



AXA GI WiseGuard Medical Insurance Plan Application and Policy Migration Form

「AXA 安盛保險守慧醫療保障」投保暨保單轉移申請書

Policy effective date will be the application approval date unless specified otherwise. 除特別聲明外，保單生效日期將為申請核准日期。

Application Submission Period: From now until 31 December 2026

遞交申請日期時段：即日起至 2026 年 12 月 31 日

Policy Issue Date Period: From now until 30 March 2027

保單續發日期時段：即日起至 2027 年 3 月 30 日

Important Notes 重要事項:

- This application is applicable for designated customers who are invited for the migration to AXA GI WiseGuard Medical Insurance Plan ("GI WiseGuard") only and subject to underwriting. 此申請只適用於受邀請轉移至「AXA 安盛保險守慧醫療保障」(「守慧醫療」)之指定客戶及須經批核。
- Please complete all relevant items carefully and return directly to: AXA General Insurance Hong Kong Ltd. (5/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong/P.O. Box 90784 Tsim Shua Tsui Post Office, Kowloon, Hong Kong) 請小心填寫申請書所有相關項目並直接交回安盛有限公司(香港黃竹坑道 38 號安盛匯 5 樓/香港九龍尖沙咀郵政局郵政信箱 90784 號)
- Making sure AXA General Insurance Hong Kong Limited ("AXA") is informed is for the applicant's own protection, as failure to make proper disclosure may mean that the policy will not provide the applicant with the coverage he/she required, or may invalidate the policy altogether. Should the applicant have any doubt about what should be disclosed, he/she should call AXA Customer Care Hotline on (852) 2894 4669 for clarification. 讓 AXA 安盛了解實況，有助保障申請人的利益，若未能充分透露實情，將會使申請人得不到所需的保障，甚至導致保單失效。若申請人不清楚所須透露的資料，請致電 AXA 安盛客戶服務熱線 (852) 2894 4669 查詢。
- Your first year premium and levy[^] should accompany this application. 請連同首年保費及保費徵費[^]與本投保申請書一併遞交。
- Applicant must be Hong Kong resident, Macau resident or mainland China visitors. 申請人必須為香港居民，澳門居民或中國內地訪港旅客。
- Please sign against changes (if any) made on this application form. 如有更改，請於更正資料旁簽署作實。
- Upon renewal for your policy, the renewal premium and levy[^] of Insured Person will be adjusted based on the latest relevant age of Insured Person and the premium table in effect at the time of renewal. 在續保時，受保人的續期保費及保費徵費[^]將根據受保人的年齡及於續保時生效的保費率而調整。
- Please complete in BLOCK CAPITAL LETTERS and tick where applicable. 請以正楷填寫，並在適當位置加上✓號。

[^] Levy collected by the Insurance Authority has been imposed on this policy at the applicable rate. For further information, please visit www.axa.com.hk/ia-levy or contact AXA at (852) 2894 4669. 保單已按適用之徵費率徵收保險業監管局的有關保費徵費。欲了解更多詳情，請瀏覽 www.axa.com.hk/ia-levy 或致電 AXA 安盛(852) 2894 4669。

A. Proposed Policy Holder Information (Must be at least 18-year-old) 建議保單持有人資料 (須年滿 18 歲)	
1) Name in English as shown on HKID / Passport/ Exit-Entry permit 英文姓名與香港身份證 / 護照 / 往來港澳通行證上相同	<input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Ms. 女士 Surname 姓 _____ Given Name 名 _____
2) Name in Chinese 中文姓名	
3) Gender 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
4) Date of Birth 出生日期	_____ DD 日 _____ MM 月 _____ YYYY 年
5) Identity Document Type & No. 身份證明文件類別及號碼	<input type="checkbox"/> HKID 香港身份證 _____ <input type="checkbox"/> Passport 護照 _____ <input type="checkbox"/> Exit-Entry Permit 往來港澳通行證 _____
6) Country/ Region/ Place of Residence 居住國家/ 地區/ 地點/ 城市	<input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Other, please specify 其他，請註明 _____
7) Nationality 國籍	
8) Occupation 職業	_____ Title 職位 _____ Main Duties 主要職務 _____
9) Contact No. 聯絡電話	_____ Mobile 流動電話 _____ Home 住宅 _____ Office 辦公室 _____
10) E-mail Address 電郵地址	
11) Correspondence Address in English 英文通訊地址	Room/Flat 室 _____ Floor 層數 _____ Block/Tower 座數 _____ Name of Building/Estate 大廈/屋苑名稱 _____ No. and Name of Street/Road 街道名稱及門牌號碼 _____ District 地區 _____ <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> New Territories 新界 Country/Region 國家/地區 _____
(Do not Accept P.O. Box / U.S. & Japan Address 不接受郵政信箱 / 美國及日本地址)	

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B. Customer Needs Analysis 客戶需要分析

Notes to customer: This part is to facilitate the identification of suitable insurance products that meet your needs and circumstances before your application. Please answer all questions in this part. Do NOT sign on this form if any questions below are unanswered or have been crossed out, otherwise the application will be counted as incomplete.

客戶須知：本部份旨在於投保前，協助您尋找適合的保險產品以滿足您的需要及情況。請回答本部份所述的所有問題。請勿於未完成回答下列所有問題或於任何問題被刪除的情況下簽署本表格，否則將會被視作未完成投保程序。

1. Are you planning to purchase critical illness and/or long-term care and/or medical insurance to prepare for healthcare needs (e.g. getting insurance protection for future healthcare needs, increasing expenses for medical and healthcare services or loss of income during hospital confinement, etc)? 您是否計劃投保危疾及/或長期護理及/或醫療保險計劃產品以應付醫療保健需要(例如為未來醫療保健需要、醫療保健服務費用增加或住院期間失去收入等情況安排保險保障)?

Yes 是 No 否

2. What type(s) of health-related insurance products are you looking for to meet your insurance needs? (tick one or more). 您正在物色哪一類型與醫療相關的保險產品以切合您的保險需要?(可選多於一項)

a.) Medical – Reimbursement (Inpatient/outpatient protection) 醫療-實報實銷(住院/門診保障)

b.) Medical – Hospital income/Lump sum cash benefit 醫療-住院現金/一筆過現金保險賠償

c.) Critical illness with saving elements/cash value 危疾(設儲蓄成份/現金價值)

d.) Critical illness without saving elements/cash value 危疾(不設儲蓄成份/現金價值)

e.) Long-term care 長期護理

C. Proposed Insured Person Information 建議受保人資料

Notes 備註:

- The proposed Policy Holder is same as proposed Insured Person of the policy unless the application is for the below “specified relatives”: 建議保單持有人必須為此保單的建議受保人，除了申請以下「指明親屬」為建議受保人除外:

1. Your spouse; 您的配偶;

2. Your children* aged less than 18 / aged 18 to less than 25 receiving full-time education / aged 18 or above but incapacitated for work by reason of physical or mental disability; 您的未年滿 18 歲 / 年滿 18 歲，但未滿 25 歲並接受全日制教育 / 年滿 18 歲，但因身體上或精神上無行為能力而不能工作的子女*;

* Step and adopted relationship also apply. For detailed definitions, please refer to Inland Revenue Ordinance Cap. 112. 繼養及領養關係均適用。詳情請參閱《稅務條例》(第 112 章)內的詳細定義。

- Only one proposed Insured Person in each application form. If there is more than one insured under Original Plan, each needs to apply for policy migration independently, please fill in this form and submit application for each insured respectively. 每份投保申請書只限一名建議受保人。如原有計劃下有多於一個被保人，並需獨立申請保單轉移，請就各個被保人各自填寫此申請表格及遞交申請。
- Tax deduction eligibility is applicable to Hong Kong taxpayers. “Specified relatives” are defined in Inland Revenue Ordinance (Chapter 112). For more information, please refer to www.ird.gov.hk or seek independent tax advice. 有關稅務扣減的資格僅適用於香港納稅人。「指明親屬」定義於《稅務條例》(第 112 章)。如欲獲取更多資訊，請瀏覽 www.ird.gov.hk 或尋求獨立的稅務建議。

Proposed Insured Person 建議受保人 (Please ‘✓’ one in below 請剔以下一項)	Name in English* 英文姓名*	Name in Chinese 中文姓名	HKID / Passport No./ Exit-Entry Permit 香港身份證 / 護照號碼 / 往來港澳通行證	Gender 性別	Date of Birth (DD/MM/YYYY) 出生日期 (日/月/年)	Country/ Region/ Place/ City of Residence 居住國家/地區/ 地點/城市	Nationality 國籍	Occupation 職業
<input type="checkbox"/> Proposed Policy Holder 建議保單持有人	This information is same as Part A if it is the proposed Insured Person. 如是建議受保人，這些資料會與 A 部分相同。							
<input type="checkbox"/> Relationship with proposed Policy Holder 與建議保單持有人關係: _____								Title 職位 Main Duties 主要職務

+ Name in English of Insured Person will be printed on your GI WiseGuard Medical Card in accordance with the sequence provided above. Due to limited space on the card, your English name may not be printed in full on the card and the unprinted part of your name will be shown as an “*”. 受保人的英文姓名將根據以上排序列印於您的守慧醫療醫療卡上。另因卡面位置所限，您的英文姓名全名或不能完整地列印於醫療卡上，未能出示的部份將以「*」顯示。

D. Choice of Cover 投保項目

AXA GI WiseGuard Medical Insurance Plan 「AXA 安盛保險守慧醫療保障」

E1. Personal Statement: Health-Related Information 個人聲明：健康相關資料

Please answer Yes or No to each of the following questions.
請以「是」或「否」回答下列每條問題。

The “you” and “your” under this section shall refer to proposed Insured Person in this application.
此部份所提及的「您」及「您的」，乃指有關此投保申請的建議受保人。

Please note that your application would not be proceeded if any required information is missing.
請注意，如您未能提供所需資料，恕我們無法處理您的投保申請。

All questions must be answered by proposed Insured Person (aged 18 or above).
所有答案必須由建議受保人(18歲或以上)填寫。

If your answer to any of the questions 1-7 below is “Yes”, please complete section E2.
若1至7題中任何一題之答案為「是」，請於E2部分中註明詳情。

Important Note: Non-disclosure of health information may result in your policy being void and/or your claims being disqualified for reimbursement.
重要事項：任何未經披露之健康狀況均有可能導致您的保單無效及/或索償不獲賠償。

Health Information 健康資料	Proposed Insured Person 建議受保人	
	Yes 是	No 否
Applicant(s) are not required to disclose information regarding the medical conditions or treatments below – Cold/flu/sore throat, gastroenteritis/food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan/blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia/hyperopia/astigmatism/presbyopia. 申請人無需披露以下健康狀況或治療 – 傷風/感冒/喉嚨痛、腸胃炎/食物中毒(已痊癒)、消化不良(無需檢查)、痤瘡、肌肉扭傷(已痊癒)、鵝口瘡、常規產前掃描/血液檢驗(檢驗結果正常)、常規子宮頸細胞塗片檢驗(檢驗結果正常)、常規健康檢查(檢查結果正常)、預防疫苗、荷爾蒙補充治療(更年期)、不育治療或胎兒生長情況正常的懷孕、近視/遠視/散光/老花。		
1. In the last 5 years, have you ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half-yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or medical condition? 在過去五年內，您是否曾經或被建議定期或持續(例如每月、每兩個月、每半年、每年)為任何疾病或健康狀況接受專業醫護人員(例如專科醫生、物理治療師、精神科醫生)的跟進診治或醫療護理?	<input type="checkbox"/>	<input type="checkbox"/>
2. In the last 5 years, have you been advised by your doctor to take any medications (such as to be taken daily/once per week/as needed as directed by doctor) for a continuous period of more than 1 month? 在過去五年內，您是否曾被醫生建議定期(例如按醫生指示每日/每週一次/有需要時)服用為期超過一個月的處方藥物?	<input type="checkbox"/>	<input type="checkbox"/>
3. In the last 5 years, have you been admitted into a hospital? 在過去五年內，您是否曾入住院院?	<input type="checkbox"/>	<input type="checkbox"/>
4. In the last 5 years, have you undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital? 在過去五年內，您是否曾在非住院情況下接受外科程序(包括內窺鏡檢查或活組織化驗)?	<input type="checkbox"/>	<input type="checkbox"/>
5. In the last 5 years, have you ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B test, Hepatitis C test)? 在過去五年內，您是否曾接受或曾被建議接受檢查(例如驗血、驗尿、心電圖、X光、超聲波、電腦掃描、磁力共振、正電子掃描、愛滋病測試、乙型肝炎測試、丙型肝炎測試)? If the answer is “Yes”, do your investigation result(s) include the followings? 如果答案屬「是」，您的檢查結果是否包括下列情況?	<input type="checkbox"/>	<input type="checkbox"/>
a) Normal test result is advised 檢驗結果正常	<input type="checkbox"/>	
b) Abnormal test result is advised 檢驗結果異常	<input type="checkbox"/>	
c) You are still awaiting test/test result 您正等候檢驗或檢驗結果	<input type="checkbox"/>	
d) Test result is inconclusive or uncertain (retesting or follow up test is required) 檢驗結果為無定論或不確定(需要重新或進一步檢驗)	<input type="checkbox"/>	
e) Medical advice has been sought or treatment is required for the test result (such as liver cyst/brain cyst/joint degeneration or calcification/lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment) 就檢驗結果已尋求醫療意見或需要接受治療(例如一些未必需要即時治療的情況如肝囊腫/腦囊腫/關節退化或鈣化/於成像檢測中發現肺部或乳房或甲狀腺出現鈣化)	<input type="checkbox"/>	

F. Application for Policy Migration 保單轉移申請

Please mark ✓ in the boxes below and fill in the information where appropriate. 請在下方的空格內填上 ✓ 號及在適當地方填寫資料。

Warning: If you do not understand the Terms and Conditions of Policy Migration below or you have any queries, please do not sign this form and do not proceed with the policy migration to GI WiseGuard.

請注意：如您未能完全明白以下保單轉移條款及細則，或您仍存有任何疑問，切勿簽署本申請表格，以及不應進行保單轉移至守慧醫療。

I/we hereby confirm and agree with the terms and conditions of the policy migration as set out below.

本人／我們謹此確認並同意以下所列的保單轉移的條款及細則。

I/we hereby apply to terminate the policy of original plan ("Original Plan") (policy no. of Original Plan: _____) and convert it to policy of GI WiseGuard as follows.

本人／我們特此申請終止原有計劃保單（「原有計劃」）(原有計劃保單號碼: _____)並轉換至「守慧醫療」保單。

I/we hereby confirm that I/we have received and read the product brochure of GI WiseGuard before submitting the present application. I/we also confirm that I/we have read the policy contract of GI WiseGuard uploaded on AXA website (<https://www.axa.com.hk/en/axa-vhis-gi-wiseguard-policy-contract>). I/we have understood the features, terms and conditions and risks of the GI WiseGuard, the differences between the Original Plan and GI WiseGuard and the advantages and disadvantages of applying for policy migration to me/us. I understand that I may not receive the same benefit items and benefit amounts under GI WiseGuard as the Original Plan.

本人／我們謹此確認本人／我們已於提交本申請前收到並細閱守慧醫療的產品說明書。本人／我們亦確認已細閱上載於 AXA 網站 (<https://www.axa.com.hk/zh/axa-vhis-gi-wiseguard-policy-contract>) 內守慧醫療的保單合約。本人／我們明白守慧醫療的特性、條款及細則和風險、原有計劃與守慧醫療之間的差異以及保單轉移的有利和不利因素。本人明白在守慧醫療下本人可能無法獲得與原有保單相同的保障項目或保障金額。

I/we understand that I/we have to go through full underwriting when I/we submit the application, such that (1) AXA may impose extra premium, apply case-based exclusion(s) or decline the application according to the risks assessed; and that (2) the waiting period for unknown pre-existing condition(s) will be counting from the effective date of GI WiseGuard.

本人／我們明白本人／我們在遞交申請時須進行正常核保，而 (1) AXA 安盛可能就已評估的風險增收額外保費、加設個別不保事項或拒絕承保; (2) 未知悉的投保前已有病症之等候期將由守慧醫療生效日期開始起計。

Important Note 重要事項：

I/we hereby also acknowledge that I have been informed and am fully aware that AXA will be de-registered as a VHIS Provider starting from 31 March 2027 ("Effective Date of De-registration"). Upon the Effective Date of De-registration, only renewals are available for existing policies of GI WiseGuard, and there will not be further updates of policy terms and benefits thereafter. Premium rates are not guaranteed and may be adjusted by AXA on a portfolio basis at any of the policy anniversaries if necessary. We consider factors including but not limited to (i) the Company's claims and policy persistency experience and (ii) expected claim outgo from all policies under this plan in future years, reflecting the impact of medical trend and medical cost inflation.

本人／我們亦確認知悉並充分了解 AXA 安盛將於 2027 年 3 月 31 日（「撤銷註冊生效日」）起撤銷註冊為自願醫保計劃的產品提供者。由撤銷註冊生效日起，守慧醫療將僅供其現有保單作續保之用，亦由當日起停止更新其保單條款及保障。保費率並非保證不變，如有需要，AXA 安盛可在任何一個保單週年日整體性調整保費率。我們考慮的因素包括但不限於：(i) 本公司的索償及保單續保率及 (ii) 預期於此計劃下未來的理賠支出，反映所有保單因醫療趨勢及醫療成本通脹所帶來的影響。

Terms and Conditions of Policy Migration 保單轉移條款及細則

1. Policy Migration to GI WiseGuard ("Policy Migration") is offered by AXA. Application must be submitted during the period from now to 31 December 2026 (both dates inclusive), and the policy of GI WiseGuard must be successfully issued on or before 31 March 2027, subject to the terms and conditions as set out below.

「保單轉移至守慧醫療」（「保單轉移」）由 AXA 安盛提供。申請須於即日起至 2026 年 12 月 31 日期間遞交（包括首尾兩天），及守慧醫療保單須於 2027 年 3 月 31 日或以前成功續發，並受下列條款及細則約束。

2. The application is subject to the product eligibility of GI WiseGuard and underwriting requirements.

申請須受限於守慧醫療的產品資格及核保要求。

3. The policy of GI WiseGuard takes effect immediately upon issuance. Upon the issuance of GI WiseGuard, the Original Plan will be terminated at its next policy anniversary or next policy monthiversary (as the case may be). If there is supplement(s) (if any) is attached to the Original Plan, it will be terminated upon the termination of the Original Plan.

守慧醫療保單於續發後立即生效。守慧醫療續發後，原有計劃的保障將於下一個保單週年日或保單週月日（視乎情況而定）終止。任何附加契約（如有）附加於原有計劃，該附加契約將於原有計劃終止時被終止。

4. Unless otherwise stated, any unused premium paid under Original Plan (if any) upon the issuance of GI WiseGuard will not be refunded.

除非另有所指，守慧醫療續發後，任何原有計劃下已繳付之未用保費（如有）將不獲發還。

5. The Policy Holder may apply to revert to his Original Plan during the cooling-off period of GI WiseGuard. Such request must be signed by the Policy Holder and received by the Company within the cooling-off period. Otherwise, the Original Plan cannot be reverted upon the expiry of the cooling off period of the GI WiseGuard.

保單持有人可於守慧醫療的冷靜期內申請還原其原有計劃，此要求必須由保單持有人簽署，並確保本公司於冷靜期內收到該要求。否則，守慧醫療的冷靜期完結後，原有計劃將不能還原。

6. You are required to notify us if the proposed Insured Person has any update or changes to all requisite information providing during the application for Policy Migration (including but not limited to change in health conditions) between the date of this application and the date of issue of the GI WiseGuard.

由守慧醫療的保單轉移申請日期至續發當日，倘若建議被保人於保單轉移申請期間提供的所有必要資訊有任何更新或變更（包括但不限於健康狀況的改變），閣下必須通知我們。

7. This part contains terms and conditions of Policy Migration only. For details terms, conditions and exclusions of the GI WiseGuard, please refer to the relevant product brochures and policy provisions.
本部分只載有關保單轉移條款及細則。有關守慧醫療之條款、細則及不保事項的詳情，請參閱有關產品小冊子及保單條款。
8. AXA reserves the right to alter or terminate the Policy Migration (in whole or in part) and / or amend the relevant terms and conditions of the Policy Migration at any time without prior notice. Any application under the Policy Migration previously approved will not be affected by subsequent alteration or termination of the Policy Migration and / or amendments to its terms and conditions.
AXA安盛保留權利隨時更改或終止保單轉移（全部或部份）及／或更改保單轉移之有關條款及細則而不作事先通知。若保單轉移被更改或終止，及／或其條款及細則有任何修訂，於有關更改／終止／修訂前任何保單轉移下已獲批的指定計劃的申請將不受其影響。
9. This application for Policy Migration is subject to the Company's approval. In case of any dispute, the decision of the Company shall be final and conclusive.
此保單轉移申請須以本公司之批核為準。如有任何爭議，AXA安盛之決定將為最終及具決定性。

G. Method of Payment 付款方法

Direct Debit/Claims Payment Authorisation 直接付款/賠償付款方式授權

Part A 甲部: Premium and levy^ Payment 繳付保費及徵費^ (This part must be completed 此部分必須填寫)

I/We hereby authorise my/our below named Bank to debit my/our following account for any premium and levy^ (including payments upon policy renewal) due or payable under the Policy as shall be instructed from time to time.

本人(等)謹此授權本人(等)之下述銀行根據安盛保險有限公司不時的指示,從本人(等)之賬戶內扣除此保單應繳付的保費及徵費^ (包括續保費用)。

Bank Account 戶口

Bank Name 銀行名稱: _____

Bank no. 銀行編號	Branch no. 分行編號	My / our account no. 本人/我們之賬戶編號

Signature and full name of account holder(s) 戶口持有人簽署及全名 (Must match with banks record 必須與銀行紀錄相同)

[If joint account, please sign (1) and (2) respectively. 如為聯名戶口,請分別於(1)及(2)簽署。]

Signature of account holder(s) 戶口持有人簽署 (1) _____ (2) _____

Full name of account holder(s) 戶口持有人全名 (1) _____ (2) _____

HKID/Passport no. of account holder(s) 戶口持有人身份證/護照號碼 (1) _____ (2) _____

Relationship with Policy Holder 與保單持有人的關係 Self 本人 Spouse 配偶 Brother 兄弟 Sister 姊妹 Parent 父母 Child 子女
 Grand Parent 祖父母 Grandchild 孫子 Father-in-law 岳父 Mother-in-law 岳母

Credit Card 信用卡 (VISA / Master)

Bank Name 銀行名稱: _____



Credit Card holder please authorise your Credit Card on our Digital Payment Authorisation Portal for premium and levy^ payment:

信用卡持卡人請在電子交易授權平台授權您的信用卡以繳付保費及徵費^:

<https://www.axa.com.hk/en/axa-wallet/customer/authorisation?bizType=NB&bizChannel=Non-banca&feat=IH>

(You may access with the URL or QR code. 您可以通過 URL 或二維碼訪問電子交易授權平台。)

Please fill in the Confirmation ID shown on our Digital Payment Authorisation Portal below.

請於下方填寫電子交易授權平台上顯示的授權 ID。

Confirmation ID
授權 ID

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature of Credit Card holder (1) _____

信用卡持有人簽署

Full name of Credit Card holder (1) _____

信用卡持有人全名

HKID/Passport no. of Credit Card holder (1) _____

信用卡持有人身份證/護照號碼

Remark: For security consideration, please note that we will no longer ask for the full Credit Card number via phone or physical/softcopy forms.

註: 基於安全考量,我們將不再通過電話或實體/電子表格詢問完整信用卡號。

Part B 乙部: Claims Payment 賠償付款

Bank Name 銀行名稱: _____

Bank no. 銀行編號	Branch no. 分行編號	My / our account no. 本人/我們之賬戶編號

Full name of account holder(s) 戶口持有人全名 (1) _____ (2) _____

HKID/Passport no. of account holder(s) 戶口持有人身份證/護照(1) _____ (2) _____

Date 日期

Notes 附註: Please ensure that you sign the form in the usual way that you would sign on your bank account. Please countersign if you have any alteration.

請確保您在授權書內的簽名與銀行賬戶所簽者完全相同。如有任何更改,請在旁加簽。

H. Cancellation within cooling-off period 冷靜期內取消條款

The Policy Holder may exercise the right of cancellation of the Terms and Benefits with full refund of paid premium during the cooling-off period. The request to cancel must be signed by the Policy Holder and received by the Company within 30 days after the delivery of the Terms and Benefits and the Policy Schedule; or the issue of a notice to the Policy Holder or his representative stating that the Terms and Benefits and the Policy Schedule are available and when the cooling-off period would expire; whichever is the earlier; and no refund can be made if a benefit payment has been made, is to be made or impending. The Policy Holder may also apply to revert to his Original Plan during the cooling-off period. Such request must be signed by the Policy Holder and received by the Company within the cooling-off period. Otherwise, the Original Plan cannot be reverted upon the expiry of the cooling off period of the GI WiseGuard.

保單持有人可在冷靜期內行使權利取消本條款及保障及獲發還全數已付保費，但行使此項權利時，取消要求必須由保單持有人簽署，並確保本公司於以下日期後起計的 30 日內收到該要求，本條款及保障和保單資料頁交付至保單持有人或其代表；或向保單持有人或其代表發出通知書，列明本條款及保障和保單資料頁已備妥及冷靜期何時屆滿；並以較先者為準。若曾獲賠償或將獲得賠償，則不獲發還保費。保單持有人亦可於冷靜期內申請還原其原有計劃，此要求必須由保單持有人簽署，並確保本公司於冷靜期內收到該要求。否則，守慧醫療的冷靜期完結後，原有計劃將不能還原。

I. Declaration and Authorisation 聲明及授權

1. I declare and agree on behalf of myself and/or anyone who may have any interest in any insurance on this application that:

本人謹代表自己及 / 或可能擁有此投保申請書所列保險權益的任何人作出以下聲明及同意以下條款：

a) All the statements and answers in this application together with those given in any medical examination, questionnaires and amendments are full, complete and true and shall form the basis and become part of any policy issued. I/We acknowledge that if any of the statements and answers given in this application are inaccurate or any material facts have not been disclosed, AXA General Insurance Hong Kong Limited shall be entitled to cancel the policy or to re-issue the policy with modifications even after the policy has been issued. I/We further acknowledge that benefits are not payable for treatment arising from any known pre-existing conditions. Eligible expenses arising from pre-existing conditions which I/we are reasonably unaware of at the time of submission of application may be payable in accordance with the terms and benefits subject to the waiting period and other conditions and/or limitations as stated in the policy contract.

在此投保申請書及任何醫療報告、問卷及修訂文件上作出的所有陳述及答案皆完全屬實及真確無訛，更將成為簽發保單的根據及保單的一部分。本人（等）瞭解如本投保申請書上的陳述及答案有不確之處或隱瞞任何重要事實，即使保單已獲簽發，安盛保險有限公司仍保留終止保單或就此修訂而重新簽發另一保單的權利。本人（等）亦確認有關投保前已知道的已存在病況的治療並不在保障範圍內，我們只會賠償於投保申請論時理應不察覺的投保前已有病症，將按保單合約的等候期及賠償比率賠償合資格費用。

b) I/We understand that the insurance cover applied for herein shall not take effect until the relevant policy or policies has/have been issued and the premium and levy[^] has been paid in full.

本人（等）明白此投保申請書所申請的任何保障，須在保險生效日前全數支付所需的保費及保費徵費[^]及於有關保單發出後始能生效。

2. I, the proposed Policy Holder, on behalf of myself and proposed Insured Person to be covered, hereby authorise any physician, clinic, hospital, insurance company, other organisation or government office that has any record or knowledge of me/us to disclose to AXA General Insurance Hong Kong Limited or its representative any and all information relevant to this application. A copy of this authorisation shall be as valid as the original.

本人（建議保單持有人）謹此代表本人及建議受保人，授權任何知道本人（等）健康情況或持有有關紀錄之醫生、診所、醫院、保險公司、其他機構或政府部門或人士向安盛保險有限公司或其代表提供本人（等）之有關資料。本授權書之影印本亦屬有效。

3. I hereby declare and agree that:

a) The application shall only take effect provided all of the following conditions are met: (i) all premium due for the Original Plan is paid in full before the policy migration becomes effective; (ii) the premium required under the GI WiseGuard is paid in full; (iii) the application is approved by the Company (as defined in the policy contract of the GI WiseGuard) during the lifetime of the Insured of the Original Plan;

b) GI WiseGuard takes effect immediately upon issuance. Upon the issuance of the GI WiseGuard, the coverage of Original Plan will be terminated at the next policy anniversary or next policy monthiversary (as the case may be). If there is supplement(s) (if any) is attached to the Original Plan, it will be terminated upon the termination of the Original Plan;

c) Any unused premium paid under Original Plan (if any) upon the issuance of the GI WiseGuard will not be refunded;

d) If I wish to revert to the Original Plan, it must be done during the cooling off period of the GI WiseGuard. After the cooling off period of the GI WiseGuard, the Original Plan cannot be reverted;

e) If the Original Plan is entitled to any promotional offer(s) as specified by the Company prior to this application, such rewards will not continue after the GI WiseGuard comes into effect.

f) Any credit card charges imposed on the Original Plan (if any) would not be refunded when the Original Plan is terminated pursuant to this application.

g) If my policy is denominated in a currency other than my local currency, I may face an exchange rate risk. Upon currency conversion, the amounts I receive and the premiums I pay may vary as a result of changes in exchange rate.

本人聲明及同意：

a) 申請須符合下列所有條件後方可生效：(i) 原有計劃之到期保費在保單轉移生效前已全數繳付；(ii) 守慧醫療要求下的保費已全數繳付；(iii) 申請是於獲原有計劃被保之人士在生時經貴公司（根據守慧醫療的保單合約內之定義）批核；

b) 守慧醫療於繕發後立即生效。守慧醫療繕發後，原有計劃的保障將於下一個保單週年日或保單週月日（視乎情況而定）終止。任何附加契約（如有）附加於原有計劃，該附加契約將於原有計劃終止時被終止；

c) 守慧醫療繕發後，任何原有計劃下已繳付之未用保費（如有）將不獲發還；

d) 若本人欲還原原有計劃，必須於守慧醫療的冷靜期內完成。當守慧醫療的冷靜期完結後，原有計劃將不能還原；

e) 如原有計劃在申請保單轉移前享有本公司指定的其他推廣計劃之優惠，該推廣計劃之優惠在守慧醫療生效之後將不再適用；

f) 任何原有計劃所徵收的信用卡收費將不會於原有計劃根據此申請而終止時予以退還；

g) 如保單之貨幣單位並非本地貨幣，本人可能須承受匯率風險。貨幣一經轉換，本人所收取的金額及應繳保費可能會因匯率改變而變動。

4. This application is based on my own judgment and I have not relied on any advice provided by Financial Consultant (if any).

此申請是基於本人之個人判斷，並沒有依賴任何理財顧問（如有）所提供的意見。

5. I hereby confirm that I am not acting on behalf of any other person for this application unless otherwise expressly indicated in this application form or any other documents provided to the Company for this application.

本人謹此確認本人並沒有代表任何其他人士提出此申請；如在此申請表格或就是次申請提交的任何其他文件上另有註明則除外。

6. I agree and confirm that (1) to the best of my knowledge and belief all statements and answers to all questions in this application, whether or not written by my own hand, are true and complete; (2) the declarations, agreements and authorisations made by me/us under the Declaration and Authorisation Section and Personal Information Collection Statement Section of the Insurance Application Form of the Original Plan shall also apply to this application; and (3) this statement shall form the basis and become a part of the GI WiseGuard policy to be issued by the Company.

本人同意及確認 (1) 本申請中一切陳述及問題的所有答案，不論是否本人親手所寫，就本人所知所信，均為事實之全部及確實無訛；(2) 載於原有計劃之保險投保書上聲明及授權部份及收集個人資料的聲明部份內的聲明、協議及授權均適用於本申請；及 (3) 此聲明將作為貴公司發出守慧醫療的根據，並作為保單一部份。

7. I have read and fully understood the relevant documents, including but not limited to the product brochure and policy contract of GI WiseGuard for the present application; and the **differences** (including without limitation differences in product features, benefits and premium required) between the Original Plan and GI WiseGuard, and the advantages and disadvantages of applying for policy migration to me/us. I understand that I may not receive the same benefit items and benefit amounts under GI WiseGuard as the Original Plan.

本人已經閱讀並完全了解就是次申請相關的銷售/推廣文件，包括但不限於守慧醫療之產品說明書及保單合約；本人已經閱讀並完全了解原有計劃及守慧醫療各自的產品特點的**不同之處**（包括但不限於提供的保障及所需保費之不同）以及保單轉移的有利和不利因素。在守慧醫療下本人可能無法獲得與原有保單相同的保障項目或保障金額。

8. I acknowledge that this application for policy migration is subject to the Company's approval. In case of any dispute, the decision of the Company shall be final and conclusive.

本人確認此保單轉移申請須以本公司之批核為準。如有任何爭議，本公司之決定將為最終及具決定性。

Personal Information Collection Statement 收集個人資料聲明

AXA General Insurance Hong Kong Limited (referred to hereinafter as the "Company") recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request

Purposes: From time to time it is necessary for the Company to collect your personal data (including credit information and claims history) which may be used, stored, processed, transferred, disclosed or shared by us for purposes ("**Purposes**"), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group ("**our affiliates**") or our business partners (see "**Use and provision of personal data in direct marketing**" below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
5. detecting and preventing fraud (whether or not relating to the products/services provided by the Company and/or our affiliates);
6. evaluating your financial needs;
7. designing products/services for customers;
8. conducting market research for statistical or other purposes;
9. matching any data held which relates to you from time to time for any of the purposes listed herein;
10. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
11. conducting identity and/or credit checks and/or debt collection;
12. complying with the laws of any applicable jurisdiction;
13. carrying out other services in connection with the operation of the Company's business; and
14. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
4. credit reference agencies or, in the event of default, debt collection agencies;
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere; and
7. the following persons who may collect and use the data only as reasonably necessary to carry out any of the purposes described in paragraphs nos. 2, 3, 4 and 5 of the Purposes specified above: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial

advisors, solicitors, 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 data provided against existing data.

For our policy on using your personal data for marketing purposes, please see the section below **“Use and provision of personal data in direct marketing”**. Transfer of your personal data will only be made for one or more of the Purposes specified above.

Use and provision of personal data in direct marketing: The Company intends to:

1. use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing
2. conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer:
 - a) insurance, banking, provident fund or scheme, financial services, securities and related products and services;
 - b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products;
3. the above products and services may be provided by the Company and/or:
 - a) any of our affiliates;
 - b) third party financial institutions;
 - c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in (2) above;
 - d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities
4. in addition to marketing the above products and services, the Company also intends to provide the data described in (1) above to all or any of the persons described in (3) above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose;

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

If you wish to withdraw your consent, please inform us in writing to the address in the section on **“Access and correction of personal data”**. The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it. Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to: Data Privacy Officer of AXA General Insurance Hong Kong Limited, 5/F AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong. A reasonable fee may be charged to offset the Company’s administrative and actual costs incurred in complying with your data access requests.

安盛保險有限公司（下稱**“本公司”**）明白其就《個人資料（私隱）條例》（香港法例第486章）（**“條例”**）收集、持有、處理、使用和/或轉移個人資料所負有的責任。

本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。

目的：本公司不時有必要收集閣下的個人資料，並可能因下列各項目的（**“有關目的”**）而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：

1. 向閣下推介、提供和營銷本公司、安盛集團的其他公司（**“安盛關聯方”**）或本公司的商業合作夥伴（參閱下文**“在直接促銷中使用及將其個人資料提供予其他人士”**部份）之產品/服務，以及提供、維持、管理和操作該等產品/服務；
2. 處理和評估閣下就本公司及安盛關聯方所提供之產品/服務提出的任何申請或要求；
3. 向閣下提供後續服務，包括但不限於執行/管理已發出的保單；
4. 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；
5. 偵測和防止欺詐行為（無論是否與就由本公司及/或安盛關聯方所提供之產品/服務有關）；
6. 評估閣下的財務需求；
7. 為客戶設計產品/服務；
8. 為統計或其他目的進行市場研究；
9. 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料；
10. 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
11. 進行身份和/或信用核查和/或債務追收；
12. 遵守任何適用的司法管轄區的法律；
13. 開展與本公司業務經營有關的其他服務；及
14. 與上述任何目的直接有關的其他目的。

個人資料的轉移：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：

1. 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外；
2. 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士（包括私家偵探）；
3. 在香港或香港以外其他地方向本公司和/或安盛關聯方提供行政、技術或其他服務（包括直接促銷服務）並對個人資料負有保密義務的任何代理、承包商或第三方；
4. 信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；
5. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；

6. 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關；及
7. 在有合理需要履行任何上述有關目的段落2,3,4及5之情況下，以下人士：保險理算人、代理和經紀、僱主、醫護專業人士、醫院、會計師、財務顧問、律師、整合保險業申訴和承保資料的組織、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）。

如欲了解本公司為促銷目的使用閣下的個人資料的政策，請參閱下文“**在直接促銷中使用及將其個人資料提供予其他人士**”部份。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

在直接促銷中使用及將其個人資料提供予其他人士本公司有意：

1. 使用本公司不時持有的閣下的姓名、聯絡資料、產品及服務的組合資料、交易模式及行為、財政背景及人口統計數據以進行直接促銷；
2. 就本公司，安盛關聯方，本公司合作品牌夥伴及商業合作夥伴可能提供關於下列類別的服務及產品而進行直接促銷(包括但不限於提供獎賞、客戶或會員或優惠計劃)：
 - a) 保險、銀行、公積金或公積金計劃、金融服務、證券和相關產品及服務；
 - b) 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身浴或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體的產品及服務及高級消費類產品；
3. 以上服務及產品將會由本公司及/或以下機構提供：
 - a) 任何安盛關聯方；
 - b) 第三方金融機構；
 - c) 提供上文2.所列之服務及產品之本公司及/或安盛關聯方的商業合作夥伴或合作品牌夥伴；
 - d) 向本公司或任何以上所列機構提供支援的第三方獎賞、客戶或會員或優惠計劃提供者；
4. 除由本公司促銷上述服務及產品外，本公司亦有意將上文1. 段部份所述的資料提供予上文3. 段部份所述的全部或任何人士，以供該等人士在促銷該等服務及產品中使用，而本公司為此目的須獲得客戶書面同意(包括表示不反對)。

在使用閣下的個人資料作上文所述的目的或提供予上文所述的人士之前，本公司須獲得閣下的書面同意，及只在獲得閣下的書面同意後方可使用閣下的個人資料及提供予其他人士作任何推廣及促銷用途。

閣下日後可撤回閣下給予本公司有關使用閣下的個人資料及提供予其他人士作任何促銷用途的同意。

閣下如欲撤回閣下給予本公司的同意，請發信至下文“**個人資料的查閱和更正**”部份所列的地址通知本公司。本公司會在不收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。

個人資料的查閱和更正：根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲得該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：個人資料保護主任，安盛保險有限公司，香港黃竹坑黃竹坑道38號安盛匯5樓。本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement (“PICS”). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing. 本人/我們確認本人/我們已閱讀並明白收集個人資料的聲明(“該聲明”)。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀該聲明，而本人/我們已詳細閱讀該聲明對貴公司所收集或持有之本人/我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人/我們特此確認並同意貴公司根據該聲明使用及轉移本人/我們的個人資料，包括在直接促銷中使用及將本人/我們個人資料提供予其他人士。

[Important: If you do not agree to the use and provision of your personal data for direct marketing as set out in the section “Use and provision of personal data in direct marketing”, please tick the box below and we will not use your personal data for direct marketing. 重要通知: 如閣下不同意根據“收集個人資料的聲明”使用和轉移閣下的個人資料作直接促銷用途(參閱“在直接促銷中使用及將其個人資料提供予其他人士”部份)，請在下列方格內，加上剔號(“√”)，本公司將不會使用閣下的個人資料作為直接促銷用途。]

- I/ we do not agree with the use and provision of my personal data for direct marketing purposes as set out above in the Personal Information Collection Statement (see “Use and provision of personal data in direct marketing”) and do not wish to receive any promotional and direct marketing materials.

本人/我們不同意貴公司根據“收集個人資料的聲明”使用和轉移本人/我們的個人資料作直接促銷用途(參閱“在直接促銷中使用及將其個人資料提供予其他人士”部份)及並不願意接收任何貴公司的推廣及直接促銷的材料。

Signature of proposed Insured Person

(If aged 18 or above)

建議受保人簽署

(如十八歲或以上)

Signature of proposed Policy Holder

(If other than proposed Insured Person)

建議保單持有人簽署

(如非建議受保人)

Signature of Financial Consultant 1 / Witness

(if any)

理財顧問 1 / 見證人簽署 (如有)

Signature of Financial Consultant 2 / Witness
(if any)

理財顧問 2 / 見證人簽署 (如有)

Date signed (DD/MM/YYYY)
簽署日期 (日 / 月 / 年)

Location (Country/City)
地點 (國家 / 城市)

^ Levy collected by the Insurance Authority has been imposed on this policy at the applicable rate. For further information, please visit www.axa.com.hk/ia-levy or contact AXA at (852) 2894 4669 保單已按適用之徵費率徵收保險業監管局的有關保費徵費。欲了解更多詳情，請瀏覽 www.axa.com.hk/ia-levy 或致電 AXA 安盛(852) 2894 4669。