

學宜無憂留學保險投保書

GoStudy Student Insurance 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

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.

投保人必須年滿 18 歲。如受保人為 18 歲以下，投保人必須為 18 歲或以上並為受保人之父母或合法監護人。The Proposer must be aged 18 or above. For Insured Person under 18 years old, the Proposer should be a parent or legal guardian aged 18 or above.

投保人資料 Details of 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 settlor 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 Gender [#] <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
4. 香港身份證號碼 HK ID Card No [#]	5. 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. 出生日期 Date of Birth [#] ____日 DD/ ____月 MM/ ____年 YYYY	8. 手提電話 Mobile [#]	9. 電郵地址 Email Address [#]
10. 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 _____ <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT <input type="checkbox"/> 離島 Outlying Island		
11. 住址 Residential Address (<input type="checkbox"/> 與通訊地址相同 Same as the 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 _____ <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT <input type="checkbox"/> 離島 Outlying Island		

12. 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 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) _____

受保人資料 Details of Insured Person (如投保人並非受保人本人, 請填寫此部份 Please filled this part if the Proposer is not the Insured Person)

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 Gender [#] <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
4. 香港身份證號碼 HK ID Card No [#]	5. 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. 出生日期 Date of Birth [#] ____日 DD/ ____月 MM/ ____年 YYYY
8. 居住地 Place of Residence [#]	9. 與申請人之關係 Relationship to Applicant [#]	10. 受益人姓名 / 與受保人關係 Beneficiary Name / Relationship with Insured Person 法定受益人 / Lawful beneficiary

教育院校資料 Details of Education Institution

1. 教育院校名稱 [#] Name of Education Institution	2. 國家/地區 [#] Country /Area	3. 城市 [#] City (不包括香港 exclude HK)
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[#] 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.)

投保詳情 Details of Application				
保障計劃 Insurance Plan	基本計劃 Basic Plan		優越計劃 Premier Plan	
保險期 Period of Insurance	<input type="checkbox"/> 6 個月 6 months	<input type="checkbox"/> 一年期 Annual	<input type="checkbox"/> 6 個月 6 months	<input type="checkbox"/> 一年期 Annual
保費 Premium	\$1,600	\$3,200	\$3,100	\$6,200
保險生效日期* Insurance Effective Date*	由 (日 / 月 / 年) _____ 至 (日 / 月 / 年) _____ (首尾兩日包括在內) From (DD / MM / YY) _____ To (DD / MM / YY) _____ (Both dates inclusive) * 保單生效日期必須為受保人離港當日或之前。The Effective Date must be on or before the Insured Person's Departure Date from Hong Kong.			
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):			(%折扣 Discount)	
保監局保費徵費 Insurance Authority Premium Levy:				
應付總額 Total Payable:				

註 Remark：6 個月保障不設續保 No renewal for the 6 months Cover

^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.

投保注意事項 Important Notes of Application
<p>1. 投保人必須年滿 18 歲。如受保人為 18 歲以下，投保人必須為 18 歲或以上並為受保人之父母或監護人。The Proposer must be aged 18 or above. For Insured Person under 18 years old, the Proposer should be a parent or guardian aged 18 or above.</p> <p>2. 受保人年齡必須介乎 12 至 40 歲。The Insured must be aged 12 to 40.</p> <p>3. 投保人及受保人必須持有有效的香港身份證、護照、中華人民共和國或澳門居民身份證。Proposer and the Insured must hold a valid Hong Kong identity card, passport, People's Republic of China or Macau resident identity card.</p> <p>4. 受保人需為升學國家/地區正式註冊教育院校的全日制國際學生。The Insured Person must be a full-time international student at the accredited education institute in the country or place of studies.</p> <p>5. 如留學國家 / 地區或教育院校如有任何更改，投保人及 / 或受保人須在有關更改生效前以書面通知中銀集團保險。The Proposer and/or the Insured Person should notify BOCGI Insurance in writing before the effective of any changes to the country/region of study or Education Institution.</p> <p>6. 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 或到代理銀行分行查詢。讓保險公司了解實況，有助保障投保人及/或受保人的利益，若未能充份透露實情，將會使投保人及/或受保人得不到所需求的保障，甚至使保單失效。If you have any doubt on what should be disclosed in this proposal form, please call Bank of China Group Insurance Company Limited (named below as "BOCG Insurance") customer service hotline (852) 3187 5100 or contact any branches of agent bank. It is advantageous to the Proposer and/or Insured Person(s) to fully disclose all material facts to the insurance company. Failure to disclose may mean that the policy will not provide the Proposer and/or Insured Person(s) with the coverage required, or may invalidate the policy.</p> <p>7. 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 myself and/or for the Insured Person(s) will only take effect provided that premium and premium levy has been fully paid and the policy was put in-force.</p> <p>8. 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.</p> <p>9. 「學宜無憂留學保險」（「本計劃」）由中銀集團保險承保。"GoStudy Student Insurance" ("this Plan") is underwritten by BOCG Insurance.</p>

信用卡付款 Payment made by Credit Card
請填妥第 3 頁的「信用卡付款授權書」。Please complete Credit Card Authorization Form in page 3. 本人現授權中銀集團保險有限公司從本人之信用卡戶口轉賬繳交「學宜無憂留學保險」應繳付的保費及保費徵費。I hereby authorize Bank of China Group Insurance Company Limited to effect payment transfer from my credit card account for payment of premium and premium levy under the "GoStudy Student Insurance".

信用卡付款授權書 Credit Card Authorization Form			
<input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> 中銀銀聯雙幣信用卡(必需在香港發出) 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. <div style="border: 1px solid black; width: 100px; height: 1.2em; margin-top: 5px;"></div>	信用卡到期日 (月/年) Credit Card Expiry Date (M/Y) /
本人授權中銀集團保險有限公司從本人上述信用卡扣取「學宜無憂留學保險」的應繳保費，包括續保保費、其後以批改方式調整的保費、保費徵費及其他應繳費用。I hereby authorize Bank of China Group Insurance Company Limited to debit the premium of "GoStudy Student Insurance" from my above credit card, including renewal premium, subsequent revision premium, premium levy by endorsement and any fees/charges payable.			
本人明白/同意中銀集團保險及中銀信用卡(國際)有限公司保留隨時修改、暫停或取消優惠推廣及修訂其條款與細則的酌情權而毋須事先通知。如有任何爭議，中銀集團保險及中銀信用卡(國際)有限公司保留最終決定權。I understand/agree that BOCG Insurance and BOC Credit Card (International) Ltd. reserve the rights to change, suspend or terminate the Promotion and to amend the relevant terms and conditions at any time at its sole discretion without prior notice. In case of any dispute(s), the decision of BOCG Insurance and BOC Credit Card (International) Ltd. shall be final.			
若信用卡持有人並非投保人，請填寫下列資料。 If Cardholder is not the Proposer, please provide the information as below:			
1. 與投保人關係 Relationship with the Proposer : _____			
2. 代投保人支付保費及保費徵費原因 Reason for paying premium and premium levy on Proposer's behalf: _____			
<input type="checkbox"/> 本人同意及承擔以下投保人之全數應繳之「學宜無憂留學保險」保費及保費徵費金額，本人亦明白如因終止保單而產生的任何退費會以支票方式給予投保人。I hereby confirm to pay the premium and premium levy due under "GoStudy Student Insurance" for the Proposer. I also understand that any refund premium and premium levy due to policy cancellation will be given to the Proposer by cheque.			
持卡人簽署 Cardholder's Signature (須與信用卡簽署式樣相同 should be the same as the specimen signature on Credit Card)	<div style="border: 1px solid black; width: 100px; height: 1.2em; margin-top: 5px; display: flex; align-items: center; justify-content: center;"> X </div>	聯絡電話號碼 Contact Phone No.	日期 Date (日 D/月 M/年 Y)

聲明 Declaration

1. 本人/我們謹此聲明受保人未曾被保險公司或中銀集團保險有限公司取消保單、拒絕續保或申請學生留學保險而被拒絕、延期或附加保費或條件承保。I/We hereby declare that the Insured Person's student insurance have never been cancelled, refused to renew or applications have never been declined, postponed, accepted with extra premium or modified term by the insurer or Bank of China Group Insurance Company Limited.
2. 本人/我們接納根據「學宜無憂留學保險」規定，凡在保單起保日前因已患之疾病、損傷或其他病況而引致之醫療需要，無論是否受保人當時已知悉或按合理情況下應知悉出現的病徵或症狀，一律不予賠償。I/We acknowledge that benefits are not payable under the "GoStudy Student Insurance" for any costs of treatment arising from any existing illnesses, injuries or other conditions, regardless of whether the insured person has known or should have been reasonably known or aware of such illness.
3. 本人/我們謹此聲明受保人屬健康良好而且未曾被註冊醫生勸諭不適合是次升學行程，及/或藉是次升學行程接受醫學治療或移民外國，及/或不會在受保期內參與任何體力勞動的工作。I/We hereby declare that the Insured Person is in good health, and will not be travelling contrary to the advice of medical practitioner, and/or for the purpose of obtaining medical treatment or for migration, and/or engaging in any manual work during the period of insurance.
4. 本人/我們謹此聲明受保人沒有任何身體缺陷或精神失常，並從未曾被證實患上或接受以下病症的治療：血壓不正常、潰瘍、肺結核、精神失常、血栓塞、脫腸症、糖尿病、癌症、靜脈曲張、性病、癱瘓、關節炎、風濕、泌尿系統不正常、脊柱病及心臟病。I/We hereby declare that the Insured Person does not have physical impairment or mental deficiency, and has never been treated for or examined that he/she has abnormal blood pressure, ulcers, tuberculosis, mental disorder, thrombosis, hernia, diabetes, cancer, varicose veins, venereal disease, paralysis, arthritis, rheumatism, any disorder of disease of nervous, genitor-urinary system, spine or heart.
5. 本人/我們在此授權任何醫生、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及/或受保人健康情況及病歷詳細資料。此授權書之影印本與正本有同等效力。I/We hereby authorize any doctor, hospital, clinic, insurance company or any other person to provide either myself and/or the insured person's (if any) health condition or detail medical history to BOCG Insurance. Copy of this authorization form will have same effect as of the original copy.
6. 本人/我們明白 6 個月保障不設退費。如保單持有人終止全年保障，亦最少需繳付應付保費及保費徵費的 50%。倘若有任何索償，則需繳付應付保費及保費徵費的 100%。I/We agree that Premium will not be refunded for 6 months cover. If the policyholder terminates the Annual cover, he/she will still be required to pay at least 50% of the total premium and premium levy. But if any claim has arisen, 100% of the total premium and premium levy is required to be paid.
7. 本人/我們謹此聲明，本人已向受保人取得授權，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/我們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 have obtained the necessary authorization from the Insured Person(s), that the information stated in this Proposal Form is accurate, 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 myself and/or for the Insured Person(s) may be invalidated.
8. 本人/我們謹此聲明，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 in Hong Kong Special Administrative Region, in case of fraud or factual misrepresentation, the cover for myself and/or for the Insured Person(s) may be invalidated.
9. 本人/我們已閱讀，了解並同意本計劃的保單條款。I/We have read, understood and agreed with the policy terms of the Plan.
10. 本人/我們同意中銀集團保險保留一切有關投保書接納與否之權利。中銀集團保險保留根據投保人及/或受保人於投保時所提供的資料，而決定是否接受任何有關本計劃投保申請的絕對權利。I/We agree BOCG Insurance reserves the right to accept or decline this application. BOCG Insurance reserves the right to determine in its sole and absolute discretion whether to accept any application for the Plan on the basis of the information submitted at the time of application by the Proposer and/or Insured Person(s).
11. 本人/我們明白此保險申請須待中銀集團保險覆核，接納本投保書及本人須繳付全額保費及保費徵費後，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(s) will only take effect and the policy will be put in-force provided that premium and premium levy has been fully paid and this insurance application has been reexamined by BOCG Insurance.

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)'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
- m. 法例要求或許可的政府機關 government agencies and authorities as required or permitted by law.

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

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

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

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

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

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

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

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

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

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

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

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。假如本人為法人團體，代表本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 I am a body corporate, the authorized person who signs on behalf of me further confirms to BOCG Insurance that he or she is authorized to do so.

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

本人確同意本投保書內之所有部份，包括但不限於上列之投保注意事項、聲明收集個人資料聲明及經紀支付佣金。I confirm my agreement to all sections in this Proposal Form, including but not limited to the above Important Notes of Application, Declaration, Personal Information Collection Statement and Payment of Broker Commission.

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/YYYY)

**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.**

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