

# 大灣區旅遊保障計劃投保書

## Greater Bay Area Travel Insurance Plan Proposal Form

通訊地址: 香港中環德輔道中 71 號永安集團大廈 8 樓  
客戶服務熱線 Customer Service Hotline: 3187 5100

Correspondence Address: 8/F., Wing On House, 71 Des Voeux Road Central, Hong Kong.  
傳真 Fax: 3906 9948 電郵 Email: osc\_policy@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. 為保障受保人的利益，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。若未能充份透露實情，將會使受保人得不到所需的保障，甚至使保單失效。If you have any doubt on what should be disclosed in this Proposal Form, please contact Bank of China Group Insurance Company Limited (named below as "BOCG Insurance") customer service hotline (852) 3187 5100 for the interests of the Insured Person. Failure to disclose may mean that the policy will not provide the Insured Person with the coverage required, or may invalidate the policy altogether.
3. 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.
4. 「大灣區旅遊保障計劃」（下稱“本計劃”）由中銀集團保險承保。Greater Bay Area Travel Insurance Plan (named below as "this Plan") is underwritten by BOCG Insurance.
5. 旅程的目的地必須為粵港澳大灣區<sup>1</sup>（香港除外）。The destination of journey must be within the Guangdong-Hong Kong-Macau Greater Bay Area<sup>1</sup> (Not including Hong Kong.)
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，而非中銀香港的產品。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.
8. 中國銀行（香港）有限公司已獲香港特別行政區保險業監管局根據《保險業條例》（香港法例第 41 章）發出保險代理機構牌照。（保險代理機構牌照號碼 FA2855）The Bank of China (Hong Kong) Limited is granted an insurance agency licence under the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong) by Insurance Authority in Hong Kong SAR. (insurance agency licence no. FA2855)

### 投保人資料 Details of the proposed Insured

若以信託投保，請於中銀集團保險網頁 [www.bocgins.com](http://www.bocgins.com) 下載「客戶信息收集表」，填妥後連同投保書一同遞交。如有任何查詢，請聯絡客戶服務熱線(852) 3187 5100。  
If insured is Trust, please download "Customer Information Collection Form" in BOCG Insurance website [www.bocgins.com](http://www.bocgins.com), complete and submit together with proposal form. For any enquiries, please contact Customer Services Hotline (852) 3187 5100.

(信託指根據信託法規法律，財產授予人委託受託人成立信託，使得受益人獲得利益。Trust is a legal relationship in which settler gives its right to trustee who must keep and use it solely for beneficiary's benefit.)

1. 英文姓名* Name in English (請先填寫姓氏 Surname first)	2. 中文姓名* Chinese Name
3. 性別* Sex <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	4. 香港身份證 / 護照號碼* HKID Card No. / Passport No.
5. 國籍* Nationality	6. 出生日期* Date of Birth (日 D / 月 M / 年 Y)
7. 手提電話* Mobile No.	8. 電郵地址* Email Address

9. 通訊地址* Correspondence Address 室 Room / Flat _____ 層數 Floor _____ 座數 Block / Tower _____ 大廈/屋苑名稱 Name of Building / Name of Estate _____ 街道號數及名稱 Number and Name of Street/Road _____ 區份 District _____ <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT	
10. 住址 Residential Address ( <input type="checkbox"/> 與通訊地址相同 Same as the Correspondence address) 室 Room / Flat _____ 層數 Floor _____ 座數 Block / Tower _____ 大廈/屋苑名稱 Name of Building / Name of Estate _____ 街道號數及名稱 Number and Name of Street/Road _____ 區份 District _____ <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT	

11. 投保人職業* Occupation of Proposed Insured	
<input type="checkbox"/> 01- 政要人士 Political VIP	<input type="checkbox"/> 06- 技術工人 Skilled workers
<input type="checkbox"/> 02- 官員和管理人員 Officers and Managers	<input type="checkbox"/> 07- 體力勞動者 Manual workers
<input type="checkbox"/> 03- 專家和技術人員 Experts and Technicians	<input type="checkbox"/> 08- 武裝部隊、警察、海關等執法人員 Armed forces and Customs and Personnel Police etc
<input type="checkbox"/> 04- 文員和事務工作者 Clerks and Administrators	<input type="checkbox"/> 09- 無業人員 Unemployed
<input type="checkbox"/> 05- 服務和銷售人員 Services and Sales Staff	<input type="checkbox"/> 10- 其他 Others(請說明 Please indicate)

# 必須填寫項目 Mandatory Fields (如果提供的附夾文件中已有投保書所需資料，或之前曾提供予中銀集團保險且無須更新的資料，可不必填寫。You are not required to fill in the mandatory fields if the supporting documents attached to your application already contain the required information, or if the information had previously been provided to BOCG Insurance and it does not need to be updated.)

## 保障資料 - Insured Details

1	承保期 <sup>2</sup> Period of Insurance <sup>2</sup>	由 From _____ 至 to _____ (日 D/月 M/年 Y) 共 for _____ 天 days (最長承保期優越計劃為 31 天，標準計劃則為 5 天。Maximum cover period for Elite Plan is 31 days, Standard Plan is 5 days)		
2	受保人原居地 Country of Residence of the Insured Person: 香港 Hong Kong 起保地點 Place of Origin: 香港 Hong Kong			
3	受保類別 <sup>3</sup> Insured Category <sup>3</sup>	保障計劃 Benefit Plan	目的地 Destination:	保費 Premium (HK\$)
	<input type="checkbox"/> 受保人 <sup>4</sup> Insured Person <sup>4</sup> (受保人數 No. of person(s) to be insured: _____) <input type="checkbox"/> 受保人及配偶 Insured Person & Spouse <input type="checkbox"/> 受保人及子女 Insured Person & Child(ren) <input type="checkbox"/> 家庭 <sup>5</sup> Family <sup>5</sup>	<input type="checkbox"/> 優越計劃 Elite Plan <input type="checkbox"/> 標準計劃 Standard Plan	粵港澳大灣區(香港除外) <sup>1</sup> Guangdong-Hong Kong-Macau Greater Bay Area (exclude Hong Kong) <sup>1</sup>	
<b>總保費及保費徵費<sup>^</sup>Total Premium and Premium Levy<sup>^</sup> (HK\$)</b>				
保費 Premium:				
折扣後保費 Discounted Premium (如適用 if applicable): ( _____ % 折扣 Discount)				
保監局保費徵費 Insurance Authority Premium Levy:				
應付總額 Total Payable:				

<sup>^</sup>保險業監管局(「保監局」)將按適用徵費率向保單持有人收取保費徵費。為避免任何法律後果，保單持有人需於繳交保費時向保險公司繳付該筆保費的訂明徵費，並由保險公司將該已繳付的徵費轉付予保監局。徵費金額會因應徵費率調整而有所變更。有關詳情，請瀏覽保監局的網頁 [www.ia.org.hk](http://www.ia.org.hk)。The Insurance Authority (“IA”) will collect premium levy from the policyholder at the applicable rate. In order to avoid any legal consequences, the policyholder must pay to the insurance company a prescribed levy for the premium for direct remittance to the IA. The levy amount may be subject to change depending on the applicable rate. For details, please visit IA's website [www.ia.org.hk](http://www.ia.org.hk).

## 受保人資料 Person(s) to be Insured

所有受保人英文姓名(請先填寫姓氏) <sup>#</sup> English Name of all Insured Person(s) (Surname first) <sup>#</sup> (若有更多受保人，請用另頁附上) (Attach separate sheet for more Insured Person(s))	中文姓名 <sup>#</sup> Name in Chinese	香港身份證/ 護照號碼 <sup>#</sup> HKID Card / Passport No.	年齡 / 出生日期 <sup>6</sup> Age / Date of Birth <sup>6</sup> (日 D / 月 M / 年 Y)	國籍 Nationality <sup>#</sup> (國家/地區 Country/Region)	居住地 Place of Residence <sup>#</sup>	其他受保人與第一 受保人的關係 <sup>#</sup> Relationship between other Insured Person(s) and the 1st Insured Person	受益人姓名 / 與受保人關係 Beneficiary Name / Relationship with Insured Person
1.							法定受益人 Lawful Beneficiary
2.							
3.							
4.							
5.							

### 註 Note:

- 粵港澳大灣區指香港、澳門、廣州、深圳、珠海、佛山、中山、東莞、肇慶、惠州及江門，惟旅遊目的地不包括香港。Guangdong-Hong Kong-Macau Greater Bay Area refers to Hong Kong, Macau, Guangzhou, Shenzhen, Zhuhai, Foshan, Zhongshan, Dongguan, Zhaoqing, Huizhou and Jiangmen, but the destination does not include Hong Kong.
- 本計劃之「取消旅程」保障，如受保人及/或近親、緊密商業夥伴等因身故或嚴重傷病導致取消旅程，保障須於成功投保 24 小時後才開始生效。Under the Cancellation cover of this Plan, if the Insured and/or close relative, close business partner etc has suffered from Death or Serious Sickness or Injury, the Policy Cover will be effective after 24 hours from the successful enrolment.
- 本投保書只可接受一個受保類別。This Proposal Form only allows one Insured Category.
- 此受保類別可接受多於一名受保人。This Insured Category allows more than one person(s) to be insured.
- 如受保人是家庭，本人在每一受保項目的合計最高賠償不得超過選擇計劃最高金額的 200% (不適用於 24 小時緊急支援服務、人身意外及身亡撫恤金)。If Family is insured, maximum benefit payable in each covered Section shall not exceed 200% in aggregate of the amount specified in the selected Plan (not applicable to 24-Hour Emergency Assistance Service, Personal Accident and Compassionate Death Cash Benefit).
- 受保人年齡必須介乎 6 個星期至 100 歲。The insured person(s) must be aged between 6 weeks and 100 years old.

## 繳付保費方法 Payment Method

以現金或銀行戶口過賬方式入賬予中銀集團保險專用戶口

Payment to BOCG Insurance's Designated Account by Cash or Bank Account Payment Transfer

銀行參考編號 Bank Reference No. F \_\_\_\_\_ 轉賬日期 Transfer date (日/月/年 D/M/Y): \_\_\_\_\_

## 聲明Declaration

1. 本人聲明本人獲列於本投保書上各受保人(包括兒童之監護人)授權代他/她/他們申請「大灣區旅遊保障計劃」及作出以下聲明。本人亦同時聲明每位受保人已同意在本投保書及各項聲明的內容，而該受保人就所有有關內容的同意，乃該人士獲得保障的先決條件。(上述聲明並不適用於投保人只為他/她本人申請保險。) I hereby declare that I have been duly authorized by the Insured Person(s) (including guardian(s) of the child(ren)) mentioned in this Proposal Form to apply for the Greater Bay Area Travel Insurance Plan and to make the following declarations for and on his/ her/ their behalf. I also hereby declare that each of the Insured Person(s) has agreed to the information under this Proposal Form including these Declarations, and that it is a condition precedent to obtain coverage for each such person that such Insured Person has agreed to all such information. (The above declaration is not applicable to a Proposer applying for his/ her own insurance only.)
2. 本人，並代表每位受保人，謹此聲明，就每位受保人等所知所信，於本投保書之陳述乃真確無訛，可作為簽發保單之根據，亦明白如資料錯誤或不詳盡，本人及/或受保人之保障有失效之虞。I, and on behalf of each of the Insured Person(s), declare that the information stated in this Proposal Form is true and complete and will form the basis of this insurance. I, and on behalf of each of the Insured Person(s), also understand that if any information stated is untrue or incomplete, the cover for me and/or for the Insured Person(s) may be invalidated.
3. 本人，並代表每位受保人，謹此聲明，本投保書是在受保人出發前於香港特別行政區內簽署，並明白保單之承保期與旅程日期必須一致，如有任何訛騙或資料失實，本人及/或受保人之保障有失效之虞。I and on behalf of each of the Insured Person(s) declare that this Proposal Form is applied and signed at HKSAR prior to the Insured Person's departure, and understand that the period of insurance of the policy and the insured person's travel period must be the same, in case of fraud or factual misrepresentation, the cover for me and/or for the Insured Person(s) may be invalidated.
4. 本人，並代表每位受保人，就每位受保人等所知所信，保證各受保人均非為醫療原因而外出旅行，亦無違反醫生勸告事宜；就各受保人所知目前無任何情況會導致既定之旅遊行程被取消或提早結束。I, and on behalf of each of the Insured Person(s), warrant that to the best of my knowledge and belief no Insured Person is traveling contrary to the advice of a medical practitioner or for the purpose of obtaining medical treatment and no Insured Person is aware of any condition, cause or circumstance that may necessitate the cancellation or curtailment of the planned journey.
5. 本人，並代表每位受保人，謹此聲明受保學童年齡為 23 歲或以下，未婚及未有工作，而年齡介乎 6 個星期至 17 歲的人士在遊學期間必須在成人照顧及陪同下完成整個旅程。(只適用於「學童短期遊學」保障) I, and on behalf of each of the Insured Person(s), declare that the student to be insured is aged 23 years old or below, dependent and unmarried. The entire journey of short-term study for students aged between 6 weeks and 17 years old has to be accompanied by and with the custody care of an adult. (Applicable to "Student Short-term Study Trip" Cover only)
6. 本人，並代表每位受保人，明白受保人年齡必須介乎 6 星期至 100 歲。如屬 80 歲以上的受保人，保障項目 9「24 小時緊急支援服務」中緊急運送、送返香港及遺體運返的最高賠償總額將作出調整並會與保障項目 3「醫療及有關費用」的保額共用，詳見保障範圍。I, and on behalf of each of the Insured Person(s), understand that Insured Person(s) must be aged between 6 weeks and 100 years old. For Insured Person(s) aged above 80 years old, the Maximum Benefit Payable for "Emergency Evacuation", "Return to Hong Kong" and "Repatriation of Mortal Remains" under item 9 "24-hour Emergency Assistance Services" will be adjusted and shared with coverage item 3 "Medical and Relevant Expenses". Please refer to Scope of Coverage for details.
7. 本人，並代表每位受保人，明白如以家庭(即夫婦及其子女)受保，每一受保項目的合計最高賠償不得超過所選擇計劃最高金額的 200%(合計最高賠償額不適用於保障項目 1「人身意外」、項目 2「身亡撫恤金」及項目 9「24 小時緊急支援服務」)。I, and on behalf of each of the Insured Person(s), understand that if Family (i.e. Couple & Child(ren)) is insured, the aggregate maximum benefit payable for each covered section is capped at 200% of the amount specified in the selected plan. (the capped maximum benefit limit does not apply to insured Section 1 "Personal Accident", insured Section 2 "Compassionate Death Cash" and insured Section 9 "24-hour Emergency Assistance Services").
8. 本人，並代表每位受保人，明白與中銀集團保險之保險合約以本投保書及此聲明為基礎，並以中銀集團保險保單為依據。I, and on behalf of each of the Insured Person(s), understand that this Proposal Form and declaration shall be the basis of my contract with BOCG Insurance and in accordance with BOCG Insurance policy wording.
9. 本人，並代表每位受保人，明白本投保書經中銀集團保險接納後，保費及保費徵費將不獲退還。I, and on behalf of each of the Insured Person(s), also understand that no refund of premium and premium levy shall be made once the Proposal Form is accepted by BOCG Insurance.
10. 本人，並代表每位受保人，同意中銀集團保險保留一切接納本投保申請與否之權利。I, and on behalf of each of the Insured Person(s), agree that BOCG Insurance reserves the right to accept or decline my/our application.
11. 本人，並代表每位受保人，同意及確認有關投保須知及投保人聲明及所選的計劃能滿足保障需要。I, and on behalf of each of the Insured Person(s), hereby confirm that I have read and understand the Application Notice and Declaration and the sum insured amount of the selected plan meets my/our protection needs.

## 收集個人資料聲明 Personal Information Collection Statement

本人/吾等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/We 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/吾等的保險申請或本人將來提交的保險申請； processing and evaluating my/our insurance application and any future insurance application I may make；
- (2) 執行本人/吾等保單的行政工作及提供與本人/吾等保單相關的服務； administering my/our insurance policy and providing services in relation to my/our insurance policy；
- (3) 分析或調查、處理及支付本人/吾等保單有關的索償； analysis or investigating, processing and paying claims made under my/our insurance policy；
- (4) 發出繳交保費通知及向本人/吾等收取保費、保費徵費及欠款； invoicing and collecting premiums, premium levy and outstanding amounts from me/us；
- (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/吾等； contacting me/us 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 bureaus or credit reference bureaus；
- e. 再保公司及再保經紀； reinsurers and reinsurance brokers；
- f. 本人/吾等的保險經紀（若有）； my/our insurance broker (if I/we 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； 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/吾等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/吾等同意，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/our consent.

本人/吾等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/We 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/吾等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/We confirm my agreement to all sections in this Proposal Form, including but not limited to the above Declaration and Personal Information Collection Statement.

香港 H.K./

投保人/保單持有人簽署 Signature of proposed Insured / Policyholder

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.**

**銀行代理必須填寫以下欄位 (Bank staff must complete the below box)**

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遞交以下文件 The Bank staff should submit the following documents to BOCG Insurance:		
<b>銀行戶口自動轉賬 Bank Account Autopay</b> (1) 專用保險費收款單正本或影印本 The original copy or photo copy of Dedicated Premium Deposit Form ; (2) 此投保書 This proposal form.		<b>其他付款方式 Other Payment Methods</b> (1) 保險費收款單正本或影印本 The original copy or photocopy of Premium Deposit Form; (2) 此投保書 This proposal form.

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