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投保書 Proposal Form

「卓越」健樂錢個人醫療保險

SmartCare Essential Individual Health Insurance

- 1 你必須在此投保書上填報一切有關的重要事實，否則該合約「保單」將告無效或可被視為無效。如你不清楚某一事實是否重要，也請將此事實在下面說明。
You are required to disclose in this application ALL material facts; otherwise the contract "Policy" may be void or voidable. If you are in doubt whether certain facts are material, please disclose them as below.
- 2 如此申請上未有註明，投保人將被視為保單持有人。The Proposer shall be deemed to be the Policyholder unless otherwise indicated in this proposal form.

請以英文正楷填寫，並在適當的空格內填上 ☒ Please fill in this form in English block letters and tick the boxes where appropriate ☒

* 必須填寫項目 Mandatory fields

經紀業務適用
For broker business

投保人資料 PROPOSER DETAILS

投保人姓名 - 姓 (必須與香港身份證相同)* Name of Proposer - Surname (as on HKID)		名* Given Name		性別* Sex	
香港身份證號碼* HKID Card No	出生日期 (日/月/年)* Date of Birth (dd/mm/yyyy)	國籍 Nationality	身高 (厘米)* Height (cm)	體重 (公斤)* Weight (kg)	吸煙者** Smoker ☐ 是, 每日 _____ 根 Yes, _____ cigarette per day ☐ 否 No
通訊地址* Correspondence Address					☐ 香港 HK ☐ 九龍 KLN ☐ 新界 NT
聯絡電話 (請填寫最少一項) Contact No (Please fill in at least one)*			電郵地址 Email		
手提電話 Mobile No	公司電話 Office Tel	住宅電話 Home Tel			
婚姻狀況 Marital Status ☐ 單身 Single ☐ 已婚 Married		職業/職位* Occupation/Job Position		工作性質 Job Nature	
受益人姓名* Name of Beneficiary		關係* Relationship		香港身份證號碼* HKID Card No	聯絡電話* Contact No

投保人配偶資料 (如適用) DETAILS OF SPOUSE TO BE INSURED (if applicable)

配偶姓名 - 姓 (必須與香港身份證相同)* Name of Spouse - Surname (as on HKID)		名* Given Name		性別* Sex	
香港身份證號碼* HKID Card No	出生日期 (日/月/年)* Date of Birth (dd/mm/yyyy)	國籍 Nationality	身高 (厘米)* Height (cm)	體重 (公斤)* Weight (kg)	吸煙者** Smoker ☐ 是, 每日 _____ 根 Yes, _____ cigarette per day ☐ 否 No
聯絡電話 (請填寫最少一項) Contact No (Please fill in at least one)*			電郵地址 Email		
手提電話 Mobile No	公司電話 Office Tel				
職業/職位* Occupation/Job Position		工作性質 Job Nature			
受益人姓名* Name of Beneficiary		關係* Relationship		香港身份證號碼* HKID Card No	聯絡電話* Contact No

* 在過去三年內吸食過香煙，煙斗或雪茄。 Smoked cigarette, pipe or cigar in the past 3 years.

投保細則 INSURANCE COVER

所有受保人的保障計劃必須相同。The plan(s) selected should be the same for all insured person.

請參閱隨附的全年保費表。Please refer to the attached Annual Premium Table.

計劃選擇 Select Plan	☐ 金計劃 Gold Plan	☐ 銀計劃 Silver Plan	☐ 銅計劃 Bronze Plan
本保單由 Policy to commence on _____ 起一年內有效 for one year.			
此保單所提供的保障，必須在本公司確定接納投保後，及收妥保費後，才能正式生效。 The liability of the Company does not commence until this proposal has been accepted by the Company and the premium is received.			

保險有關資料 INSURANCE INFORMATION

† 若空位不敷應用，請另加紙張填寫。 Should there be insufficient space, please continue on a separate sheet.

1. 受保人的家庭醫生全名、地址及電話號碼。(必須填寫)

Full name, address and telephone number of the usual Physician for the person(s) to be insured. (Please complete)

醫生全名 Physician's Full Name	地址 Address	電話號碼 Tel No

受保人在過去六個月內曾求診的醫生全名、地址及電話號碼。(必須填寫)

Full name, address and telephone number of any other Physician(s) that the person(s) to be insured have visited in the last 6 months. (Please complete)

醫生全名 Physician's Full Name	地址 Address	電話號碼 Tel No

2. 受保人是否曾經在投保人壽或醫療保險時被保險公司拒絕、被延期，在特別條款和情況下被接受，或被拒絕續保？
Has any person to be insured ever been rejected, postponed, accepted under special terms and conditions for a Life or Health application by an insurance company, or its renewal been refused? 是Yes ☐ 否No ☐

3. 受保人是否持有仍然生效的人壽或醫療保單？
Does any person to be insured have any Life or Health insurance policy currently in force? 是Yes ☐ 否No ☐

† 如以上任何問題答「是」，請列明詳細資料 (包括保險公司名稱及受保期)

If the answer to any of the above questions is "Yes", please provide details below. (including Name of the Insurance Company & Period of Insurance)

醫療問卷 MEDICAL QUESTIONNAIRE

1. 受保人是否慣常飲用酒精類飲品/服用藥物/健康食品等？
Does any person to be insured take alcohol/medication/health supplements etc.? 是Yes ☐ 否No ☐
2. 受保人是否曾經入住醫院或接受任何手術、醫療輔助、治療或檢驗包括X光/掃描/心電圖/磁力共振掃描/實驗室化驗等？
Has any person to be insured been admitted to a hospital or received any surgery, medical advice, treatment or examination including X-ray/imaging/ECG/MRI/laboratory test, etc.? [If "yes", please provide a copy of the original medical report(s)] 是Yes ☐ 否No ☐
3. 受保人曾否因以下疾病接受治療，或被告知有血壓不正常、潰瘍、肺結核、精神失常、血栓塞、脫腸症、癌症、靜脈曲脈、癱瘓、關節炎、風濕、神經失常、泌尿系統不正常、脊柱病、心臟病、肝炎、性接觸傳染病或月經不正常？
Has any person to be insured ever been treated for or told that you or any of them has / have abnormal blood pressure, ulcers, tuberculosis, mental disorder, thrombosis, hernia, diabetes, cancer, varicose veins, paralysis, arthritis, rheumatism, any disorder of disease of nervous, genito-urinary system, spinal disease, heart disease, hepatitis, sexually transmitted disease or menstruation disorders? 是Yes ☐ 否No ☐
4. 受保人曾否患有以上未有提及的疾病？
Has any person to be insured suffer from any disease not mentioned above? 是Yes ☐ 否No ☐
5. 受保人的直系親屬當中是否曾經患有心臟病、中風、高血壓、糖尿病、癌症或其他遺傳性疾病？
Has any direct relatives of the person to be insured suffered from heart disease, stroke, high blood pressure, diabetes, cancer or other hereditary disease? 是Yes ☐ 否No ☐

† 如以上任何問題答「是」，請列明詳細資料

If the answer to any of the above questions is "Yes", please provide details below.

付款方法 PAYMENT METHOD

本人選擇以下列方式繳交保費港幣

I wish to pay my premium HK\$ 元正

☐ 支票 抬頭請填「安盛保險有限公司」 Cheque payable to **AXA General Insurance Hong Kong Limited**

☐ VISA 咭

☐ 萬事達咭 MasterCard

信用咭號碼 Credit Card No. _____ 月mm 年yyyy
信用咭有效期至 Credit Card Expiry Date _____

持咭人姓名 Cardholder's Name _____

本人授權安盛保險有限公司從本人上述的信用咭賬戶支取有關保險保單的保費。

I hereby authorize AXA General Insurance Hong Kong Limited to charge my above credit card for the insurance premiums of this insurance policy.

持咭人簽署 Cardholder's Signature

日期 (日/月/年) Date (dd/mm/yyyy)

投保人須知 IMPORTANT NOTES TO PROPOSER

閣下必須在其知悉範圍內提供所有有關會影響保險公司於接納或釐定此保單條文的資料，如對應透露的資料有任何疑問，請即向本公司或閣下的保險代理/經紀查詢。我們建議閣下將有關的資料作記錄（包括信件副本），以備日後作參考之用。為確保閣下的利益，閣下應如實呈報所有有關資料，否則此保單將可能無法提供閣下所需的保障，甚至可能會導致此保單無效。

Any other facts known to you which are likely to affect acceptance or assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance agent/broker. We recommend you keep a record (including copies of letters) for your future reference of any additional information given. Providing correct answers and making sure we are informed is for your own protection, as 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.

聲明 DECLARATION

請細閱下列各項條文及投保人須知，然後在指定空位內簽署。

Please read the following statements and Important Notes to Proposer carefully and sign in the space provided.

本人聲明 I declare that

- 本投保書內所載問題的陳述及答覆，均為全部正確無訛。本人並特此同意，此等陳述及答覆均會成為保單的基礎及其中一部份^Δ。
All statements and answers to all questions stated in this proposal are to the best of my knowledge and belief complete and true and I hereby agree that these statements and answers shall form the basis and become a part of any policy issued hereunder^Δ.
- 本人特此授權任何擁有本人或上述任何成員的任何記錄或資料的註冊醫生、醫院、診所或保險公司，可向安盛保險有限公司提供上述有關資料。
I hereby authorize any licensed physician, hospital, clinic or insurance company that has any records or knowledge of me or any members listed above to give any such information to AXA General Insurance Hong Kong Limited.
- 本人已填報一切重要的有關資料，絕無隱瞞或保留，並同意將本投保書和聲明作為與安盛保險有限公司和本人所訂合約的根據，並以保單各條款為準則^Δ。
I have not withheld any material information and accept that this proposal and declaration shall be the basis of, and be incorporated in, the contract between AXA General Insurance Hong Kong Limited and myself^Δ.

^Δ 就此投保申請，本人已取得所有家屬同意及授權透過本人向貴公司提供有關資料；倘若本人及其所有家屬未能提供所需資料，貴公司可能因此不能處理此投保申請。本人之家屬均同意該等資料可供貴公司使用，致使貴公司之業務得以順利運作。
I have obtained all necessary consent from my dependents to supply their information and data to the Company by myself otherwise if they fails to provide any such information requested, it may result in the Company's inability to process and deal with this application. My dependents agree that these information and data can be used by the Company to carry on its businesses.

收集個人資料的聲明 PERSONAL INFORMATION COLLECTION STATEMENT

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 評估閣下的財務需求；
- 6 為客戶設計產品/服務；
- 7 為統計或其他目的進行市場研究；
- 8 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；
- 9 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；
- 10 進行身份和/或信用核查和/或債務追收；
- 11 遵守任何適用的司法管轄區的法律；
- 12 開展與本公司業務經營有關的其他服務；及
- 13 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；及
- 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。

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，獲取該資料的副本，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：

香港九龍九龍灣宏泰道23號21樓
安盛保險有限公司
個人資料保護主任

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。

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.

Purpose: From time to time it is necessary for the Company to collect your personal data 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 evaluating your financial needs;
- 6 designing products/services for customers;
- 7 conducting market research for statistical or other purposes;
- 8 matching any data held which relates to you from time to time for any of the purposes listed herein;
- 9 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;
- 10 conducting identity and/or credit checks and/or debt collection;
- 11 complying with the laws of any applicable jurisdiction;
- 12 carrying out other services in connection with the operation of the Company's business; and
- 13 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; and
- 6 any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.

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
AXA General Insurance Hong Kong Limited
21/F, Manhattan Place, 23 Wang Tai Road, Kowloon Bay, Kowloon, 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.

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安盛保險有限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。

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 AXA General Insurance Hong Kong Limited in accordance with the PICS, including the use and provision of my/our personal data for the purpose of 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), 請在下列表格內 ☐ 加上剔號 (“/”), 本公司將不會使用閣下的個人資料作直接促銷用途。]

[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.]

☐ 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。

I/We do not agree with the use and provision of my/our 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.

佣金披露聲明 COMMISSION DISCLOSURE DECLARATION

本人/我們明白、確知及同意安盛保險有限公司 (“貴公司”) 會就本人/我們購買及接受貴公司簽發的保單，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。假如本人/我們為法人團體，代表本人/我們簽署的獲授權人員並向貴公司確認他/她已獲法人團體授權簽署。

本人/我們亦明白貴公司必須取得本人/我們以上的同意，才可以處理有關申請。

I/We understand, acknowledge and agree that, as a result of the my/Our 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 I/We am/are a body corporate, the authorized person who signs on my/Our behalf further confirms to the Company that he or she is authorized to do so.

I/We further understand that the above agreement is necessary for the Company to proceed with the application.

投保人簽署 Proposer's Signature
(請勿於空白投保書上簽署 Do not sign a blank form)

日期 Date
(日/月/年 dd/mm/yyyy)

[註: 本中文簡譯, 概以英文原文為準]