

人身意外綜合保障計劃投保書

Personal Accident Comprehensive Protection Plan Proposal Form



通訊地址: 香港中環德輔道中 71 號永安集團大廈 8 樓
電話 Tel : 3187 5100 傳真 Fax : 3906 9948

Correspondence Address: 8/F., Wing On House, 71 Des Voeux Road Central, Hong Kong.
電郵 Email: osc_policy@bocgroup.com

備註 NOTE :

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 proposed Insured 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 proposed Insured.
2. 為保障受保人的利益，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”)熱線 (852) 3187 5100 查詢。若未能充份透露實情，將會使受保人得不到所需的保障，甚至使保單失效。If you have any doubt on what should be disclosed in this Proposal Form, please contact Bank of China Group Insurance Company Limited (named below as “BOCG Insurance”) Hotline (852) 3187 5100 for the interests of the Insured Person. Failure to disclose may mean that the policy will not provide the 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.

投保人資料 Details of the proposed Insured

1. 投保人 Name of proposed Insured (英及中文名 / 請先填寫姓氏 Name in English and Chinese / Surname first)		
2. 性別 Sex <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	3. 香港身份證 / 護照號碼 HKID Card No. / Passport No.	
4. 出生日期 Date of Birth (日 D / 月 M / 年 Y)	5. 出生地點 Place of Birth	
6. 職位 Position	7. 職業類別 Class of Occupation <input type="checkbox"/> 類別 Class 1 <input type="checkbox"/> 類別 Class 2	8. 行業 / 業務性質 Industry / Business Nature
9. 通訊地址 Correspondence Address		
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室 Flat/Room 樓 Floor 座 Block 大廈/屋邨/街道 Building/Estate/Street 地區 District _____ <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT		
10. 聯絡電話 (住宅/公司) Contact No. (Home/Office)	11. 聯絡電話 (手提) Contact No. (Mobile)	12. 電子郵箱 Email

職業類別 Class of Occupation

類別 1 : (A) 從事室內工作或專業、行政及非體力勞動的人士- 包括律師、會計師、行政人員、文員、教師、學生、醫生、診所護士、牙醫、藥劑師、核數師、神職人員、股票經紀等； (B) 從事戶外工作或需作輕度體力勞動的人士- 包括醫院護士、家庭主婦、營業代表、家傭、外勤員、工廠管工、電子廠工人、侍應生、私人司機、保險經紀、物業代理、髮型師、信差、售貨員、裁縫等。	Class 1 : (A) Persons engaging in indoor or professional, administrative and non-manual works - including lawyer, accountant, administrator, clerk, teacher, student, doctor, clinic nurse, dentist, pharmacist, auditor, clergy, stockbroker etc.; (B) Persons engaging in outdoor or minor manual works - including hospital nurse, housewife, sale representative, domestic helper, outdoor worker, factory supervisor, electronic factory worker, waiter, chauffeur, insurance broker, property agent, hairstylist, messenger, salesman, tailor etc.
類別 2 : 從事技術性或半技術性，但毋須使用重型或危險性機械的人士 - 包括職業司機(不包括拖頭車司機或需運貨往返中港兩地的司機)、印刷技工、製衣工人、電工、油站職工、廚房工人、麵包師傅、清潔工人(不包括清潔大廈外牆的工人)、水喉匠(不包括外牆工作及高空工作的工人)、小販、保安員等。	Class 2 : Persons engaging in skillful or semi-skillful works, but are not requiring the use of heavy or dangerous machinery - including professional driver (excluding tractor driver or driver transporting goods to and from Hong Kong and the Mainland), printer, garment worker, electrician, petrol station worker, kitchen worker, baker, cleaner (excluding cleaner involving in outside wall works), plumber (excluding plumber involving in outside wall works and working at heights), hawker, security guard etc.

上述所列的職業只作一般概要之用，如投保人為從事其他職業類別或為無業人士而欲投保本計劃，請聯絡中銀集團保險作個別承保考慮。The occupations listed above are for general illustration purpose only, if the proposed Insured is engaged in other classes of occupation or an unemployed person, please contact BOCG Insurance for individual underwriting assessment.

投保資料 Insured Details

保險期 Policy Period

由 From (日 D/月 M/年 Y) _____ 至 To (日 D/月 M/年 Y) _____ (包括首尾兩日 Both dates inclusive)

受保人 Insured Person	投保計劃 Insured Plan			保費 Premium (HK\$)	
	計劃 Plan 1	計劃 Plan 2	計劃 Plan 3	年繳 Annual Payment	月繳 Monthly Payment
投保人 Insured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
投保人及配偶 Insured and Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
投保人及子女 Insured and Child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
家庭 Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

註 Remarks: 計劃 3 只適用於職業類別 1 受保人士。Plan 3 is applicable to insured person(s) under Class 1 occupation only.

投保限制 Limitation :

- 投保人必須為其中一名受保人。Proposed Insured must be one of the Insured Person(s).
- 受保配偶必須從事職業類別 1 或 2 之人士。Insured spouse must be the person whose occupation is under Class 1 or 2.
- 於申請這份保險時受保成人須為年齡介乎 18 至 65 歲，而受保子女須為年齡介乎 3 至 17 歲未婚且未有工作，或年齡 23 歲或以下的全日制學生。所有受保人必須為居於香港特別行政區並擁有有效香港身份證的合法居民。When applying for this insurance, the adult Insured Person(s) must be aged between 18 and 65 years old, whilst the insured child(ren) must be unmarried and not at work and aged between 3 and 17 years old, or a full - time student aged 23 or below. All Insured Persons must be legal residents holding valid HKID card and ordinarily residing in HKSAR.

受保人資料 Details of the Insured Person(s)

受保人姓名 (英文) (請先填寫姓氏) Name of Insured Person(s) (English) (Surname first)	香港身份證 / 護照號碼 HKID Card No. / Passport No.	性別 Sex	出生日期 Date of Birth (日 D / 月 M / 年 Y)	職業及職位 Occupation and Position
1. 投保人 proposed Insured	與上述第一頁相同 same as in page 1			
2.				
3.				
4.				
5.				

受益人：意外身亡賠償將賠付予受保人的法定受益人。如受保人欲指定受益人，須以書面通知中銀集團保險。

Beneficiary : Accidental death compensation shall be payable to the statutory beneficiary of the Insured Person(s). If the Insured Person(s) wishes to designate the beneficiary, a written notice should be given to BOCG Insurance.

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

- 是 YES 否 NO
1. 投保人在最近 5 年內是否曾因嚴重疾病或遭受意外傷害而接受治療或接受外科手術？如答案為「是」者，請詳加說明。
In the last 5 years, have the Insured Person(s) suffered any serious illness or accidental injury requiring treatment or surgical operation? If you have ticked "YES", please give full details.
 2. 投保人在過去三年內，是否曾就任何投保項目申請索償或遭受任何保險公司取消受保人的保單、拒絕受理投保、續保或要求提高保費及附加特別條件始允承保？如答案為「是」者，請詳加說明。
Has/Have the Insured Person(s) ever made any claims under any covered item in the past 3 years or has/have any insurer(s) ever cancelled, declined, refused to renew, increased premium or imposed special terms or conditions on any policy held by the Insured Person(s)? If you have ticked "YES", please give full details.
 3. 受保人的身體是否有任何殘缺？如答案為「是」者，請詳加說明。
Does/Do the Insured Person(s) has/have any physical defect? If you have ticked "YES", please give full details.

4. 受保人現時是否從事任何不在本計劃內承保的職業類別? 如答案為「是」者, 請詳加說明。
Does/Do the Insured Person(s) engaged in any class of occupation which is not covered in this Plan? If you have ticked "YES", please give full details.
5. 受保人現時是否受保於中銀集團保險的人身意外保障? 如答案為「是」者, 請列明產品名稱及保單編號。
Does/Do the Insured Person(s) currently has/have personal accident protection insured by BOCG Insurance? If you have ticked "YES", please provide the product name and the policy number.
- 產品名稱 Product Name: _____ 編號 Policy No. : _____
6. 受保人現時是否在其他保險公司的「人身意外」保單內享有「無索償續保保費折扣」? 如答案為「是」者, 請附含有證明內容的「人身意外」續保通知書。
Is/Are the Insured Person(s) is entitled to a "No claim renewal premium discount" under a Personal Accident (PA) Insurance policy with other insurance company? If you have ticked "YES", please provide evidence of proof stated in your PA Renewal Notice.

繳付保費說明及授權 Payment Instruction and Authorization

1. 以信用卡付款 Payment made by Credit Card

- 年繳 Annual Payment 月繳 Monthly Payment

請填妥第 5 頁的「信用卡付款授權書」交回「中銀集團保險有限公司」, 而「中銀集團保險有限公司」將向您的信用卡戶口收取首年(年繳)/ 首三個月(月繳)的保費。Please attach a completed Credit Card Authorization Form in page 5 to "Bank of China Group Insurance Company Limited", and the first year (annual payment) / first 3 month's (monthly payment) premium will be debited from your credit card account by "Bank of China Group Insurance Company Limited".

2. 以支票付款(只限年繳) Payment made by Cheque (For Annual Payment Only)

請以劃線支票(祈付「中銀集團保險有限公司」), 並交回「中銀集團保險有限公司」。Please make a crossed cheque payable to "Bank of China Group Insurance Company Limited" and submit to "Bank of China Group Insurance Company Limited".

付款銀行名稱 Name of Payment Bank : _____ 支票號碼 Cheque No.: _____

本人/吾等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/吾等只須繳交下個保單年度所須的保費, 此保單便會每年自動續保。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「人身意外綜合保障計劃」應繳付的保費, 包括每月保費(適用於月繳)、其後背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 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 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 "Personal Accident Comprehensive Protection 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

- 本人謹此聲明於申請這份保險時受保人是居於香港特別行政區的合法居民。 I declare that when applying for this insurance, the Insured Person(s) are ordinarily residing and as legal resident of HKSAR.
- 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, 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 the Insured Person(s) may be invalidated.
- 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, 受保人之保障有失效之虞。 I declare that this Proposal Form is applied and signed at HKSAR, in case of fraud or factual misrepresentation, the cover for the Insured Person(s) may be invalidated.
- 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.
- 本人同意「中銀集團保險有限公司」保留一切有關投保書接納與否之權利。 I agree "Bank of China Group Insurance Company Limited" reserves the right to accept or decline my application.
- 本人明白必須繳付保費後, 「中銀集團保險有限公司」對受保人之保險責任始行生效。 I understand that "Bank of China Group Insurance Company Limited" insurance liability for the Insured Person(s) will only take effect provided that premium have been paid.

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;

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)'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 bureaux or credit reference bureaux;
- 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 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)

經紀/代理資料 Broker/Agent Information	
經紀/代理編號 Broker / Agent No.	

保險公司專用 For Office use only		
保單編號 Policy No.	經辦人 Handled By	覆核人 Checked By

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 CUP Dual Currency credit card			
持卡人姓名 Cardholder's Name	香港身份證號碼 HKID Card No.	信用卡戶口號碼 Credit Card Account No.	信用卡到期日 (月/年) Credit Card Expiry Date (M/Y)
本人茲授權「中銀集團保險有限公司」從本人的信用卡戶口每年/每月支付「人身意外綜合保障計劃」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 "Personal Accident Comprehensive Protection Plan" on an annual/a monthly basis 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.			
1. 與投保人關係 Relationship with the proposed Insured: _____			
2. 代投保人支付保費原因 Reason for paying premium on proposed Insured's behalf: _____			
<input type="checkbox"/> 本人同意及承擔上述投保人之全數應繳之「人身意外綜合保障計劃」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 "Personal Accident Comprehensive Protection 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. <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">S.V.</div>	日期 (日/月/年) Date (D/M/Y)