

# 「中國通」意外急救醫療計劃投保書

## “China Express” Accidental Emergency Medical Plan Proposal Form



香港中環德輔道中 71 號永安集團大廈 9 樓 9/F., Wing On House, 71 Des Voeux Road Central, Hong Kong. 網址 Website: <http://www.bocgroup.com/bocg-ins/> 電話 Tel: 3187 5100

(為方便電腦處理，請以英文正楷填寫及於適當方格內加“✓”。任何答案如有更改，敬請在旁簽署。Please complete in English BLOCK letters for computer processing and please “✓” as appropriate). Any changes to be made should be signed by the Proposed Insured.

投保人資料 Details of the Proposed Insured			
英文姓名 (請先填寫姓氏) Name in English (Surname first)	中文姓名 Chinese Name	香港身份證/護照/回鄉卡號碼 HKID Card No./ Passport No./China re-entry Card No.	
通訊地址 Correspondence Address:		出生日期/地點 (日 D/月 M/年 Y) Date/Place of Birth	
性別 Sex: <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	聯絡電話 Tel. No.	傳真號碼 Fax No.	電子郵箱 E-mail
承保期 Period of Insurance: 由 From	至 To		(日 D/月 M/年 Y)
(首尾兩日包括在內及保單每年自動續保的保險期。由中銀集團保險有限公司收到並接納投保書開始計 7 個工作天後起保 Both dates inclusive and upon each subsequent policy anniversary days thereof. <b>The policy shall be effective 7 working days after the acceptance of this proposal form by Bank of China Group Insurance Company Limited</b> )			
賠償入賬戶 Bank Account for Claim Reimbursement <sup>+</sup>		自動轉賬戶口號碼 Autopay A/C No.	
本人之銀行及分行名稱 My Bank Name and Branch			

<sup>+</sup> 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受保人。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 Proposed Insured by cheque.

受保人資料 <sup>1</sup> Person(s) to be insured <sup>1</sup>							
所有受保人姓名 (英文) (請先填寫姓氏) Name of all Insured Person(s) (English) (Surname first) ( <input type="checkbox"/> 若有更多受保人，請用另頁附上 Attach separate sheet for more Insured Person)	香港身份證/護照/回鄉卡號碼 <sup>2</sup> HKID Card No. / Passport No./ China re-entry Card No. <sup>2</sup>	性別 Sex	出生日期 Date of Birth (日 D/月 M/年 Y)	受保人原居地 <sup>3</sup> Country of Residence of the Insured Person <sup>3</sup>	其他受保人與第一受保人的關係 Relationship between other Insured Person(s) and the 1 <sup>st</sup> Insured Person	受益人姓名/與受保人關係 Name of Beneficiary/ Relationship with Insured Person	
第一受保人 1 <sup>st</sup> Insured Person					本人 Self		
第二受保人 2 <sup>nd</sup> Insured Person					配偶 / 子女 Spouse / Child		
第三受保人 3 <sup>rd</sup> Insured Person					子女 Child		
第四受保人 4 <sup>th</sup> Insured Person					子女 Child		
第五受保人 5 <sup>th</sup> Insured Person					子女 Child		
第六受保人 6 <sup>th</sup> Insured Person					子女 Child		

- 註 Notes: 1. 本投保書只可接受一名「個人」或一個「家庭」投保。One “Individual” or one “Family” is allowed for this Proposal Form.  
2. 不適用於中華人民共和國護照持有人。此證件號碼將顯示在「中國通卡」上，為防錯漏，請提供影印副本。**Not applicable to holders of PRC passport. This document number will be shown on the “China Express Card”. In order to avoid omissions and errors, please provide a photocopy of the document.**  
3. 除非特別申報，受保人的原居地會被視作香港特別行政區。Country of Residence of the Insured Person shall be defaulted as HKSAR unless otherwise specified.

投保計劃及保費 (HK\$) Insured Plan and Premium (HK\$)						
網絡醫院服務地區 Place of Network Hospital at service	全年計劃 Annual Plan					
	1 年期 Year		2 年期 Years		3 年期 Years	
	個人 Individual	家庭 Family	個人 Individual	家庭 Family	個人 Individual	家庭 Family
(銀卡 Silver Card) 廣東及福建省 Guangdong & Fujian province	<input type="checkbox"/> 330	<input type="checkbox"/> 590	<input type="checkbox"/> 580	<input type="checkbox"/> 1,040	<input type="checkbox"/> 830	<input type="checkbox"/> 1,480
(金卡 Gold Card) 中國內地各省 all provinces in Mainland China	<input type="checkbox"/> 580	<input type="checkbox"/> 1,040	<input type="checkbox"/> 980	<input type="checkbox"/> 1,750	<input type="checkbox"/> 1,380	<input type="checkbox"/> 2,480

### 付款方法及授權書 Payment Method and Authorization Form

1. 以信用卡付款 Payment made by credit card 信用卡存根 Credit card retain slip: 單據編號 Trace No.: \_\_\_\_\_ 授權號碼 App. Code. \_\_\_\_\_  
請填妥第 3 頁的「信用卡付款授權書」。Please complete the “Credit Card Authorization Form” in page 3.
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」。Please made 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/吾等明白此投保書的全年計劃一經批核，在每個保單年度期滿前，若未有接獲中銀集團保險有關修改任何條款的續保通知，本人/吾等只須繳交下個保單年度所須的保費，此保單的全年計劃便會每年自動續保。現授權「中銀集團保險有限公司」從本人/吾等之信用卡戶口轉賬繳交「中國通意外急救醫療計劃 - 全年計劃」應繳付的保費，包括每月保費(適用於月繳)、其後書所更改的保費以及每個新保單年度續保保費。I/We understand that once this application for Annual Plan is accepted, if no notice of amendment of renewal terms is sent to me/us from BOCG Insurance prior to the expiration of each policy year, the Annual Plan in this policy will be automatically renewed simply by my/our settling the required premium for the upcoming policy year. I/We hereby authorize “Bank of China Group Insurance Company Limited” to effect payment transfer from my/our credit card account for payment of premium under the “China Express Accidental Emergency Medical Plan – Annual Plan”, including monthly premium (applicable only to monthly payment); subsequent revised premium by endorsement(s) and all renewal premiums for each new Policy Year.

## 聲明 Declaration

- 本人謹此聲明本人及/或受保人並無任何身體殘缺；在過去三年內亦未曾就任何投保項目申請索償或遭保險公司拒絕受保；並在此授權任何醫生、醫院、診所、保險公司及其他人士，均可向「中銀集團保險有限公司」提供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 declare that myself and/or Insured Person do not have any physical defect; have not made any claims under any covered items or being refused to be covered by any insurer in the past 3 years; and hereby authorize any doctor, hospital, clinic, insurance company or any other person to provide the Insured Persons' health condition or detail medical history to "Bank of China Group Insurance Company Limited". Copy of this authorization form will have same effect as of the original copy.
- 本人謹此聲明，本投保書是在香港特別行政區內簽署並同意「中銀集團保險有限公司」(下稱“中銀集團保險”)保留一切有關投保書接納與否之權利，並明白必須待中銀集團保險接納本投保書及已繳付保費後，保障才能生效，亦聲明於本投保書之陳述乃真確無訛，可作為本人/受保人與中銀集團保險訂立契約之基礎，並明白如資料錯誤或不詳盡或有任何訛騙或資料失實，保單將會作廢。I declare that this Proposal Form is applied and signed at HKSAR and agree "Bank of China Group Insurance Company Limited" (named below as "BOCG Insurance") reserves the right to accept or decline my application and understand that the insurance will not be in force unless this Proposal Form has had accepted by "BOCG Insurance" and the premium has been paid and also declare that the information stated in this Proposal Form is true and complete and will form the basis of the contract between me/Insured Person(s) and the BOCG Insurance and understand that if any information stated is untrue or incomplete or in case of fraud or factual misrepresentation, the policy shall be null and void.
- 本人明白此投保申請的全年計劃一經批核，在每個保單年度期滿前，若未有接獲中銀集團保險有關修改任何條款的續保通知，本人只須繳交下個保單年度所須的保費，此保單的全年計劃便會每年自動續保。I agree that once the Annual Plan in 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 Annual Plan in this policy will be automatically renewed simply by my/our settling the required premium for the upcoming policy year.

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

本人明白本人提供的資料為中銀集團保險提供保險業務所需，並可能使用於下列目的 I understand that the information provided by me to BOCG Insurance is collected to enable BOCG Insurance to carry on insurance business and may be used for the purpose of:

- 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;
- 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;
- 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;
- 發出繳交保費通知及向本人收取保費及欠款 invoicing and collecting premiums and outstanding amounts from me;
- 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;
- 就以上用途聯絡本人 contacting me for any of the above purposes;
- 中銀集團保險行使任何代位權 exercising any right of subrogation by BOCG Insurance;
- 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
- 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:

- 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);
- 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;
- 追討欠款的收數公司或索償代理 in the event of default, debt collectors and recovery agents;
- 保險資料服務公司及信貸資料服務公司 insurance reference bureaus or credit reference bureaus;
- 再保公司及再保經紀 reinsurers and reinsurance brokers;
- 本人的保險經紀 (若有) my insurance broker (if I have one);
- 中銀集團保險的法律及專業業務顧問 BOCG Insurance's legal and professional advisors;
- 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);
- 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;
- 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;
- 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;
- 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
- 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.

本人確認同意本投保書內之所有部份，包括但不限於上列之聲明及收集個人資料聲明。 I confirm my agreement to all sections in this Proposal Form, including but not limited to the above Declaration and Personal Information Collection Statement.

\_\_\_\_\_  
 投保人簽署 Signature of Proposed Insured

香港 H.K./  
 簽署地及日期 Signed Place and Date

**本投保書在未被同意受保前，中銀集團保險不負任何責任。  
 The BOCG Insurance has no liability whatsoever before the application for insurance in this Proposal Form is accepted.**

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

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

經紀/代理資料 Broker/Agent Information

**信用卡付款授權書 Credit Card Authorization Form**

<input type="checkbox"/> Visa	<input type="checkbox"/> Master	<input type="checkbox"/> 中銀銀聯雙幣信用卡(必需由香港發出) BOC CUP Dual Currency credit card(Must be issued in Hong Kong)
持卡人姓名 Cardholder's Name	香港身份證號碼 HKID Card No.	信用卡戶口號碼 Credit Card Account No.
		信用卡到期日 (月/年) Credit Card Expiry Date (M/Y)

本人茲授權「中銀集團保險有限公司」從本人的信用卡戶口按每保單年度支付「中國通意外急救醫療計劃」應繳保費金額，直至另行通知。I hereby authorize and direct “Bank of China Group Insurance Company Limited” to debit the premium due from my credit card account for “China Express Accidental Emergency Medical Plan” by each Policy Year until further notice.

**若持卡人並非投保人，請填寫以下資料。 If Cardholder is not the Proposed Insured, please fill in the following information.**

- 與投保人關係 Relationship with the Proposed Insured: \_\_\_\_\_
  - 代投保人支付保費原因 Reason for paying premium on Proposed Insured's behalf: \_\_\_\_\_
- 本人同意及承擔上述投保人之全數應繳之「中國通意外急救醫療計劃」保費金額，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 due of “China Express Accidental Emergency Medical Plan” for the above Proposed Insured. I also understand that any refund premium due to policy cancellation will be given to the Proposed Insured 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)	X	聯絡電話號碼 Contact Phone No.	日期 Date (日 D/月 M/年 Y)