亞洲保險
ASIA INSURANCE
A Member of Asia Financial Group

PLAN OF BENEFIT REQUIRED 所需之保險計劃

Plan 1	Hospitalization Benefit 住院保障 ☐	Hospitalization + Sumplementary Major Medical Benefits 住院及附加保障☐1A ☐1B
Plan 2	Hospitalization Benefit 住院保障 ☐	Hospitalization + Sumplementary Major Medical Benefits 住院及附加保障☐2A ☐2B

Policyholder 投保人資料

Name of Policyholder 投保人姓名	Marital Status: 婚姻狀況	Married 已婚 ☐ Single 未婚 ☐	Address 地址
	No. of Children 子女數目		

Telephone No. 電話	(Home) 住宅	Date of Employment 入職日期	Name of Department 所屬部門
	(Office) 辦事處	Staff No. (if any) 僱員編號	Department Code 工作部門編號
	(Daytime) 日間聯絡電話	Position 職位	Policy Effective Date (D/M/Y) 保單起保日 (日/月/年)

Persons to be covered (including the Policyholder) **受保人之個人資料** (包括投保人)

For family covers, the Policyholder's spouse and all children aged 17 or younger must be covered.
如選擇家庭成員同時受保, 則投保人之配偶及所有十七歲或以下的子女必須同時投保。

Insured Propsoed 受保人姓名	Relationship 關係	I.D./Passpost No. 身份証 /護照號碼	Date of Brith Day/Mth/Year 出生日期 日 /月/年	Sex 性別	Height 身高	Weight 體重	Premium HK$ 保費 港幣
	Policyholder 投保人						
	Spouse 配偶						
	1st Child 第一名子女						
	2nd Child 第二名子女						
	3rd Child 第三名子女						
	4th Child 第四名子女						
						Total Premium (HK $) 總保費 (港幣)	

Please read the following questions carefully and answer in full. 請詳閱以下問題並全部作答

1. Have you or any member(s) listed been treated or examined by a doctor in the last 12 months? Yes有 ☐ No 無 ☐
   過去一年內閣下或投保之家屬曾否接受過任何醫生之診治或檢查?

2. Do you or any member(s) listed have any impairment in physical condition? Yes有 ☐ No 無 ☐
   閣下或投保之家屬之身體或四肢有無任何殘缺?

3. Are you or any member(s) listed now receiving or contemplating any medical attention or surgical treatment or taking any medicine? Yes有 ☐ No 無 ☐
   閣下或投保之家屬是否現時正接受、或企圖接受任何醫藥治療、外科手術或服食任何藥物?

4. Have you or any member(s) listed had a surgical operation or been confined or treated in any hospital, sanatorium or other institution in the last 5 years? Yes有 ☐ No 無 ☐
   閣下或投保之家屬過去五年內曾否在任何醫院、療養院或醫療機構進行外科手術或治療?

5. Have you or any member(s) listed ever been treated for or told having heart trouble, high blood pressure, disabetes, cancer, tumor, ulcer, tuberculosis, asthma, epilpsy, emphysema, pleurisy, colitis, rheumatic fever, syphilis or any other disease of brain, central nervous system, genito-urinary organs, gastro-intestinal tract, liver, pancreas, etc.? Yes有 ☐ No 無 ☐
   閣下或投保之家屬曾否患有或治療過以下疾病:
   心臟,高血壓,糖尿, 癌症, 腫瘤, 潰瘍, 肺結核, 哮喘, 癲癇, 氣腫, 肋膜炎, 結腸炎,風濕性高熱症, 梅毒,或任何與腦部,中樞神經系統, 生殖泌尿系統,胰或腸胃肝臟等有關之疾病。

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6. Have you or any member(s) listed ever been refused any form of life or health insurance or ever had a policy rated, modified or renewal refused?
閣下或投保之家屬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? Yes有 ☐ No 無 ☐

7. Have you or any member(s) listed ever used any habit forming drugs or narcotics or alcohol excessively or been treated for alcoholism or drug habits?
閣下或投保之家屬曾否使用任何可成癮藥物、吸毒或過量喝酒或曾接受戒毒或戒酒治療? Yes有 ☐ No 無 ☐

8. Has any of your immediate family member(s) ever had tyberculosis, diabetes, heart disease or mental disease?
閣下之家屬中曾否有人患肺病, 糖尿病,心臟病或精神病? Yes有 ☐ No 無 ☐

If your answer is "Yes" for any of the above questions, please give full details below:

若上述問題的答案爲 [是] 者, 請詳述如下:

Name of Person Treated 病者姓名	Relationship with Policyholder 與投保人關係	Details of Diagnosis and Treatment 病症及治療詳述	Period of Treatment 治療期間	Result of Treatment 治療結果	Name and Address of Attending Physician 主診醫生姓名及地址

IT IS UNDERSTOOD AND AGREED: (1)that all answers to all questions are to the best of my knowledge and belief complete and true; (2) that all answer to such questions, together with this agreement, shall form the basis and become a part of any policy issued hereunder; and (3) only the Managing Director, Manager or Secretary of Asia Insurance Co. Ltd. can make, modify, alter, discharge or waive any of the Company's rights or requirement.

I hereby authorize any licensed physician, hospital, clinic or other medical or medically related facility, insurance comopany, institution or persons, that has any records or knowledge of me or any member listed above, to give to Asia Insurance Co., Ltd. any such information. To facilitate rapid submission of such information, I authorize all said sources to give such records or knowledge to agent of the insurance company to collect and transmit such information. A photographic copy of this authorization shall be as valid as the original.

本人明白及同意: (1) 此投保書內之陳述與回覆全部屬實及詳盡; (2)該陳述與回覆及此投保書將成爲簽發保單之依據及成爲保單契約之一部份; (3)保單契約之簽發、更改或貴公司之任何權利或要求之撤消, 須經貴公司之總經理、經理或秘書簽署方屬有效。

本人授權任何內外科醫生、醫院、診所、保險公司或任何組織, 及凡熟悉本人或上述投保之家屬之健康情況之人, 均可以將該過往之病狀,病歷詳細資料供給亞洲保險有限公司或其代表.此授權書之影印本亦均屬有效。

Witness 見証人

投保人簽署

日期 / /

Important Notes to the Proposed Insurec 申請人注意事項

1. The Minimum Period of Insurance is One Year. For cover of less than one year, the Short Period Rates shall be applied. Please refer to the Company for details.
2. Any other facts known to you which are likely to affect acceptance of 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 agent /broker.
   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.
3. Any personal information collected by the Company may be used, stored or disclosed to any individual or organization to evaluate this application, or to provide subsequent services. Requests for personal data access or correction may be addressed to Data Protection Officer of the Company.

1. 最低投保期爲年 (以每年計) , 如投保期爲少於一年 , 短期保費將生效 , 欲知詳情 , 可與本公司聯絡。
2. 閣下必須盡己所知提供所有可能影響亞洲保險接納或釐定此保單條文的資料 , 對資料應否透露若有任何疑問 , 請即查詢亞洲保險或閣下的保險代理 /經紀 。
   閣下應如實呈報有關資料 , 否則此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。
3. 亞洲保險有權運用 , 保存或透露閣下之個人資料予任何人仕或機構 , 用以審核此項申請 , 或提供有關服務 。若需查閱或更正個人資料 , 請聯絡亞洲保險的資料保護主任。