

醫療保險需要評估

Suitability Assessment for Medical Insurance

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



投保人姓名 Applicant's name	受保人姓名 Name of Insured Person (s)	受保人年齡 Age of Insured Person (s)	受保人性別 Gender of Insured Person (s)

現有醫療保險詳情 Details of existing medical insurance coverage

保險公司 Insurer	產品名稱 Name of Product	保障類別 (例如：償款性住院保險) Type of coverage (e.g. Indemnity type hospitalization insurance)

為了解閣下投保醫療保險計劃的目的及保險需要，請回答以下問題。如閣下選擇不回答，則無法向閣下介紹合適的醫療保險產品及處理閣下的投保申請。

Please answer the following question for the assessment of your objectives of purchasing a medical insurance product and insurance needs. The question must be answered before we can recommend any medical insurance product and proceed with your application:

選購醫療保險計劃的目的及保險需要 (請於方格以“✓”表示，並可選多於一項)

The objective(s) of purchasing medical insurance product and the insurance need(s) (Please“✓”the appropriate box and you may choose more than one item)

- A. 償款性住院保險 - 支付住院醫療費用支出
Indemnity type hospitalization insurance - Cover the medical expenses for hospital confinement
- B. 住院現金保險 - 保障住院期間收入損失
Hospital cash insurance - Cover the loss of income due to hospital confinement
- C. 危疾保險 - 保障因罹患危疾而導致支出增加及/或收入損失
Critical illness insurance - Cover the increase of expenses and/or loss of income due to suffering from critical illness
- D. 其他償款性醫療保險 - 支付其他特定醫療費用支出 (例如門診、牙科或產科)
Other indemnity type medical insurance - Cover other specific medical expenses (such as Outpatient, Dental or Maternity)

根據閣下的上述選項，中介人曾提供並與閣下討論下列保險產品的選擇(因應中介人所能提供的產品)，以迎合閣下選購保險產品的目的及保險需要：

Based on your answer above, the intermediary concerned has recommended the following insurance product (as available to the intermediary) to meet your objective(s) and need(s):

曾介紹的醫療保險產品或保障 Name of medical insurance product or coverage recommended	醫療保險產品或保障可滿足的目的及保險需要 The objective and insurance need fulfilled by the medical insurance product or coverage	是否投保所介紹產品或保障, 若否, 請提供原因 Will you apply for the product or coverage recommended? If no, please provide reason.

附加聲明 Additional Declaration

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重要事項 Important Notes:

- 請細心閱讀及填寫本問卷。請不要在未回答問題的問卷上簽署。
Please read and answer this question carefully, and do not sign before the completion of assessment.
- 本問卷所收集資料只作投保醫療保險計劃之用，並會連同投保申請書(如有)，交付保險公司以作核保，投保人及受保人的資料需與投保申請書相符。閣下有權查閱及要求更正由中銀集團保險持有有關閣下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)。
Information collected from the assessment is solely for the purpose of application of medical insurance, and will be submitted with the application form to the insurance company for underwriting. Information regarding the applicant and insured person should be consistent with those in the application form submitted therewith. You have the right to obtain access to and to request correction of any personal information concerning myself 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).
- 若投保產品與評估結果不相符，保險公司可拒絕投保申請或要求閣下提供進一步資料。
If the type of medical insurance product applied for is not consistent with the assessment result, your application may be declined or you may be requested to provide further information.
- 本問卷所收集資料會按《個人資料(私隱)條例》(第 486 章)、個人資料私隱專員公署(“私隱專員公署”)發出的《妥善處理客戶個人資料：給保險業界的指引》，及私隱專員公署不時發出的任何相關規則、守則、通函及指引處理。
The handling of the information collected from this assessment should comply with the Personal Data (Privacy) Ordinance (Cap. 486), the Guidance on the Proper Handling of Customers' Personal Data for the Insurance Industry issued by the Office of the Privacy Commissioner for Personal Data (“PCPD”) or any relevant rules, codes, circulars and guidance issued by the PCPD from time to time.

投保人簽署 Applicant's signature	持牌保險中介人簽署 Signature of Licensed Insurance Intermediary
	日期 Date
簽署地點及日期 Signed place and date	持牌保險中介人姓名 Name of Licensed Insurance Intermediary
香港 / / (日/月/年) Hong Kong (dd/mm/yyyy)	保險業監管局牌照號碼 Insurance Authority Licence No.

評估指引 (只供內部使用) Assessment Guidelines (for internal use only)

1. 本指引由「中銀集團保險有限公司」(「本公司」)編定。
This guideline is prepared by Bank of China Group Insurance Company Limited (“the Company”).

如何作出「醫療保險需要評估」 How to conduct the Suitability Assessment for Medical Insurance

2. 中介人/合資格銷售人士需在推介或銷售醫療保險產品或保障前，對客戶之投保醫療保險計劃的目的及保險需要(下稱「目的及需要」)作出評估。
Intermediaries/qualified salespersons should assess the objectives of purchasing medical insurance product and insurance needs of the clients (hereafter “objectives and needs”) before recommending or selling any medical insurance product and coverage to them.
3. 在作出評估後，中介人/合資格銷售人士可按客戶的目的及需要，向客戶推介或銷售醫療保險產品或保障。
After the assessment, intermediaries/qualified salespersons should recommend or sell medical insurance product and coverage to the client according to their objectives and needs.
4. 「中銀集團保險有限公司」可提供與保險需要相配之產品或保障如下：
Products and coverage provided by Bank of China Group Insurance Company Limited to match with the insurance needs are as follow :

保險種類 Type of Insurance	醫療保險產品或保障 Medical Insurance Product or Coverage
償款性住院保險 Indemnity type hospitalization insurance	大灣區醫療保障計劃 Greater Bay Area Medical Insurance Plan
	怡康醫療綜合保 Healthy Medical Comprehensive Protection - 「基本保障」、「附加重症住院」保障 Basic Benefits, Supplementary Major Medical Benefits
	中銀環球醫療保障計劃 BOC Worldwide Medical Insurance Plan - 「基本保障」 Basic Benefits
	中銀亞洲醫療保障計劃 BOC Asia Medical Insurance Plan (只適用中銀人壽 Applicable to BOC LIFE only)
	中銀標準自願醫保計劃認可產品 BOC Standard Voluntary Health Insurance Scheme Certified Plan
	中銀靈活自願醫保計劃認可產品 BOC Flexi Voluntary Health Insurance Scheme Certified Plan
	聯康住院保障計劃 Medical Personal Insurance (HKFTU) (只適用經紀/代理 Applicable to Broker/ Agent only)
住院現金保險 Hospital cash insurance	康健住院現金保險計劃 Healthy Hospital Cash Insurance Plan
	怡康醫療綜合保 Healthy Medical Comprehensive Protection - 「住院現金」保障 Hospital Cash Benefits
危疾保險 Critical illness insurance	怡康醫療綜合保 Healthy Medical Comprehensive Protection - 「危疾」保障 Critical Illness Benefits
其他償款性醫療保險 (按醫療費用類別) Other indemnity type medical insurance (According to the type of medical expenses)	怡康醫療綜合保 Healthy Medical Comprehensive Protection - 「門診」、「牙科」、「產科」保障 Outpatient, Dental, Maternity Benefits
	中銀環球醫療保障計劃 BOC Worldwide Medical Insurance Plan - 「牙科」、「門診」保障 Dental, Maternity Benefits
	門診醫療保健計劃 Out-patient Medical Insurance Plan - 門診」保障 Outpatient Benefits

(以上產品之供應將按不同渠道需要而調整，個別中介人/合資格銷售人士所銷售產品亦有所不同)
(The above products would vary among distribution channels, hence products available for sales may differ among the intermediaries/qualified salespersons)

5. 中介人/合資格銷售人士需確保，所推介或銷售的醫療保險產品或保障：
Intermediaries/qualified salespersons should ensure the product and coverage recommended or sold to the client:
 - i. 必需符合客戶的目的及需要；或
fulfill the objectives and needs of the clients; or
 - ii. 雖符合客戶的目的及需要，但客戶可以不全部投保。
fulfill the objectives and needs of the clients, but the client may choose to purchase part but not all the products or coverages recommended.
6. 中介人/合資格銷售人士需確保，不應推介或銷售，客戶未有選擇的目的及需要的醫療保險產品或保障。惟當單一產品(不含自選保障)能滿足多種目的及需要，而當中包含客戶已選擇的目的及需要的情況下除外。
Intermediaries/qualified salespersons should not recommend or sell medical insurance product and coverage for objectives and needs not selected by the client. This condition is not applicable under the circumstance that a single product (not including optional benefit) is recommended, that can fulfill multiple objectives and needs including those selected by the customer.
7. 客戶可以在需要評估的「附加聲明」部分中，作出有關其他目的及需要(例如：病房級別、保障地域等。)，或投保與評估結果不符之醫療保險產品或保障的補充。
Clients can supplement any information in the “Additional Declaration” regarding and additional objectives and needs (Examples: Ward type, countries/place covered), or application for medical insurance product and coverage that is not consistent with the assessment result.

遞交及核保程序 Submission and underwriting procedure

8. 所有本公司的醫療保險產品投保書必需附上10日內填寫，有效及已附投保人及保險中介人簽署及填寫日期的《醫療保險需要評估》。
All applications of medical insurance of the Company should be submitted with a valid Suitability Assessment for Medical Insurance which have been signed, with date, by both Applicant and Insurance intermediary, completed within 10 days from application
9. 本公司需按《醫療保險需要評估》的評估結果與投保內容核保：
The Company shall underwrite the case according to the result of assessment and details of application:
 - i. 所有投保的保障需符合客戶的目的及需要(見5(i))或5(ii))。
All coverage applied should fulfill the objectives and needs of the clients. (see 5(i) or 5(ii)).
 - ii. 本公司將不批准不符合客戶的目的及需要的產品/保障。(見6)
The Company should reject any application that does not fulfill the objectives and needs of the clients (see 6)

其他 Others

10. 中介人/合資格銷售人士可以使用其公司編定之醫療保險需要評估，惟內容須符合保險業監管局頒佈的《醫療保險業務指引》的相關要求。
Intermediaries/qualified salespersons can use their own forms of suitability assessment prepared by their companies, providing that they are complied with the requirement as stipulated in the “Guideline on Medical Insurance Business” published by the Insurance Authority.
11. 「本公司」將不時修定本指引及《醫療保險需要評估》的內容。中介人/合資格銷售人士需按最新版本要求，作出需要評估。
The Company reserves the right to revise this guidelines and the content of the “Suitability Assessment for Medical Insurance” from time to time. Intermediaries/qualified salespersons are reminded to use the updated version at time of assessment.

中銀自願醫保計劃認可產品投保書

BOC Voluntary Health Insurance Scheme Certified 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

Correspondence Address: 9/F., Wing On House, 71 Des Voeux Road Central, Hong Kong.

客戶服務熱線 Customer Services Hotline: 3187 5100

傳真 Fax : 3906 9906

電郵 Email : medicaladmin_ins@bocgroup.com

客戶注意事項 Important Notes to the Customer :

- 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，請投保人在旁簽署。Please complete in English BLOCK LETTERS and tick the box where appropriate. Any changes to be made should be signed by the Proposer.
- 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 或您的經紀/代理查詢。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 Services Hotline (852) 3187 5100 or contact your agent/broker. Making sure the insurance company is informed will be beneficial to the Proposer and/or Insured Person. Failure to disclose may mean that the policy will not provide the Proposer and/or Insured Person with the coverage required, or may invalidate the policy altogether.
- 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.**
- 如受保人在保險期內更改居住地或職業，保單持有人必須續保時以書面通知中銀集團保險。中銀集團保險將保留對所有「中銀自願醫保計劃認可產品」(包括「中銀標準自願醫保計劃認可產品」及「中銀靈活自願醫保計劃認可產品」)(下稱「本計劃」)保單作核保、修改條款及/或調整保費及最高賠償額的權利。During the period of insurance, the Policyholder shall give notice in writing at time of renewal to BOCG Insurance of any change of Place of Residence or occupation of the Insured Person. BOCG Insurance reserves the right to underwrite, amend the terms and/or adjust the premium and maximum limit for all policies covered under "BOC Voluntary Health Insurance Scheme Certified Plan"(included "BOC Standard Voluntary Health Insurance Scheme Certified Plan" and "BOC Flexi Voluntary Health Insurance Scheme Certified Plan")(named below as "this Plan").
- 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.
- 本計劃由中銀集團保險承保。This Plan is underwritten by BOCG Insurance.

投保資格 Eligibility of Application :

- 投保人投保時年齡必須為 18 歲或以上。The Proposer must be aged 18 years or above at the time of application.
- 受保人投保時年齡必須介乎 15 天至 80 歲(首尾包括在內)。The Insured Person must be aged between 15 days and 80 years old (inclusive) at the time of application.

投保人資料 Details of the Proposer

若以信託投保，請於中銀集團保險網頁 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, 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# Name in Chinese
3. 性別# Sex <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	4. 出生日期# Date of Birth (日 D / 月 M / 年 Y)
5. 香港身份證號碼# HKID Card No.(如有 If any) / 護照號碼# Passport No. (非香港居民適用 Applicable for non-HK resident)	6. 國籍# Nationality (國家/ 地區 Country/ Region)
7. 通訊地址# Correspondence Address 室 Room/ 號 Flat _____ 樓 Floor _____ 座 Block _____ 大廈名稱/期 Building/Phase _____ 屋苑/鄉村號數及名稱 Estate/Village no. & name _____ 街道號數及名稱 Number and Name of Street/Road _____ 區份 District _____ 地區 Area <input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 九龍 Kowloon <input type="checkbox"/> 新界 New Territories <input type="checkbox"/> 離島 Outlying Island 香港以外的通訊地址 (請註明國家/地區名稱) Correspondence Address outside Hong Kong (Please specify name of country / region): _____ 郵區編號 Postal Code (只適用於香港以外地址 For Address outside Hong Kong Only) _____	
8. 住址 Residential Address <input type="checkbox"/> 與通訊地址相同 Same as the Correspondence address	
9. 聯絡資料 Contact Information (國家/區域號碼 Country /Region Code · 例如 e.g. 內地 the Mainland : 86, 香港 Hong Kong:852)	
手提# Mobile 國家/區域號碼 Country / Region Code - _____ - _____ - _____ - _____	住宅 Home 國家/區域號碼 Country / Region Code - _____ - _____ - _____ - _____ 地區號碼(如有) Area Code (if any)
公司 Office 國家/區域號碼 Country / Region Code - _____ - _____ - _____ - _____ 地區號碼(如有) Area Code (if any)	電郵地址# Email Address
10. 賠償入賬必須是香港銀行戶口# Bank Account must be in Hong Kong 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. _____ _____	

*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 Proposer by cheque.
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.)

11. 投保人職業# Occupation Proposer

<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 Personnel and 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)

保險生效日期 Effective Date of Insurance Cover

生效日期必須由投保日計起 1 個月內。Effective date must be within 1 month of the application date.

日 D / 月 M / 年 Y _____ (必須完成所有核保程序，本保險方可生效。The insurance is effective which is subject to all underwriting procedures are completed.)

受保人資料 Details of Insured Person

(如受保人與投保人是同一人，不須填寫 1-12 項 If Insured Person and Proposer is same person, it is not required to fill in items 1-12)

1. 英文姓名 Name in English# (請先填寫姓氏, Surname first)	2. 中文姓名 Name in Chinese#	3. 性別 Sex# <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
4. 香港身份證號碼 HKID Card No.# (如有 If any)	5. 護照號碼 Passport No.# (非香港居民適用 Applicable for non-HK resident)	6. 出生證件號碼 Birth Cert. No.# (11 歲以下適用 Applicable for aged below 11)
7. 國籍 Nationality# (國家/ 地區 Country/ Region)	8. 出生日期 Date of Birth# (日 D / 月 M / 年 Y)	9. 與投保人關係 Relationship with Proposer# <input type="checkbox"/> 配偶 Spouse <input type="checkbox"/> 父 Father <input type="checkbox"/> 子女 Child <input type="checkbox"/> 母 Mother
10. 行業 / 業務性質 Industry / Business Nature	11. 職業 Occupation#	12. 非就業人士適用 For Insured Person without Job Engaged# <input type="checkbox"/> 主婦 Housewife <input type="checkbox"/> 學生 Student <input type="checkbox"/> 退休 Retired <input type="checkbox"/> 待業 Unemployed

受保人必須填寫以下項目 Insured Person must fill in the following items :

13. 居住地 Place of Residence#*

 香港 Hong Kong 內地 Mainland 其他 Others : 澳門 Macau

城市名稱 Name of City _____

國家名稱 Name of Country _____

城市名稱 Name of City _____

*居住地是指某人士在法律上擁有居留權的司法管轄區。居住地變更包括該人士獲得新增司法管轄區的居留權或停止擁有現有司法管轄區的居留權。上述關於居住地解釋僅適用於本條款及保障。為免存疑，某人士若對該司法管轄區只有法律上的人境許可，而非居留權（例如留學、工作或旅遊），該司法管轄區並不可被視為該人士的居住地。Place of Residence shall mean the jurisdiction(s) in which a person legally has the right of abode. A change in the Place(s) of Residence refers to the situation where a person has been granted the right of abode of additional jurisdiction(s), or has ceased to have the right of abode of existing jurisdiction(s). The above definition of "Place(s) of Residence" is used solely for the purpose of these Terms and Benefits. For the avoidance of doubt, a jurisdiction in which a person legally has the right or permission of access only but without the right of abode, such as for the purpose of study, work or vacation, shall not be treated as a Place of Residence.

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.)

計劃選擇 Plan Option

註 Remark 1：基本計劃包括第 I 部分基本保障及第 II 部分額外保障。Basic plan included Part I Basic benefits and Part II Additional benefits.

中銀標準自願醫保計劃認可產品 BOC Standard Voluntary Health Insurance Scheme Certified Plan		中銀靈活自願醫保計劃認可產品 BOC Flexi Voluntary Health Insurance Scheme Certified Plan	
編號 Number	保障項目 Benefit items	編號 Number	保障項目 Benefit items
<input type="checkbox"/> S00035-01-000-02	標準計劃 Standard plan	<input type="checkbox"/> F00028-01-000-02	基本計劃 ¹ Basic plan ¹
		<input type="checkbox"/> F00028-01-001-02	基本計劃 ¹ 及升級保障 1 Basic plan ¹ with upgraded benefits 1
		<input type="checkbox"/> F00028-01-002-02	基本計劃 ¹ 及升級保障 2 Basic plan ¹ with upgraded benefits 2
		<input type="checkbox"/> F00028-01-003-02	基本計劃 ¹ 及升級保障 3 Basic plan ¹ with upgraded benefits 3
		<input type="checkbox"/> F00028-01-004-02	基本計劃 ¹ 及附加重症住院保障 Basic plan ¹ with Supplementary major medical benefit
		<input type="checkbox"/> F00028-01-005-02	基本計劃 ¹ 及附加重症住院保障和升級保障 1 Basic plan ¹ with Supplementary major medical benefit & upgraded benefit 1
		<input type="checkbox"/> F00028-01-006-02	基本計劃 ¹ 及附加重症住院保障和升級保障 2 Basic plan ¹ with Supplementary major medical benefit & upgraded benefit 2
		<input type="checkbox"/> F00028-01-007-02	基本計劃 ¹ 及附加重症住院保障和升級保障 3 Basic plan ¹ with Supplementary major medical benefit & upgraded benefit 3
總保費及保費徵費[^]Total Premium and Premium Levy[^] (HK\$)			
全年總保費[^] Total Annual Premium (HK\$) :		全年總保費[^] Total Annual Premium (HK\$) :	
折扣後保費 Discounted Premium (如適用 if applicable): (%折扣 Discount)		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:		保監局保費徵費 Insurance Authority Premium Levy:	
應付總額 Total Payable:		應付總額 Total Payable:	

[^]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。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.

投保書陳述項目及陳述項目說明

Stated Information for this Proposal Form and Illustration of Stated Information

個人償款住院保險產品健康相關資料的標準核保問卷 Standardized Underwriting Questionnaire on Health-Related Information for Individual Indemnity Hospital Insurance Plans

陳述項目說明是作為審核。若任何一題答「是」，請提供補充資料。The stated information is for underwriting purpose. If any answer to question is "YES", please provide supplementary information.

甲部 Part A : 基本資料 General Information

1. 身高 Height	厘米 CM		
2. 體重 Weight	公斤 KG		
3. 服用未經醫生處方之藥物 Taking of drugs not prescribed by doctors 在過去五年內，受保人曾否持續超過一個月使用未經醫生處方之藥物（包括成癮性或消遣性藥物，例如可卡因、興奮劑、海洛英、美沙酮、同化性類固醇；惟不包括營養補充品）？In the last 5 years, has Insured Person used any drugs (excluding supplements) which are not prescribed by doctors (including habit-forming or recreational drugs such as cocaine, ecstasy, heroin, methadone, anabolic steroids) for a continuous period of more than 1 month?		是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
若問題之答案為「是」者，請回答相關的跟進問題。 If your answer is "Yes", please proceed to answer the following follow-up question(s).			
(a) 藥物種類 Type of drugs	_____		
(b) 用藥持續時間、頻密度(例如每天、每星期)及份量 Duration, frequency (e.g per day, per week) and quantity of consumption	_____		

乙部 Part B : 健康資料 Health Information

申請人須知：無需於乙部問題披露以下健康狀況或治療 Note for applicant(s): Questions of Part B do not require the applicant(s) to disclose information regarding the medical conditions or treatments below :

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。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.

若以下第 4 至 10 項任何一項問題之答案為「是」者，請回答相關的跟進問題。

If your answer to any of the questions 4 – 10 below is "Yes", please proceed to answer the relevant follow-up questions.

4. 受保人是否曾被確診下列疾病或健康狀況？Has Insured Person ever been diagnosed with any of the following diseases or medical conditions?	Yes 是	No 否
i. 癌症或原位癌 Cancer or carcinoma in situ	<input type="checkbox"/>	<input type="checkbox"/>
ii. 腦部腫瘤 Brain tumor	<input type="checkbox"/>	<input type="checkbox"/>
iii. 心臟疾病 Heart disease	<input type="checkbox"/>	<input type="checkbox"/>
iv. 中風 (包括短暫性腦缺血，俗稱「小中風」) Stroke (including transient ischemic attack (TIA))	<input type="checkbox"/>	<input type="checkbox"/>
v. 高血壓 Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
vi. 糖尿病或葡萄糖耐量異常 Diabetes mellitus or impaired glucose tolerance	<input type="checkbox"/>	<input type="checkbox"/>
vii. 腎病 Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
viii. 椎間盤突出或脊椎退化性疾病 Prolapsed intervertebral disc or degenerative spine conditions	<input type="checkbox"/>	<input type="checkbox"/>
ix. 需要植入醫療儀器或義肢的疾病或健康狀況 Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body	<input type="checkbox"/>	<input type="checkbox"/>
x. 人體免疫力缺乏病毒 (愛滋病病毒) 感染 Human immunodeficiency virus ("HIV") infection	<input type="checkbox"/>	<input type="checkbox"/>
xi. 先天性疾病 (指於出生時或之前已存在的醫學、生理或精神上的異常) Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth)	<input type="checkbox"/>	<input type="checkbox"/>
xii. 身體缺陷、不健全、畸形，及 / 或影響活動能力、視力、說話能力或聽力的狀況 Physical defects, impairments, deformities, and / or conditions affecting mobility, sight, speech or hearing	<input type="checkbox"/>	<input type="checkbox"/>
xiii. 精神健康狀況 (例如抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症) Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders, or bipolar disorders)	<input type="checkbox"/>	<input type="checkbox"/>
xiv. 高膽固醇症或高血脂症 Hypercholesterolemia or Hyperlipidemia	<input type="checkbox"/>	<input type="checkbox"/>
xv. 肝臟疾病 (例如乙型或丙型肝炎 (包括測試呈陽性反應)、脂肪肝或肝硬化) Liver disorder (such as hepatitis B or hepatitis C (including tested positive), fatty liver or cirrhosis of liver)	<input type="checkbox"/>	<input type="checkbox"/>
xvi. 多發性硬化症 Multiple sclerosis	<input type="checkbox"/>	<input type="checkbox"/>
5. 在過去五年內，受保人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？In the last 5 years, has Insured Person 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?	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>

6. 在過去五年內，受保人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？ In the last 5 years, has Insured Person been advised by 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?	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
7. 在過去五年內，受保人是否曾入住醫院？ In the last 5 years, has Insured Person been admitted into a hospital?	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
8. 在過去五年內，受保人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）？ In the last 5 years, has Insured Person undergone a surgical procedure(including endoscopy or biopsy) without being admitted into a hospital?	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
9. 在過去五年的時間內，受保人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）？ In the last 5 years, has Insured Person 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)? 如果答案屬「是」，受保人的檢查結果是否包括下列情況？ If the answer is "Yes", does Insured Person's investigation result(s) include the followings? i. 檢驗結果正常 Normal test result is advised ii. 檢驗結果異常 Abnormal test result is advised iii. 受保人正等候檢驗或檢驗結果 Insured Person is still awaiting test / test result iv. 檢驗結果無定論或不確定（需要重新或進一步檢驗） Test result is inconclusive or uncertain (retesting or follow up test is required) v. 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） 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).	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
10. 除了受保人在第 4 至 9 項問題中已披露的資料外，受保人是否有下列情況？ Apart from anything Insured Person has already disclosed in Questions 4 - 9, does Insured Person have any of the following conditions ? i. 在過去一年內，體重無故地減少了 5 公斤（11 磅）以上 Unintentional weight loss by more than 5 kg (11 lbs) over past 1 year. ii. 不正常出血（例如陰道出血、便血、流鼻血或咳血）至少一個月 Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one month. iii. 在過去一年內，受保人有任何健康狀況或病徵及症狀曾經接受或需要接受專業醫護人員（例如專科醫生、物理治療師、精神科醫生）的跟進診治 In the last 1 year, Insured Person had or have been required to have follow-up consultation with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any medical condition or sign and symptom. iv. 其他健康狀況或病徵及症狀（例如腫塊、頭痛、持續咳嗽、胸痛或上腹痛）而正在或打算尋求醫療意見 Other medical conditions or sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that Insured Person is seeking or intend to seek medical advice.	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
若問題第 4-10 任何一項問題之答案為「是」者，請回答相關的跟進問題。如多過一項跟進問題，可使用附頁回答，並一併遞交。 If any answer to question no. 4-10 is "YES", please proceed to answer the relevant follow-up questions below. You can use separate sheet(s) to answer and attached for application if there is more than one follow-up question.		
* 請盡量提供齊全資料（例如在未能回憶確實日期的情況下提供年份及月份）以便作出公平核保決定。Please provide information as detailed as possible (e.g. provide year and month if exact date could not be recalled) for the sake of fair assessment in underwriting.		
<input type="checkbox"/> 題號 Question No _____		
(a) 疾病 / 健康狀況 / 病徵及症狀 Disease / medical condition / sign and symptom _____		
(b) 首次出現病徵及症狀的日期 Date of first occurrence of sign and symptom _____ 日/月/年 DD/MM/YY		
(c) 已進行的治療 / 檢查 / 測試 / 掃描 Treatment / investigations / tests / scans that have been performed _____ 有關治療 / 檢查 / 測試 / 掃描日期 Date of such treatment / investigation / tests / scan _____ 日/月/年 DD/MM/YY		
(d) 現況（例如是否已完全康復、有否跟進 / 服用跟進藥物 / 下次覆診日期） Present condition (such as whether fully recovered, follow up action / medication / next follow up date) _____		

(e) 最後覆診 / 治療日期 Date of last follow-up medical consultation / treatment _____ 日/月/年 DD/MM/YY		
(f) 治療有關疾病 / 不適 / 健康狀況 / 病徵及症狀的醫生姓名 Name of doctor who treated the disease / sickness / medical condition / sign and symptom _____		
<p>11. 就您所知，受保人的親生父母或兄弟姊妹曾否於六十歲或以前被確診下列疾病或健康狀況：At your best knowledge, has any of Insured Person's parents or siblings by blood been diagnosed with any of the following diseases or medical conditions at or before age 60 :</p> <p>i. 癌症 Cancer</p> <p>ii. 冠心病 Coronary heart disease</p> <p>iii. 糖尿病 Diabetes mellitus</p> <p>iv. 運動神經元疾病 Motor neuron disease</p> <p>v. 多發性硬化症 Multiple sclerosis</p> <p>vi. 中風 Stroke</p> <p>vii. 柏金遜症 Parkinson's disease</p> <p>viii. 遺傳病 Hereditary diseases : 包括囊性纖維化、家族性大腸腺息肉病、亞茲海默氏症、家族性心肌病、遺傳性血病 (血友病、地中海貧血、鐮刀型貧血)、肌肉萎縮症、多囊性腎病或亨丁頓舞蹈症。including cystic fibrosis, familial adenomatous polyposis, Alzheimer's disease, familial cardiomyopathy, inherited blood disorders (hemophilia, thalassemia, sickle cell disease), muscular dystrophy, polycystic kidney disease or Huntington's disease.</p>	<p>Yes 是</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>No 否</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>若以上問題 11 之任何一項答案為「是」者，請回答以下的跟進問題。(如多過一個親屬，可使用附頁。) If your answer to question 11 above is "Yes", please proceed to answer the follow-up questions below. (You can use separate sheet(s) attached for more than one family member.)</p>		
<p>(a) 哪個親屬 Which family member? _____</p> <p>(b) 哪種疾病 Which disease? _____</p> <p>(c) 病發年齡 Onset age of disease</p> <p><input type="checkbox"/> 30 歲或以下 age at or below 30</p> <p><input type="checkbox"/> 31-40 歲 age 31-40</p> <p><input type="checkbox"/> 41-50 歲 age 41-50</p> <p><input type="checkbox"/> 51-60 歲 age 51-60</p>		

資料收集聲明 Statement for Collection of Information

本人/吾等謹此聲明，以下資料收集聲明闡述核保問卷收集資料之目的，以及本人及/或受保人須盡其所知所信提供完整及準確的資料：I/We declare that the following statement for Collection of Information has stated the purpose of collecting information on the questionnaire and I and/or the Insured Person are required to provide the complete and accurate information to the best of his/her knowledge and belief:

- (i) 此問卷收集與健康相關的資料僅作為核保之用途，而核保是中銀集團保險評估本人及/或受保人之健康風險及決定申請結果的程序。中銀集團保險採用的核保程序應為公平合理，並會因應客戶要求解釋申請結果。 This questionnaire collects health-related information solely for the purpose of underwriting which is a process for BOCG Insurance to evaluate the health risk of the applicants and decide the application results. The underwriting process that BOCG Insurance adopts should be fair and reasonable, and BOCG Insurance should explain the application results if requested by the customers.
- (ii) 作為投保人，本人及/或受保人需要盡其所知所信，按本問卷中要求向中銀集團保險提供完整及準確的資料。中銀集團保險根據本人及/或受保人提供的資料，可能會提出跟進問題或查詢而需要本人及/或受保人進一步提供資料以作核保之用。 As the proposer, I and/or the Insured Person are required to provide BOCG Insurance with complete and accurate information requested in this questionnaire to the best of my and/or the Insured Person's knowledge and belief. Based on the information provided, BOCG Insurance may have follow-up questions or enquiries that require you to provide further information for underwriting purpose.
- (iii) 若本人及/或受保人在提交本申請表後至本人及/或受保人收到保單前的期間就本問卷中提供的資料有任何改變或更新，本人及/或受保人需要及早通知中銀集團保險。 If there are any changes to or updates of the information provided in this questionnaire after the time of submission of this application and before I and/or the Insured Person receive the Policy, I and/or the Insured Person are required to notify BOCG Insurance in a timely manner.
- (iv) 即使已成功投保並獲簽發保單，若本人及/或受保人未按 (ii) 所述盡其所知所信向中銀集團保險提供完整及準確的資料，或未按 (iii) 所述就資料的任何改變或更新而及早通知中銀集團保險，本人及/或受保人的保險保障可能會受到影響，中銀集團保險亦可能因此終止、作廢或撤銷有關保單，或拒絕賠償。 Even after an insurance policy has been issued upon successful application, the insurance coverage for I and/or the Insured Person may be affected or the policy may be terminated, voided or rescinded, or claims may be repudiated by BOCG Insurance, if I and/or the Insured Person have not provided BOCG Insurance with complete and accurate information to the best of your knowledge and belief according to (ii), or if I and/or the Insured Person have not notified BOCG Insurance on any changes to or updates of the information in time according to (iii).

繳付保費方法 Payment Method

1. 以信用卡付款 Payment made by credit card

請填妥第 9 頁的「信用卡付款授權書」交回。Please attach a completed Credit Card Authorization Form in page 9.

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及保費徵費，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」應繳付的保費及保費徵費，包括其後書所更改的保費以及每個新保單年度續保保費及保費徵費。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 and premium levy for the upcoming policy year. I hereby authorize BOCG Insurance to effect payment transfer from my bank/credit card account for payment of premium and premium levy under the "BOC Voluntary Health Insurance Scheme Certified Plan", including subsequent revised premium by endorsement(s) and all renewal premiums and premium levy 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、保費徵費及保單生效後，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 and premium levy have 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及保費徵費，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 renewed** simply by my/our settling of the required premium and premium levy 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、保費徵費及欠款 invoicing and collecting premiums, premium levy 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 premium 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及保費徵費，此保單便會每年自動續保 (續保保費及保費徵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 and premium levy for the upcoming policy year (renewal premiums and premium levy will be based on the prevailing premium rates at the time of policy anniversary).

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.

受保人簽署(若與投保人不同及年齡在 18 歲或以上)
Signature of Insured Person (If other than the Proposer and of age 18 or above)

受保人姓名
Name of Insured Person(s)

投保人姓名及簽署
Name of Proposer & Signature

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

本投保書在未獲同意受保前，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.

