

# 個人意外保險申請表

如欲投保，請傳真至 (852) 3405 9837或郵寄至東京海上火災保險(香港)有限公司，  
香港金鐘道九十五號統一中心二十七樓A



TOKIOMARINE

東京海上火災保險(香港)有限公司

The Tokio Marine and Fire Insurance Co.(HK) Ltd.

27A, United Centre, 95 Queensway, Hong Kong 香港金鐘道九十五號統一中心27A  
Tel:電話: (852) 2529 4401 Fax:傳真: (852) 3405 9837 http://www.tokiomarine.com.hk

## 申請人

姓名(與香港身份證上姓名一致) ☐ 先生 ☐ 夫人 ☐ 小姐

(姓) (名)

公司名稱(與商業登記中一致)

若申請人為商業團體/公司，請填寫此欄

通訊地址

住宅電話

辦公室電話

手提電話

電子郵箱

保險期限

從： 至：

(日/月/年) (日/月/年)

## 投保人 (如果投保人不止一個，請在附屬表格中填寫)

☐ 上述保單持有人/ ☐ 全名(與香港身份證上姓名一致) ☐ 先生 ☐ 夫人 ☐ 小姐

(姓) (名)

出生日期

(日/月/年)

香港身份證號碼

職業

工作性質

受益人姓名(與香港身份證上姓名一致)

(姓) (名)

與投保人關係

香港身份證號碼

| 保障範圍                         | 投保額(HK\$) | 保費率(%) | 保費(HK\$) |
|------------------------------|-----------|--------|----------|
| 意外死亡及永久傷殘<br>(基本保障)          |           |        |          |
| 暫時性傷殘(每週)<br>(可選投保項)         |           |        |          |
| 醫療費用(總額)<br>(只適用於註冊西醫之可選投保項) |           |        |          |
|                              | 總保費：      |        |          |

## 保險有關資料

1.投保人的職業有否涉及到任何體力勞動或危險活動？ ☐ 是 ☐ 否

2.投保人目前在本公司或其他公司擁有個人意外保險？ ☐ 是 ☐ 否

3.投保人曾否於在申請個人意外保險時被任何保險公司拒絕投保或拒絕續保？ ☐ 是 ☐ 否

4.投保人曾否患有疾病或身體有缺陷？ ☐ 是 ☐ 否

5.投保人曾否在過去5年內因意外受傷而向任何保險公司索賠？ ☐ 是 ☐ 否

6.投保人有否駕駛電單車？ ☐ 是 ☐ 否

如果某個問題閣下的回答為“是”，請提供詳情：

## 聲明及簽署

- 本人/我們明白此次投保申請書內的資料就本人/我們所知所信，全部真實無訛。本人/我們明白此次投保申請書將成為本人/我們與東京海上火災保險(香港)有限公司(簡稱“本公司”)簽訂合約的依據。
- 本人/我們明白及同意此保單將於東京海上火災保險(香港)有限公司核准此申請書並已獲得保費之後方能正式生效。
- 本人/我們明白及同意若此保險經由中介人安排，並由東京海上火災保險(香港)有限公司承保(簡稱“本公司”)，本公司將會付佣金予該中介人。

### 有關收集個人資料聲明

本人/我們提供的資料，為東京海上火災保險(香港)有限公司提供保險業務所需，並可能使用於下列目的：

- 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或更新；
  - 任何索償，或該等索償的調查或分析；及
  - 行使任何代位權；及可能轉移予：
  - 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；
  - 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目的，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；及
  - 透過「聯會」轉移予任何「聯會」的會員，以達到任何上述或有關目的。
- 此外，在此授權東京海上火災保險(香港)有限公司由「聯會」從保險業內收集的資料中查閱及/或核對閣下任何資料。

本人/我們有權查閱及要求更正由東京海上火災保險(香港)有限公司持有的本人/我們的個人資料，若有此需要可寫信並寄至香港金鐘道九十五號統一中心二十七樓A向該公司協調官員提出。

### 重要通告：(只適用於保險經紀業務)

申請人明白，確知及同意，本公司會就申請人購買及接受其簽發的保單，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。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本公司確認他/她已獲該法人團體授權。

申請人明白本公司必須取得申請人以上的同意，才可以處理其保險申請。

申請人簽名：

申請日期：

# Personal Accident Insurance Application Form

If you are interested to apply for this insurance, please fax to (852)3405 9837 or send it to The Tokio Marine and Fire Insurance Co. (HK) Ltd, 27A, United Centre, 95 Queensway, Hong Kong



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## Details of Applicant

Name of Policyholder (same as HKID): ☐ Mr ☐ Mrs ☐ Miss

(Surname) (Given Name)

Company Name (same as Business Reg):

Please fill in if the Policyholder is a business entity/company.

Correspondence Address:

Home Tel:

Office Tel:

Mobile No:

Email:

Period of Insurance:

From:

(dd/mm/yy)

To:

(dd/mm/yy)

## Insured Person (If more than one insured person, please fill in the Supplementary Form )

☐ The Policyholder as stated above / ☐ Full Name (same as HKID) ☐ Mr ☐ Mrs ☐ Miss

(Surname) (Given Name)

Date of Birth

(dd/mm/yy)

HKID No.

Occupation

Nature of Work & Duties

Name of Beneficiary (same as HKID)

(Surname) (Given Name)

Relationship

HKID No.

| Benefits Required                                                                         | Sum Insured (HK\$) | Premium Rate (%) | Premium (HK\$) |
|-------------------------------------------------------------------------------------------|--------------------|------------------|----------------|
| Accidental Death & Permanent Disablement (Basic Cover)                                    |                    |                  |                |
| Temporary Total Disablement (per week) (Optional Cover)                                   |                    |                  |                |
| Medical Expenses (in aggregate) for Registered Medical Practitioner only (Optional Cover) |                    |                  |                |
|                                                                                           |                    | Total Premium:   |                |

## Insurance Information

1. Does any insured person's occupation involve any manual work or hazardous activities? ☐ Yes ☐ No
2. Does any insured person currently has other accident insurance in our or any other company? ☐ Yes ☐ No
3. Has any insured person ever had an application for life or accident insurance declined or renewal thereof refused? ☐ Yes ☐ No
4. Does any insured person suffer from any infirmity, illness or physical defect? ☐ Yes ☐ No
5. Has any insured person ever made a claim against any insurer in respect of accidental bodily injury during the last 5 years? ☐ Yes ☐ No
6. Does any insured person drive motor cycle? ☐ Yes ☐ No

If you have answered "Yes" to any of the questions above, please give details:

## Declaration & Signature

1. I / We have not withheld any material information and I/We accept that this application and declaration shall be the basis of and incorporated in the contract between I/We and The Tokio Marine and Fire Insurance Co. (HK) Ltd. ("the Company").
2. I/We understand that the liability of the Company does not commence until this proposal has been accepted by the Company and the premium has been paid.
3. I/We understand and agree that the Company will allow brokerage/commission to the intermediary, if any, involved in placing this insurance with the Company.

### Personal Information Collection Statement

The information provided by me/us to The Tokio Marine and Fire Insurance Co. (HK) Ltd. ("the Company") is collected to enable the Company to carry on insurance business and may be used for the purpose of :

1. any insurance or financial related product or service or any alterations, variations, cancellation or renewal of the said products or services;
  2. any claim or investigation or analysis of such claim; and
  3. exercising any right of subrogation; and may be transferred to:
  4. any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
  5. any association, federation or similar organization 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; and
  6. any members of the Federation by the Federation for any of the above or related purposes.
- Moreover, the Company is hereby authorized to obtain access to and/or to verify any data provided by me/us with the information collected by the Federation from the insurance industry.

I / We understand that I/We have the right to obtain access to and to request correction of any personal information concerning myself/ourselves held by the Company. Requests for such access can be made in writing to the Compliance Officer, 27A, United Centre, 95 Queensway, Hong Kong.

### IMPORTANT NOTICE: (Applicable to Broker's Business only)

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by the Company, the Company will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to the Company that he or she is authorized to do so.

The applicant further understands that the above agreement is necessary for the Company to proceed with the application.

Applicant's Signature with Company Chop:

Date of Application: