insurance plan thereof; 申請人同意提交包括合資格人士和保險計劃的資料給亞洲保險有限公司;</p> <p>2. According to the new regulation of Insurance Authority (IA), Levy will be applied on all the medical/life policies with effective from 1 Jan 2018; 根據保險業監管局新規條, 由2018年1月1日開始, 所有醫療及人壽的保單持有人, 將需繳付一筆保費徵費;</p> <p>3. Any personal information collected by the Company may be used, stored or disclosed to any individual or organisation to evaluate this application, to provide our services and products to you, including administering, maintaining, managing and operating such services and products, or to provide subsequent services. 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; 本公司所收集、儲藏或向任何個人或機構披露的任何個人資料, 將用於核實申請、提供服務及產品包括管理、維持、處理及運作有關服務及產品, 及提供售後服務的用途。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;</p> <p>4. It is our policy to comply with the requirement of the Personal Data (Privacy) Ordinance (Cap. 486) of the laws of the Hong Kong Special Administrative Region. The applicant read and agreed the Personal Information Collection Statement ("PICS") at Appendix I of this application form; and 本公司會遵守「個人資料(私隱)條例」(香港法例第486章)。申請人已閱讀並同意附錄I中的收集個人資料聲明(PICS); 及</p> <p>5. No cover will be payable under the Policy unless this application is approved and premium is received in full by Asia Insurance Company Limited. 此申請表被亞洲保險有限公司批核及保費全額收妥後, 保障方按保單支付。</p> | | |
| The Applicant declare this 申請人聲明及確認: | | |
| <p>1. On acceptance of this application by Asia Insurance Company Limited, the policy is to be issued to the Policy Holder(s) named in accordance with the information shown on this application. 亞洲保險有限公司一旦接受此申請, 保險將根據保單持有人的名義並以本申請表內的資料發行。</p> <p>2. I agree that the foregoing answers shall form part of my proposal to the Asia Insurance Company Limited, and that the foregoing answer shall also become part of any policy that may be issued on the strength thereof. 本人同意上述聲明為已呈交於亞洲保險有限公司之投保書及保單契約法律效力之一部份。</p> <p>3. Any other facts known to the Insured Person which are likely to affect acceptance or assessment of this insurance cover must be disclosed. Failure to disclose such information may mean that the policy will not provide the insured person with the cover the Policy Holder(s) require and may even invalidate the policy altogether. 受保人必須盡己所知提供所有可能影響於接納或釐定此保單條文的資料。受保人應如實呈報有關資料, 否則保單將可能無法提供閣下所需的保障, 甚至可能導致此保單無效。</p> <p>4. I hereby authorise any hospital, physician, insurance company or organisation that has any records or knowledge of me or my health, to furnish to Asia Insurance Company Limited or its authorised representative, any and all information with respect to any illness or injury, medical history, consultation prescriptions or treatment and copies of all hospital or medical records for application and underwriting purpose. A photostat copy of this authorisation shall be considered as effective and valid as the original. 本人授權持有本人健康或任何資料之醫院、醫生、保險公司或機構, 可以將部份或全部有關本人傷患之病歷、診斷報告及藥方等資料給予亞洲保險有限公司或其代理人作申請及核保之用。此授權書之影印本與正本具同等效力。</p> | | |
| (IX) Commission Disclosure Statement 佣金披露聲明 | | |
| <p>The applicant understands, acknowledges and agrees that, upon taking up this Policy, Asia Insurance Company Limited will pay the authorised insurance broker commission(s) during the continuance of the Policy including renewals. The applicant further understands that this agreement is necessary for Asia Insurance Company Limited to proceed with the application. 申請人明白、確知及同意, 亞洲保險有限公司會就申請人接受其簽發的保單, 於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支付佣金。申請人亦明白亞洲保險有限公司必須取得申請人以上的同意, 才可以處理其保險申請。</p> | | |
| (X) Cancellation Rights and Refund of Premium(s) 取消保單權益及發還保費 | | |
| <p>I understand that I have the right to cancel and obtain a refund of any premium(s) paid and any Levy by returning policy (if applicable) and giving written notice. Such notice must be signed by Policy Holder and received directly by office of Asia Insurance Company Limited at 8/F, 118 Connaught Road West, Sheung Wan, Hong Kong within 21 days immediately following the delivery of the policy or the cooling-off notice to me or my nominated representative, whichever is the earlier. 本人明白本人有權以親筆簽署的書面通知要求取消保單及取回所有已繳保費及保費徵費; 但必須連同保單一併退回(如適用), 並確保亞洲保險有限公司位於香港上環干諾道西一百一十八號八樓的辦事處於以下時段內直接收到該通知: 緊接保單或冷靜期通知書交付予本人或本人的指定代表起計的21天內, 以較先者為準。</p> | | |
| Signature 簽署 | | |
| Name of Policy Holder(s) 保單持有人姓名 | Name of proposed Insured Person* (Age 18 or above) 準受保人姓名* (18歲或以上) | Name of Agent / Broker (Agent's / Broker's Code) 代理人 / 保險經紀姓名 (代理人 / 保險經紀編號) |
| Signature of Policy Holder(s) and Date 保單持有人簽署及日期 | Signature of proposed Insured Person and Date* (Age 18 or above) 準受保人簽署及日期* (18歲或以上) | Signature of Agent / Broker with Company chop and Date 代理人 / 保險經紀簽署及公司蓋章及日期 |
| <p>* I, as the Policy Holder, understand that I declare and sign on behalf of the proposed Insured Person listed in the application under this plan who is under the Age of 18. 本人茲申請為保單持有人, 明白本人代表此計劃申請表內列出之 18 歲以下準受保人作出聲明及簽署。</p> | | |