

「中國通」意外急救醫療計劃投保書

“China Express” Accidental Emergency Medical Plan Proposal Form



通訊地址：香港中環德輔道中 71 號永安集團大廈 9 樓
客戶服務熱線 Customer Services Hotline：3187 5100

Correspondence Address：9/F, Wing On House, 71 Des Voeux Road Central, Hong Kong.
傳真 Fax：3906 9906 電郵 Email：medicaladmin_ins@bocgroup.com

客戶注意事項 Important Notes to the Customer：

1. 投保人請以英文正楷填寫及在適當方格內加「✓」號。任何答案如有更改，敬請在旁簽署。The Proposed Insured has to complete the form in English BLOCK LETTERS and please put a “✓” in the box as appropriate. Any changes to be made should be signed by the Proposed Insured.
2. 若不清楚此投保書需要透露的資料內容，請致電中銀集團保險有限公司（下稱“中銀集團保險”）客戶服務熱線（852）3187 5100 查詢。讓保險公司了解實況，有助保障投保人及/或受保人的利益，若未能充份透露實情，將會使投保人及/或受保人得不到所需求的保障，甚至使保單失效。If you have any doubt on what should be disclosed in this proposal form, please call Bank of China Group Insurance Company Limited (named below as “BOCG Insurance”) customer service hotline (852) 3187 5100. Making sure the insurance company is informed will be beneficial to the Proposed Insured and/or Insured Person. Failure to disclose may mean that the policy will not provide the Proposed Insured and/or Insured Person with the coverage required, or may invalidate the policy altogether.
3. 此投保書申請一經被接納後，您的保單將會每年自動續保。Once the application for this proposal form is accepted, your policy will be **automatically renewed each year**.
4. 若此投保書所含的內容與保單條款有任何歧異，概以保單為準。In the event that the information contained in this proposal form does not conform to the terms in any policy issued, the policy terms shall prevail.
5. 「中國通」意外急救醫療計劃（下稱“本計劃”）由中銀集團保險承保。“China Express” Accidental Emergency Medical Plan (named below as “this Plan”) is underwritten by BOCG Insurance.
6. 中國銀行（香港）有限公司（“中銀香港”）以中銀集團保險的委任保險代理身份分銷本計劃。本計劃為中銀集團保險的產品，而中銀香港（Bank of China (Hong Kong) Limited (“BOCHK”) is the appointed insurance agent of BOCG Insurance for distribution of this Plan. This Plan is a product of BOCG Insurance but not BOCHK.
7. 對於中銀香港與客戶之間因銷售過程或處理有關交易而產生的合資格爭議（定義見金融糾紛調解計劃的金融糾紛調解中心職權範圍），中銀香港須與客戶進行金融糾紛調解計劃程序；而有關本計劃的合約條款的任何爭議，應由中銀集團保險與客戶直接解決。In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between BOCHK and the customer out of the selling process or processing of the related transaction, BOCHK is required to enter into a Financial Dispute Resolution Scheme process with the customer; however any dispute over the contractual terms of this Plan should be resolved between directly BOCG Insurance and the customer.

投保人資料 Details of the Proposed Insured

英文姓名（請先填寫姓氏）Name in English (Surname first)		中文姓名 Chinese Name	香港身份證/護照/回鄉卡號碼 HKID Card No./ Passport No./ China re-entry Card No.
通訊地址 Correspondence Address:		出生日期/地點（日/月/年 Y）Date/Place of Birth	
性別 Sex: <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	聯絡電話 Tel. No.	傳真號碼 Fax No.	電子郵件 E-mail
承保期 Period of Insurance:	由 From 至 To (日/月/年 Y) (首尾兩日包括在內及保單每年自動續保的保險期。由中銀集團保險有限公司收到並接納投保書開始計 7 個工作天後起保 Both dates inclusive and upon each subsequent policy anniversary days thereof. The policy shall be effective 7 working days after the acceptance of this proposal form by Bank of China Group Insurance Company Limited)		
賠償入賬戶 Bank Account for Claim Reimbursement* 本人之銀行及分行名稱 My Bank Name and Branch			
		自動轉賬戶口號碼 Autopay A/C No.	
<div style="border-bottom: 1px solid black; width: 100%;"></div>			

* 所有受保人必須以同一銀行轉賬戶口作為賠償過數之用。如未能提供銀行戶口，賠償將以支票支付予投保人。For the purpose of claim payment. The Autopay A/C No. for claim payment shall apply to all Insured Person(s). If no bank account is provided, the claim payment will be settled to the Proposed Insured by cheque.


受保人資料¹ Person(s) to be insured¹

所有受保人姓名（英文）（請先填寫姓氏） Name of all Insured Person(s) (English) (Surname first) (<input type="checkbox"/> 若有更多受保人，請用另頁附上 Attach separate sheet for more Insured Person)	香港身份證/護照/回鄉卡號碼 ² HKID Card No. / Passport No./ China re-entry Card No. ²	性別 Sex	出生日期 Date of Birth (日/月/年 Y)	受保人原居地 ³ Country of Residence of the Insured Person ³	其他受保人與第一受保人的關係 Relationship between other Insured Person(s) and the 1 st Insured Person	受益人姓名/與受保人關係 Name of Beneficiary/ Relationship with Insured Person
第一受保人 1 st Insured Person					本人 Self	
第二受保人 2 nd Insured Person					配偶 / 子女 Spouse / Child	
第三受保人 3 rd Insured Person					子女 Child	
第四受保人 4 th Insured Person					子女 Child	
第五受保人 5 th Insured Person					子女 Child	
第六受保人 6 th Insured Person					子女 Child	

- 註 Notes: 1. 本投保書只可接受一名「個人」或一個「家庭」投保。One “Individual” or one “Family” is allowed for this Proposal Form.
2. 不適用於中華人民共和國護照持有人。此證件號碼將顯示在「中國通卡」上，為防錯漏，請提供影印副本。Not applicable to holders of PRC passport. This document number will be shown on the “China Express Card”. In order to avoid omissions and errors, please provide a photocopy of the document.
3. 除非特別申報，受保人的原居地會被視為香港。Country of Residence of the Insured Person shall be defaulted as Hong Kong unless otherwise specified.

投保計劃及保費 (HK\$) Insured Plan and Premium (HK\$)

網絡醫院服務地區 Place of Network Hospital at service	全年計劃 Annual Plan					
	1 年期 Year		2 年期 Years		3 年期 Years	
	個人 Individual	家庭 Family	個人 Individual	家庭 Family	個人 Individual	家庭 Family
(銀卡 Silver Card) 廣東及福建省 Guangdong & Fujian province	<input type="checkbox"/> 330	<input type="checkbox"/> 590	<input type="checkbox"/> 580	<input type="checkbox"/> 1,040	<input type="checkbox"/> 830	<input type="checkbox"/> 1,480
(金卡 Gold Card) 內地各省 all provinces in Mainland	<input type="checkbox"/> 580	<input type="checkbox"/> 1,040	<input type="checkbox"/> 980	<input type="checkbox"/> 1,750	<input type="checkbox"/> 1,380	<input type="checkbox"/> 2,480

繳付保費方法 Payment Method		
<input type="checkbox"/> 銀行戶口付自動轉賬 Bank Account Autopay* 請填妥第 5 的「直接付款授權書」，連同首年的保費以銀行戶口過賬或現金或劃線支票(祈付「中銀集團保險有限公司」)一併交回。 Please complete and submit the Direct Debit Authorization Form as in page 5 together with bank account payment transfer or cash or a crossed cheque made payable to “Bank of China Group Insurance Company Limited” for the first year premium. 繳付首年保費方式 Payment method for the first year : <input type="checkbox"/> i.) 專用戶口賬號 Designated Account No. : 012- 349- 00009828 銀行參考編號 Bank Reference No. F _____ 轉賬日期 Transfer date (日/月/年 D/M/Y) : _____ <input type="checkbox"/> ii.) 支票付款 Payment made by cheque 銀行名稱 Bank Name: _____ 支票號碼 Cheque No.: _____ *請注意個別銀行可能會向客戶收取設立自動轉賬之服務費用。 Please note that some banks may charge their customers service fees for setting up the autopay facility.	<input type="checkbox"/> 信用卡付款 Payment made by Credit Card 請填妥第 4 頁的「信用卡付款授權書」支付首年及續保之保費。 Please complete Credit Card Authorization Form in page 4 for the first year premium and renewal premium. <div style="border: 1px solid black; padding: 10px; margin: 10px 0;">  <p>由即日起至另行通知為止(「推廣期」)，投保人以中銀信用卡成功登記直接付款授權服務以支付「中國通意外急救醫療計劃 - 全年計劃」首個保單年度及續保保費，可額外獲享一次過 5,000 中銀信用卡獎賞積分。 From now until further notice (“Promotion Period”), Proposed Insured may enjoy a one-off extra 5,000 BOC Credit Card Reward Gift Points upon successful registration for BOC Credit Card Direct Debit Authorization Service for premium payment of first policy year and renewal of “China Express Accidental Emergency Medical Plan– Annual Plan”.</p> <p>有關5,000中銀信用卡獎賞積分優惠的條款及細則，請見第6頁。 Please refer to page 6 for Terms and Conditions of 5,000 BOC Credit Card Reward Gift Points Promotion.</p> <p>提示：借定唔借？還得到先好借！ Reminder: To borrow or not to borrow? Borrow only if you can repay!</p> </div>	<input type="checkbox"/> 其他付款方式 Other Payment Methods <input type="checkbox"/> i.) 以銀行戶口過賬或現金方式入賬予中銀集團保險專用戶口。 Payment to BOCG Insurance’s Designated Account by bank account payment transfer or cash. 專用戶口賬號 Designated Account No. : 012- 349- 00009828 銀行參考編號 Bank Reference No. F _____ 轉賬日期 Transfer date (日/月/年 D/M/Y) : _____ <input type="checkbox"/> ii.) 請以劃線支票(祈付「中銀集團保險有限公司」)。 Please make a crossed cheque payable to “Bank of China Group Insurance Company Limited”. 銀行名稱 Bank Name: _____ 支票號碼 Cheque No.: _____
本人現授權中銀集團保險從本人/吾等之銀行/信用卡戶口轉賬繳交「中國通意外急救醫療計劃 - 全年計劃」應繳付的保費，包括其後背書所更改的保費以及每個新保單年度續保保費。 I hereby authorize BOCG Insurance to effect payment transfer from my/our bank/credit card account for payment of premium under the “China Express Accidental Emergency Medical Plan– Annual Plan”, including subsequent revised premium by endorsement(s) and all renewal premiums for each new policy year.		
本人明白此投保書一經批核，在每個保單年度期滿前，若未有接獲中銀集團保險有關修改任何條款的續保通知，本人只須繳交下個保單年度所須的保費，此保單便會每年自動續保。 I understand that once this application is accepted, if no notice of amendment of renewal terms is sent to me/us from BOCG Insurance prior to the expiration of each policy year, the policy will be automatically renewed simply by my/our settling the required premium for the upcoming policy year.		

聲明 Declaration
1. 本人謹此聲明本人及/或受保人並無任何身體殘缺；在過去三年內亦未曾就任何投保項目申請索償或遭保險公司拒絕受保；並在此授權任何醫生、醫院、診所、保險公司及其他人士，均可向「中銀集團保險有限公司」提供受保人健康情況及病歷詳細資料。此授權書之影印本與正本有同等效力。 I declare that myself and/or Insured Person do not have any physical defect; have not made any claims under any covered items or being refused to be covered by any insurer in the past 3 years; and hereby authorize any doctor, hospital, clinic, insurance company or any other person to provide the Insured Persons’ health condition or detail medical history to “Bank of China Group Insurance Company Limited”. Copy of this authorization form will have same effect as of the original copy. 2. 本人謹此聲明，本投保書是在香港特別行政區內簽署並同意「中銀集團保險有限公司」(下稱“中銀集團保險”)保留一切有關投保書接納與否之權利，並明白必須待中銀集團保險接納本投保書及已繳付保費後，保障才能生效，亦聲明於本投保書之陳述乃真確無訛，可作為本人/受保人與中銀集團保險訂立契約之基礎，並明白如資料錯誤或不詳盡或有任何訛騙或資料失實，保單將會作廢。 I declare that this Proposal Form is applied and signed at HKSAR and agree “Bank of China Group Insurance Company Limited” (named below as “BOCG Insurance”) reserves the right to accept or decline my application and understand that the insurance will not be in force unless this Proposal Form has had accepted by “BOCG Insurance” and the premium has been paid and also declare that the information stated in this Proposal Form is true and complete and will form the basis of the contract between me/Insured Person(s) and the BOCG Insurance and understand that if any information stated is untrue or incomplete or in case of fraud or factual misrepresentation, the policy shall be null and void. 3. 本人明白此投保申請的全年計劃一經批核，在每個保單年度期滿前，若未有接獲中銀集團保險有關修改任何條款的續保通知，本人只須繳交下個保單年度所須的保費，此保單的全年計劃便會每年自動續保。 I agree that once the Annual Plan in this application for insurance is accepted, if no notice of amendment of renewal terms is sent to me from BOCG Insurance prior to the expiration of each policy year, the Annual Plan in this policy will be automatically renewed simply by my/our settling the required premium for the upcoming policy year.

收集個人資料聲明 Personal Information Collection Statement
本人明白本人提供的資料為中銀集團保險提供保險業務所需，並可能使用於下列目的 I understand that the information provided by me to BOCG Insurance is collected to enable BOCG Insurance to carry on insurance business and may be used for the purpose of: 1. 處理及審批本人的保險申請或本人將來提交的保險申請 processing and evaluating my insurance application and any future insurance application I may make; 2. 執行本人保單的行政工作及提供與本人保單相關的服務 administering my insurance policy and providing services in relation to my insurance policy; 3. 分析或調查、處理及支付本人保單有關的索償 analysis or investigating, processing and paying claims made under my insurance policy; 4. 發出繳交保費通知及向本人收取保費及欠款 invoicing and collecting premiums and outstanding amounts from me;

5. 任何與保險有關的產品或服務的任何更改、變更、取消或續期 any alterations, variations, cancellation or renewal of any insurance related product or service;
6. 就以上用途聯絡本人 contacting me for any of the above purposes;
7. 中銀集團保險行使任何代位權 exercising any right of subrogation by BOCG Insurance;
8. 其它與上述用途有直接關係的附帶用途 other ancillary purposes which are directly related to the above purposes;及 and
9. 遵循適用法律、條例及業內守則及指引 complying with applicable laws, regulations or any industry codes or guidelines.

中銀集團保險亦可因應上述用途將本人及/或受保人的個人資料移轉予下列各方 BOCG Insurance may disclose my and/or the Insured Person(s)'s personal data for the above purposes to the following classes of transferees:

- a. 就上述用途，向中銀集團保險提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問 (包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist BOCG Insurance to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
b. 處理索賠個案的理賠師、理賠調查員及醫療顧問 in the event of a claim, loss adjudicators, claims investigators and medical advisors;
c. 追討欠款的收數公司或索償代理 in the event of default, debt collectors and recovery agents;
d. 保險資料服務公司及信貸資料服務公司 insurance reference bureaux or credit reference bureaux;
e. 再保公司及再保經紀 reinsurers and reinsurance brokers;
f. 本人的保險經紀 (若有) my insurance broker (if I have one);
g. 中銀集團保險的法律及專業業務顧問 BOCG Insurance's legal and professional advisors;
h. 中銀集團保險的關連公司(以《公司條例》內的定義為準)BOCG Insurance's related companies (as that term is defined in the Companies Ordinance);
i. 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」)及其會員，以達到任何上述或有關目的，或以使「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 any association, federation or similar organization of insurance companies ("Federation") and its members 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;
j. 透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的 any member(s) of the "Federation" by the "Federation" for any of the above or related purposes;
k. 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 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;
l. 保險索償投訴局及同類的保險業機構 the Insurance Claims Complaints Bureau and similar industry bodies;及 and
m. 法例要求或許可的政府機關 government agencies and authorities as required or permitted by law.

本人在此授權中銀集團保險可向「聯會」從保險業內收集的資料中查閱及/或核對本人及/或受保人任何資料 BOCG Insurance is hereby authorized to obtain access to and/or to verify any of my and/or the Insured Person(s)'s data with the information collected by the Federation from the insurance industry.

此外，經本人同意，中銀集團保險可能會以其它方式使用及披露本人及/或受保人的個人資料 Moreover, BOCG Insurance may also use and disclose my and/or the Insured Person(s)'s personal data otherwise with my consent.

本人有權查閱及要求更正由中銀集團保險持有有關本人及/或受保人的個人資料。如有需要，可向中銀集團保險法律與合規部提出 (電話：2867 0888，傳真：3906 9939) I have the right to obtain access to and to request correction of any personal information concerning myself and/or the Insured Person(s) held by BOCG Insurance. Requests for such access can be made to BOCG Insurance's Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).

接收推廣訊息指示 Receive Direct Marketing Materials Instruction

本人不欲中銀集團保險使用本人的個人資料經以下渠道作直銷推廣 (請以“✓”選擇渠道) I **do not wish** BOCG Insurance to use my personal data in direct marketing via the following channel(s) (please use “✓” to select the channel(s)):

- ☐ 電子推廣郵件 Promotion Email ☐ 電話短訊 SMS ☐ 直銷郵件 Direct Mailing ☐ 電話直銷 Telephone Call

如您遞交此投保書而沒有在以上任何方格內以“✓”號顯示您的選擇，即代表您並不拒絕中銀集團保險任何形式的直銷推廣。If you return this Proposal Form without ticking any of the above boxes, it means that you do not wish to opt-out from any form of direct marketing of BOCG Insurance.

以上代表您現在對是否接收直銷推廣資料的選擇，亦取代任何您之前已告知中銀集團保險的選擇。請注意，您以上的選擇適用於根據中銀集團保險的「資料政策通告」上所載的產品、服務及/或標的。請您參考該通告上有關中銀集團保險擬用於直銷推廣的個人資料種類。The above represents your present choice whether or not to receive direct marketing materials and replaces any choice communicated by you to BOCG Insurance prior to this application. Please note that your above choice applies to the direct marketing of the classes of products, services and/or subjects as set out in the Data Policy Notice of BOCG Insurance. Please also refer to the said Notice on the kinds of personal data which may be used in direct marketing.

將個人資料披露給本集團公司作直接促銷指示 Instruction to disclose personal data to the Group companies for direct marketing

☐ 為改善及提供更全面的服務予中銀集團保險的客戶，中銀集團保險可能會將您的個人資料提供予「本集團」*其他成員及其他人作其包括財務、保險、信用卡、證券、商品、投資、銀行及相關服務和產品及授信的直銷推廣 (請您參考中銀集團保險的「資料政策通告」上有關中銀集團保險擬提供之直銷推廣的個人資料種類，該資料擬提供予甚麼類別的人士，以及該資料擬就甚麼類別的產品、服務及/或標的而使用。) 若您不欲中銀集團保險提供您的個人資料予以上人士作以上用途，請您在這方格上以“✓”號表示。To improve and provide more comprehensive services to our customers, BOCG Insurance may provide your personal data to other members of the Group* and any other persons for their use in direct marketing of financial, insurance, credit card, securities, commodities, investment, banking and related services and products and facilities and so forth. (Please refer to the Data Policy Notice of BOCG Insurance on the kinds of personal data which may be transferred to in direct marketing, the classes of persons to which your personal data may be provided to, and the classes of products, services and/or subjects in relation to which the data is to be used.) Please tick “✓” this box if you **do not wish** BOCG Insurance to provide your personal data to the above persons for the above purposes.

*「本集團」指中銀集團保險及其控股公司、分行、附屬公司、代表辦事處及附屬成員，不論其所在地。附屬成員包括中銀集團保險的控股公司之分行、附屬公司、代表辦事處及附屬成員，不論其所在地。The “Group” means BOCG Insurance and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated. Affiliates include branches, subsidiaries, representative offices and affiliates of BOCG Insurance's holding companies, wherever situated.


- ☒ 本人明白此產品為自動續保產品，本人只須繳交下個保單年度所須的保費，此保單便會每年自動續保 (續保保費將根據續保時保單週年日之保費表釐定)。
I understand that this is an auto renew product. The policy will be **automatically renewed** simply by my settling the required premium for the upcoming policy year (renewal premiums will be based on the prevailing premium rates at the time of policy anniversary).

本人確認同意本投保書內之所有部份，包括但不限於上列之聲明及收集個人資料聲明。 I confirm my agreement to all sections in this Proposal Form, including but not limited to the above Declaration and Personal Information Collection Statement.

投保人簽署 Signature of Proposed Insured

香港 H.K./
簽署地及日期 Signed Place and Date

本投保書在未被同意受保前，中銀集團保險不負任何責任。
The BOCG Insurance has no liability whatsoever before the application for insurance in this Proposal Form is accepted.

信用卡付款授權書 Credit Card Authorization Form			
<input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> 中銀銀聯雙幣信用卡(必需由香港發出) BOC CUP Dual Currency Credit Card (Must be issued in Hong Kong)			
持卡人姓名 Cardholder's Name	香港身份證號碼 HKID Card No.	信用卡戶口號碼 Credit Card Account No.	信用卡到期日 (月/年) Credit Card Expiry Date (M/Y)
		<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	/
本人茲授權「中銀集團保險有限公司」從本人的信用卡戶口按每保單年度支付「中國通」意外急救醫療計劃應繳保費金額，直至另行通知。I hereby authorize and direct "Bank of China Group Insurance Company Limited" to debit the premium due from my credit card account for "China Express" Accidental Emergency Medical Plan by each Policy Year until further notice.			
聲明 (只適用於投保人首次成功登記中銀信用卡直接付款授權服務以支付此保險計劃之費用) Declaration (only applicable to the Proposed Insured who have successfully registered for BOC Credit Card Direct Debit Authorization Service to settle premium payment for this insurance plan for the first time)			
1. 本人明白/同意中銀集團保險有限公司可向中銀信用卡(國際)有限公司傳送本人所遞交的相關個人資料以作誌賬額外 5,000 中銀信用卡獎賞積分之用；I understand/agree that Bank of China Group Insurance Company Limited will transfer my submitted relevant personal information to BOC Credit Card (International) Ltd. for crediting the extra 5,000 BOC Credit Card Reward Gift Points;			
2. 本人明白/同意有關「額外 5,000 中銀信用卡獎賞積分優惠」(「本優惠」)的條款及細則。I understand/ agree with the terms and conditions of "Extra 5,000 BOC Credit Card Reward Gift Points Promotion ("Promotion Offer")".			
3. 本人明白/同意中銀集團保險有限公司及中銀信用卡(國際)有限公司保留隨時修改、暫停或取消優惠推廣及修訂其條款與細則的酌情權而毋須事先通知。如有任何爭議，中銀集團保險有限公司及中銀信用卡(國際)有限公司保留最終決定權。I understand/agree that Bank of China Group Insurance Company Limited and BOC Credit Card (International) Ltd. reserve the rights to change, suspend or terminate the Promotion and to amend the relevant terms and conditions at any time at its sole discretion without prior notice. In case of any dispute(s), the decision of Bank of China Group Insurance Company Limited and BOC Credit Card (International) Ltd. shall be final.			
若持卡人並非投保人，請填寫以下資料。If Cardholder is not the Proposed Insured, please fill in the following information.			
1. 與投保人關係 Relationship with the Proposed Insured: _____			
2. 代投保人支付保費原因 Reason for paying premium on Proposed Insured's behalf: _____ 本人同意及承擔上述投保人之全數應繳之「中國通」意外急救醫療計劃保費金額，本人亦明白如因終止保單而產生的任何退費會以支票方式給予投保人。 <input type="checkbox"/> I hereby confirm to pay the premium due of "China Express" Accidental Emergency Medical Plan for the above Proposed Insured. I also understand that any refund premium due to policy cancellation will be given to the Proposed Insured by cheque.			
持卡人簽署 Cardholder's Signature (須與信用卡簽署式樣相同 should be the same as the specimen signature on Credit Card)	X		聯絡電話號碼 Contact Phone No. 日期 Date (日 D/月 M/年 Y)

銀行代理專用 For Bank use only		
經辦編號 Staff No.	保險中介人編號 Agent No.	轉介單位編號 Transfer Unit No.
經辦姓名 Staff Name	經辦單位編號 Unit No.	轉介人編號 Transfer Staff No.
經辦聯絡電話 Staff Contact No.	CIN 號碼 CIN No.	申請號碼 TX No.
客戶填妥及簽署此投保書後，請銀行代理向中銀集團保險有限公司遞交以下文件 The Bank staff should submit the following documents to Bank of China Group Insurance Company Limited:		
銀行戶口自動轉賬 Bank Account Autopay (1) 專用保險費收款單正本或影印本 The original copy or photo copy of the Dedicated Premium Deposit Form ; (2) 於第 5 頁已簽署的「直接付款授權書」正本 The original copy of the duly signed "Direct Debit Authorization" in page 5 ; (3) 此投保書 This proposal form.	信用卡付款 Payment made by Credit Card (1) 於第 4 頁已簽署的「信用卡付款授權書」正本 The original copy of the duly signed "Credit Card Authorization Form" in page 4 ; (2) 此投保書 This proposal form.	其他付款方式 Other Payment Methods (1) 保險費收款單正本或影印本 The original copy or photo copy of the Premium Deposit Form ; (2) 此投保書 This proposal form.
備註 Note		

保險公司專用 For Office use only		
保單編號 Policy No.	經辦人 Handled By	覆核人 Checked By

直接付款授權書 Direct Debit Authorization

請依次填寫並將此授權書交給 貴戶之往來銀行 Please complete and return this form to your banker

收款之一方 (受益人) Name of Party to be Credited ("The Beneficiary") Bank of China Group Insurance Company Limited	銀行編號 Bank No. 0 3 0	分行編號 Branch No. 5 5 0	收款賬戶號碼 Account No. to be Credited 1 0 2 8 2 1 0 8
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- 本人/吾等現授權本人/吾等之下述銀行·(根據受益人及/或代理行不時給予本人/吾等銀行之指示)自本人/吾等之賬戶內轉賬至上述賬戶。惟每次轉賬金額不得超過以下指定之限額。I/We hereby authorize my/our below named Bank to effect transfers from my/our account to the above account in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker and/or its banker's correspondent from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.
- 本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.
- 如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加)·本人/吾等願共同及各別承擔全部責任。I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).
- 本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬·本人/吾等之銀行有權不予轉賬·且銀行可收取慣常之收費·並可隨時以一星期書面通知取消本授權書。I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization at any time on one week's written notice.
- 本授權書將繼續生效直至另行通知為止或直至下列到期日為止 (以兩者中最早之日期為準)。This authorization shall have effect until further notice or until the expiry date written below (whichever shall first occur).
- 本人/吾等同意·本人/吾等取消或更改本授權書之任何通知·須於取消/更改生效日最少兩個工作天(但不包括星期六)之前交予本人/吾等之銀行。I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our Bank shall be given at least two working days (except Saturdays) prior to the date on which such cancellation/variation is to take effect.

本人/吾等之銀行及分行之名稱 My/Our Bank Name and Branch	銀行編號 Bank No.	分行編號 Branch No.	本人/吾等之賬戶號碼 My/Our Account No.
本人/吾等在結單/存摺上所紀錄之名稱 My/Our Name(s) as record on Statement/Passbook	*每次/月付款之限額 *Limit for Each Payment/Month		到期日 (參閱下列附註各點) Expiry Date (See Notes Below) Day 日 Month 月 Year 年
債務人之姓名 (若非賬戶持有人) Name of Debtor (if other than Account Holder)	債務人參考 (必填之欄 – 請參閱下列附註各點) Debtors' Reference (Compulsory Field-See Notes Below)		
本人/吾等在結單/存摺上所紀錄之地址 My/Our Address as record on Statement / Passbook	聯絡電話 Telephone No.		本人/吾等之簽名 My/Our Signature(s) 日期 Date
以下由銀行填寫 For Bank Use Only	核對印鑑 Signature(s) Verified		

- * 請刪去不適用者。Please delete whichever is not appropriate.
- # 請以英文正楷填寫。Please write in block letters.

附註 NOTES :

- 如 台端付款之數額每次可能不相同·則請將最高者定為每次付款之最高限額。If the amount of your payments are likely to vary each time, set the Limit for Each Payment at the maximum amount you would expect to pay at any one time.
- 本直接付款授權書將於「到期日」一欄中所填寫之日期自動撤銷。如 貴戶意欲直接付款授權書無限期有效 (或直至 貴戶予以撤銷為止)·則請將該欄留空。This Direct Debit Authorization will be cancelled automatically on the date included in the box marked "Expiry Date". If you wish the Direct Debit Authorization to have effect indefinitely (or until cancelled by you) please leave box blank.
- 請保證 貴戶在此授權書內之簽名·與銀行賬戶所簽者完全相同。Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
- 在債務人之參考欄內·請將 貴戶與受款人一方之關係·略予說明·例如學生編號、抵押合約號碼等。In the box marked "Debtor's Reference" enter the identifying reference between yourself and the party to be credited i.e. Student No., Mortgage Agreement No., Rental Agreement No., etc.
- 當 "每次/月付款之限額" 一欄未有填上時·債務銀行可酌權就轉賬金額設下一個限額。The debtors' bank may set an internal limit when the "Limit for Each Payment/Month" is not specified.
- 如果轉賬金額超過債務銀行所定限額·除預先安排外·債務銀行會保留權利不予以轉賬。The debtor's bank reserves the right to reject the payment exceeding the maximum limit specified by the debtor's bank unless prior arrangements have been made.

額外 5,000 中銀信用卡獎賞積分優惠(「本優惠」)的條款及細則

Terms and Conditions of “Extra 5,000 BOC Credit Card Reward Gift Points Promotion (“Promotion Offer”)

1. 推廣期由即日起直至另行通知為止。
The Promotion Period starts from now until further notice.
2. 推廣期內，投保人須成功登記中銀信用卡直接付款授權服務以支付「中國通意外急救醫療計劃 - 全年計劃」首個保單年度及續保保費，及其保單之生效日期必須為推廣期內，方可獲享一次過額外 5,000 中銀信用卡獎賞積分(「合資格客戶」)。
The Proposed Insured may enjoy a one-off Extra 5,000 BOC Credit Card Reward Gift Points upon successful registration for the BOC Credit Card Direct Debit Authorisation Service for premium payment of first policy year and renewal of “China Express Accidental Emergency Medical Plan - Annual Plan” during the Promotion Period. Also, the effective date of the Proposed Insured’s policy must be within the Promotion Period (“Eligible Customers”).
3. 本優惠只適用於印有  標誌及在香港發行的中銀信用卡，惟不適用於中銀長城國際卡、美金卡、中銀採購卡、私人客戶卡、Intown 網上卡、中銀「易達錢」以及已參與現金回贈計劃的卡戶。
The Promotion Offer is only applicable to BOC Credit Cards bearing  logo issued in Hong Kong, while Great Wall International Credit Card, USD Card, BOC Purchasing Card, Private Label Card, Intown Card, BOC Express Cash Card are excluded. Cardholders who have participated in the cash rebate plan will not be entitled to the Promotion Offer.
4. 成功申請直接付款授權服務後，額外 5,000 中銀信用卡獎賞積分將於 10 個星期內記入合資格客戶的信用卡賬戶。
Upon successful registration for the Direct Debit Authorisation Service, the extra 5,000 BOC Credit Card Reward Gift Points will be credited to the Eligible Customers’ credit card accounts within 10 weeks.
5. 合資格客戶的信用卡賬戶必須正常、有效及信用狀況良好。如合資格客戶已取消其信用卡賬戶、違反持卡人合約條款、有欠款逾期未還或有不良記錄，將不會獲享額外 5,000 中銀信用卡獎賞積分。任何涉及欺詐成份、已取消或已退款的交易款項均不會被視作有效交易，亦沒有資格獲享額外 5,000 中銀信用卡獎賞積分。
The status of the Eligible Customers’ credit card accounts should be normal, valid and in good standing. Should the Eligible Customers have cancelled their credit card accounts, breached the Card User Agreement or have overdue/bad records in their credit card accounts, the extra 5,000 BOC Credit Card Reward Gift Points will not be awarded. Any fraudulent, unauthorised, cancelled, or unposted transactions will not be considered as valid transactions and will not be eligible for the extra 5,000 BOC Credit Card Reward Gift Points.
6. 如卡戶有任何舞弊或欺詐行為，中銀信用卡(國際)有限公司(「卡公司」)會即時撤銷其參與本優惠的資格並取消其信用卡。卡公司有權在毋須事先通知的情況下從該信用卡賬戶直接扣除相等於已記入獎賞積分的金額及 / 或採取法律行動。
Acts of fraud and deception will result in the forfeiture of Cardholder s’ eligibility to enjoy the Promotion Offer as well as the cancellation of BOC Credit Cards. BOC Credit Card (International) Limited (the “Company”) reserves the right to debit directly from the credit card accounts an amount equivalent to the value of credited Reward Gift Points without prior notice and / or take legal actions.
7. 卡公司保留隨時修改、暫停或取消本優惠及修訂其條款與細則的酌情權而毋須事先通知。
The Company reserves the right to change, suspend or terminate the Promotion Offer and to amend the relevant terms and conditions at any time at its sole discretion without prior notice.
8. 如有任何爭議，卡公司保留最終決定權。
In case of any dispute(s), the decision of the Company shall be final.
9. 此條款及細則的中、英文版本有任何歧異，一概以英文版本為準。
In case of any discrepancy(ies) between the Chinese and English versions of these terms and conditions, the English version shall prevail.