

Suitability Assessment for Medical Insurance

客戶服務熱線 Customer Services Hotline : 3187 5100

傳直 Fax : 3906 9906

 中銀集團保險有限公司
BANK OF CHINA GROUP INSURANCE COMPANY LIMITED

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)

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:

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)

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

1. 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.
2. 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).
3. 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.
4. 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、條例、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	持牌保險中介人簽署
Applicant's signature	Signature of Licensed Insurance Intermediary
	日期 Date
簽署地點及日期 香港 / / (日/月/年)	持牌保險中介人姓名
Signed place and date Hong Kong (dd/mm/yyyy)	Name of Licensed Insurance Intermediary
	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 salepersons 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 salepersons should recommend or sell medical insurance product and coverage to the client according to their objectives of 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 salepersons)

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 salepersons 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 salepersons 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)) 。
 - 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）

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 salepersons 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 salepersons are reminded to use the updated version at time of assessment.

門診醫療保健計劃投保書

Out-Patient Medical Insurance 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:31875100

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 Proposer 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 Proposer.

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 或您的經紀/代理查詢查詢。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 my 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 or contact your broker/ agent. 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.

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. 「門診醫療保健計劃」(下稱“本計劃”)由中銀集團保險承保。Out-Patient Medical Insurance Plan (named below as “this Plan”) is underwritten by BOCG Insurance.

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#English Name (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. 香港身份證號碼/護照號碼# HKID Card No. Passport No.
5. 出生日期# Date of Birth (日 D / 月 M / 年 Y)	6. 國籍#Nationality

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 _____

地區 District ☐ 香港 Hong Kong ☐ 九龍 Kowloon ☐ 新界 New Territories ☐ 離島 Outlying Island

8. 住址 Residential Address ☐ 與通訊地址相同 Same as the Correspondence address

9. 聯絡資料 Contact Information

手提#Mobile	住宅 Home
公司 Office	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，可不必須填寫。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)

保障期限 Coverage Period	由收到並接納投保書起計第十個工作天開始生效，有效期為一年。 One year coverage effective from the tenth working day after acceptance of this Proposal Form.
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受保人資料 Details for the Insured Person(s)

英文姓名 [#] Name in English	香港身份證/ 護照號碼/ 出生證件號碼 (11 歲以下) [#] HKID Card No./ Passport No./ Birth Cert. No. (for aged below 11)	國籍 [#] Nationality (國家/地區 Country /Region)	居住地 [#] Place of Residence	出生日期 [#] (日/月/年) Date of Birth (DD/MM/YY)	性別 [#] Sex 男 M 女 F	職業 [#] Occupation	與投保人關係 [#] Relationship with Proposer
1.							
2.							
3.							
4.							

中文姓名 [#] Name in Chinese	計劃類別 Plan Type			靈活自選保障 / 附加年費 Optional Benefits / Additional Annual Premium		年繳收費表 (港幣) Annual Premium (HKD)				保費(港幣) Premium (HKD)
	計劃 A Plan A	計劃 B Plan B	計劃 C Plan C	牙齒保健 Dental HK\$495	成人檢查 Adult HK\$411	年齡 Age	計劃 A Plan A	計劃 B Plan B	計劃 C Plan C	
1.						##15 天 days - 4 歲 yrs old	\$ 4,367	\$ 3,609	\$ 2,244	
2.						5-60 歲 yrs old	\$ 3,609	\$ 2,850	\$ 1,788	
3.						*61-70 歲 yrs old	\$ 4,214	\$ 3,458	\$ 2,093	
4.										

5 歲以下受保小童需至少連同一位年滿 18 至 64 歲的家庭成員投保。

For the Insured Person aged under 5, he/she must join the plan together with 1 or more family member(s) aged 18 to 64.

* 若受保人於 64 歲或以前已參與此計劃，便可續保至 70 歲。

This Plan will be renewed up to the Insured Person's 70 years old provided that he/she joins on or before 64 years old.

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.)

總保費及保費徵費[^]Total Premium and Premium Levy[^] (HK\$)

保費 Premium	
折扣後保費 Discounted Premium (如適用 if Applicable):	
保監局保費徵費 Insurance Authority Premium levy:	
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.

繳付保費方法及授權書 Premium Payment Method and authorization form

- A. ☐ 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 "Bank of China Group Insurance Company Limited".
- B. ☐ 以信用卡付款：請填妥下列直接付款授權書 Payment made by Credit Card, please complete the following Direct Debit Authorization form:

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☐ Visa ☐ Master ☐ 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)
有效期至 Valid Through: 年 Year 月 Month

本人授權「中銀集團保險有限公司」從本人上述信用卡戶口號碼扣取「門診醫療保健計劃」應繳付的保費及保費徵費，包括首保單年度保費及其後背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(除非本人有進一步的書面通知)。 I hereby authorize the **“Bank of China Group Insurance Company Limited”** to debit my Credit Card No. specified above for payment of premium and premium levy under the **“Out-patient Medical Insurance Policy”**, including initial policy year premium and subsequent revised premium by endorsement(s) and all renewal premiums and premium levy for each policy year. (unless further written notice from me).

Date _____

* 簽署須與上述扣賬銀行戶口/信用卡簽署式樣相同。如付款戶口為聯名戶口，各戶口持有人均需在此簽署。(Signature should be the same as the specimen signature on Bank Account/ Credit Card specified above. If the Account to be debited is a joint Account, all Account holders shall sign here.)

聲明 Declaration

1. 本人謹此聲明，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 declare that the information stated in this Proposal Form is true and complete and will form the basis of this insurance. I also understand that if any information stated is untrue or incomplete, the cover for me and/or the Insured Person may be invalidated.
2. 本人謹此聲明，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 declare that this Proposal Form is applied and signed in HKSAR, in case of fraud or factual misrepresentation, the cover for me and/or the Insured Person may be invalidated.
3. 本人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 agree BOCG Insurance reserves the right to accept or decline my application.
4. 本人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 understand that BOCG Insurance's insurance liability for me and/or the Insured Person will only take effect provided that premium and premium levy has been fully paid and the policy was put in-force.

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 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 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 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.

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.

本人確認同意接受本投保書內之所有部份，包括但不限於上列之聲明、收集個人資料聲明及支付經紀佣金。 I confirm my agreement to all sections in this Proposal Form, including but not limited to the above Declaration, Personal Information Collection Statement 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(s) (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
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經紀 / 代理資料 Broker / Agent Information