

投保書陳述項目 Stated Information for this Proposal Form

請受保人回答下列問題。若答案為「是」，請詳述於第4頁「陳述項目說明」。

Please answer all the following questions regarding the Insured Person. For each "Yes" answer, please provide details in "Illustration of Stated Information" in page 4.

I. 健康資料及病歷 Health Information and Medical History

1. 受保人的 Insured Person's 身高 Height _____ 米 m 體重 Weight _____ 千克 kg
- 是 YES 否 NO
2. 受保人曾否患上 Has the Insured Person ever been diagnosed with
- 癌症 Cancer? 是 否
 - 高血壓、中風、心臟病或任何心腦血管疾病 Hypertension, stroke, heart attack, any cardiovascular diseases? 是 否
 - 長期呼吸系統疾病、腎衰竭、肝病 (包括肝炎) 或糖尿病
Chronic respiratory disease, kidney failure, liver disease (including hepatitis) or diabetes mellitus? 是 否
 - 精神病 Psychiatric diseases? 是 否
3. 過去7年，受保人曾否 In the past 7 years, has the Insured Person ever
- 入住醫院、療養院或其他醫療機構? been confined in hospital, sanatorium or other medical institution? 是 否
 - 接受任何手術 (包括在醫院、診所或日間手術中心) ?
undergone any surgical procedure, either in hospital, clinic or day case centre? 是 否
4. 過去5年，受保人曾否 In the past 5 years, has the Insured Person ever
- 接受或被建議接受任何醫療檢查，包括體檢、驗血、驗尿、心電圖或成像測試 (如X光、超聲波、電腦掃描或磁力共振)? (沒有異常檢驗結果的定期體檢除外) undergone or been advised to undergo any medical tests, including medical examination, blood or urine test, ECG or imaging test (e.g. x-ray, ultrasound, CT scan, MRI)? (Apart from routine medical checkup without abnormal findings) 是 否
 - 就同一健康情況，接受超過一個月之處方藥物治療，或在醫生建議下接受兩次或以上諮詢?
(普通傷風、感冒、上呼吸道感染或急性腸胃炎等除外)
for the same health condition, been treated with prescription drugs for more than 1 month or received medical care for two times or more upon the recommendation from a doctor? (Apart from common flu and colds, upper respiratory tract infection or acute gastroenteritis) 是 否
5. 受保人現時是否正接受治療或醫療檢查? Is the Insured Person currently under any medical treatment and investigation? 是 否
6. 受保人現時是否有任何病徵或症狀，但仍未向醫生求診? (例如原因不明的體重驟減或任何類型腫瘤)
Is the Insured Person currently having any signs or symptoms (e.g. unexplained weight loss or tumour of any kind) but yet to consult with a doctor?. 是 否
7. 受保人是否有兩位或以上親人(父母或兄弟姐妹) 在 60 歲之前患上以下疾病? Does the Insured Person have two or more family members (parents or siblings) diagnosed with the following diseases before age of 60?
- 癌症 Cancer 是 否
 - 中風或心臟病 Stroke or heart attack 是 否
 - 糖尿病、腎病、精神失常或任何遺傳病
Diabetes mellitus, kidney diseases, psychiatric diseases or any hereditary diseases 是 否

II. 一般資料 General Information

- 是 YES 否 NO
8. 受保人是否每星期飲酒超過750毫升?若「是」，請註明種類 (例如啤酒、葡萄酒、烈酒) 及每週飲用量(毫升)。
Does the Insured Person drink over 750ml every week? If yes, please specify type (e.g. beer, wine, spirit.) and weekly consumption (ml). 是 否
9. 受保人是否參與或計劃參與任何危險運動或活動 (例如駕駛私人航機、賽車、跳傘、任何潛水或攀山) ?
Does the Insured Person participate or planning to participate in any hazardous sport or activity (e.g. private aviation, motor racing, parachuting, diving of any kinds or mountaineering)? 是 否

只適用年齡 2 歲以下人士 For age below 2 years old only:

- 是 YES 否 NO
10. 受保人是否早產兒(出生時懷孕期不足 37 週)? 若「是」，請註明出生時的週數及體重。Was the Insured Person's birth premature (born before 37 weeks of gestation)? If yes, please state the exact week of gestation and the weight at birth. 是 否

陳述項目說明 Illustration of Stated Information

就上述「投保書陳述項目」2-10 項問題，若任何一題答「是」，請於下列空格內提供全部詳情。如需另頁詳加說明，請在右格內加"✓"並連同附頁一併遞交，而附頁需由有關受保人簽署確認。如受保人年齡為 18 歲以下，附頁則由投保人簽署確認。If any answer to above "Stated information for this Proposal Form" question 2-10 is "YES", please provide full details in the following table. If you need to provide details on separate sheet, please tick the box at the right hand side and attach the sheet(s). The sheet(s) should be duly signed by the related Insured Person. If the Insured Person is below 18 years old, the sheet(s) should be duly signed by the Proposer.

另有附頁
with attachment

I. 健康資料及病歷 Health Information and Medical History

問題 2-6 Question 2-6 (請附上有關醫療報告(如有) PLEASE ENCLOSE RELATED MEDICAL REPORT(S), IF ANY)

疾病性質/ 病症名稱 Nature of Disorder/ Diagnosis	所接受之護理及治療 Care and Treatment Received	發病日期 Date of Onset	上一次求診日期 Last Consultation	結果 Result	主診醫生名稱及地址 Name and Address of the Medical Attendant(s)

問題 7 Question 7

與受保人關係 Relationship with the Insured Person	疾病性質/ 病症名稱 Nature of Disorder/ Diagnosis	發病日期及年齡 Date & Age of Onset	現時情況，如已歿請提供死因 Current Condition, or if Died, Please State Cause of Death

II. 一般資料 General Information

問題 8-10 Question 8-10

問題號碼 Question No.	詳情 Details

繳付保費方法 Payment Method

1. 以信用卡付款 Payment made by credit card

請填妥第 7 頁的「信用卡付款授權書」交回。Please attach a completed Credit Card Authorization Form in page 7.

2. 以支票付款 Payment made by cheque

請以劃線支票抬頭寫「中銀集團保險有限公司」並交回。Please attach 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。現授權中銀集團保險從本人之銀行/信用卡戶口轉賬繳交「中銀自願醫保計劃認可產品」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 understand that once this application 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 policy will be **automatically renewed** simply by my settling of the required premium for the upcoming policy year. I hereby authorize BOCG Insurance to effect payment transfer from my bank/credit card account for payment of premium under the "BOC Voluntary Health Insurance Scheme Certified Plan", including subsequent revised premium by endorsement(s) and all renewal premiums for each new Policy Year.

聲明 Declaration

- 本人/吾等接納根據「中銀自願醫保計劃認可產品」規定，凡在保單簽發日或保單生效日前因受保人已被確診、已出現清楚明顯病徵症狀或已尋求、獲得或接受病症的醫療建議或治療之疾病、損傷或其他病況而引致之醫療需要，一律不予賠償，除非本人及/或受保人已在投保書內已詳細列明並獲中銀集團保險接納。I/We acknowledge that benefits are not payable under the "BOC Voluntary Health Insurance Scheme Certified Plan" for any costs of treatment arising from any illnesses, injuries or other conditions that has been diagnosed, has manifested clear and distinct signs or symptoms, or medical advice or treatment has been sought, recommended or received before the Policy Issuance Date or Policy Effective Date unless complete details are fully disclosed by me and/or the Insured Person in the Proposal Form and accepted by BOCG Insurance.
- 本人/吾等謹此聲明受保人於申請這份保險時為年齡介乎 15 日至 80 歲的人士。I/We declare that upon application, the Insured Person is aged between 15 days and 80 years old.
- 本人/吾等謹此聲明，本人/吾等已向上述家屬(如有)取得授權，於本投保書之陳述乃真確無訛，可作為簽發保單之根據。本人/吾等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/We declare that I/we have obtained the necessary authorisation from the above mentioned family member (if any), the information stated in this Proposal Form is true and complete and will form the basis of this insurance. I/We also understand that if any information stated is untrue or incomplete, the cover for me and/or for the Insured Person may be invalidated.
- 本人/吾等謹此聲明，本投保書是在香港特別行政區內簽署，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/We declare that **this Proposal Form is applied and signed at the Hong Kong Special Administrative Region**, in case of fraud or factual misrepresentation, the cover for me and/or for the Insured Person may be invalidated.
- 本人/吾等在此授權任何醫生、醫院、診所、保險公司及其他人士，均可向中銀集團保險提供本人/吾等及/或上述家屬(如有)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/We hereby authorise any doctor, hospital, clinic, insurance company or any other person to provide either myself/ and/or the above mentioned family member's (if any) health condition or detail medical history to BOCG Insurance. Copy of this authorisation form will have same effect as of the original copy.
- 本人/吾等同意中銀集團保險保留一切有關投保書接納與否之權利。I/We agree BOCG Insurance reserves the right to accept or decline this application.
- 本人/吾等明白必須繳付全額保費與生效後，中銀集團保險對本人及/或受保人之保險責任始行生效。I/We understand that BOCG Insurance's insurance liability for myself and /or for the Insured Person will only take effect provided that premium has been fully paid and the policy was put in-force.
- 本人/吾等明白此投保申請一經批核，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/吾等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/We agree that once 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 policy will be automatically renewable by my/our settling of 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
- (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 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 authorised to obtain access to and/or to verify any of my and/or the Insured Person'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 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 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 customers of BOCG Insurance, 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 holding's companies, wherever situated.

取消保單權益及發還保費聲明 Declaration of Cancellation Rights and Refund of Premium(s):

本人明白本人有權以書面通知要求取消保單及取回所有已繳保費(扣除市場價值調整，如適用)及保費徵費；但是本人必須簽署該通知，並確保中銀集團保險(地址：香港中環德輔道中 71 號永安集團大廈 9 樓)於以下時段內直接收到該通知：保單交付本人或本人的代表後或《通知書》發予本人或本人的代表後，起計的 21 天，以較先者為準。I understand that I have the right to cancel and obtain a refund of any premium(s) paid (less any market value adjustments, if any) and levy paid by giving written notice. Such notice must be signed by me and received directly by BOCG Insurance at 9/F., Wing On House, 71 Des Voeux Road Central, Hong Kong within 21 days after the delivery of the policy or issuance of a notice to me or my representative, whichever is the earlier.

支付經紀佣金 Payment of Broker Commission

本人明白、確知及同意，中銀集團保險會就本人購買及接受其簽發的保單，於保單有效期內 (包括續保期) 向負責安排有關保單的獲授權保險經紀支付佣金。假如投保人為法人團體，代表投保人簽署的獲授權人員須向中銀集團保險確認他/她已獲該法人團體授權。I understand, acknowledge and agree that, as a result of my purchasing and taking up the policy to be issued by BOCG Insurance, BOCG Insurance will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the Proposer is a body corporate, the authorized person who signs on behalf of the Proposer further confirms to BOCG Insurance that he or she is authorized to do so.

本人/投保人亦明白中銀集團保險必須取得本人/投保人以上的同意，才可以處理本人/投保人之保險申請。I/ Proposer further understand that the above agreement is necessary for BOCG Insurance to proceed with the application.

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客戶注意事項、聲明、收集個人資料聲明、取消保單權益及發還保費聲明及支付經紀佣金。I/We confirm my agreement to all sections in this Proposal Form, including but not limited to the above Important Notes to the Customer, Declaration, Personal Information Collection Statement, Declaration of Cancellation Rights and Refund of Premium(s) and Payment of Broker Commission.

投保人簽署
Signature of Proposer

受保人簽署(若非投保人本人及年齡在
18 歲或以上) Signature of Insured Person
(If other than the Proposer and of age 18 or
above)

簽署地: 香港及日期 (日/月/年)
Signed Place: Hong Kong and Date (DD/MM/YY)

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.

經紀/代理必須填寫以下欄位 (Broker/Agent must complete the below box)

保險公司專用 For Office use only			
經紀/代理編號 Broker/Agent No.	保單編號 Policy No.	經辦人 Handled By	覆核人 Checked By

經紀/代理資料 Broker/Agent Information

信用卡付款授權書 Credit Card Authorisation 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)

本人茲授權「中銀集團保險有限公司」從本人的信用卡戶口每年支付「中銀自願醫保計劃認可產品」應繳保費金額，直至另行通知。I hereby authorise and direct "Bank of China Group Insurance Company Limited" to debit the premium due from my credit card account for "BOC Voluntary Health Insurance Scheme Certified Plan", on a yearly basis until further notice.

若信用卡持有人並非投保人，請填寫以下資料。If Cardholder is not the Proposer, please fill in the following information.

- 與投保人關係 Relationship with the Proposer: _____
- 代投保人支付保費原因 Reason for paying premium on Proposer's behalf: _____

本人同意及承擔以下人士之全數應繳之「中銀自願醫保計劃認可產品」保費金額。I hereby confirm to pay the premium due of "BOC Voluntary Health Insurance Scheme Certified Plan" for the Proposer.

(先生/太太/女士) Mr/Mrs/Ms _____ 香港身份證號碼 HKID Card No. _____

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	S.V.	聯絡電話號碼 Contact Phone No.	日期 Date (日 D/月 M/年 Y)
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