

管理人員綜合保障計劃投保書

Executive 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. 為保障投保人/投保公司的利益，若不清楚此投保書需要透露的資料內容，請致電中銀集團有限公司（下稱“中銀集團保險”）保險熱線（852）3187 5100 查詢。若未能充份透露實情，將會使投保人/投保公司得不到所需的保障，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 proposed Insured/proposed Insured Company. Failure to disclose may mean that the policy will not provide the proposal Insured/proposal Insured Company with the coverage required, or may invalidate the policy altogether.
3. 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.
4. 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.
5. 此保險計劃乃由中銀集團保險承保。This insurance plan is underwritten by BOCG Insurance.

投保人/公司資料 Details of the proposed Insured/the Company

(若以公司名義投保，無須填寫以下方格內之第 2 至 6 項。If insured under the name of the Company, do not need to complete item 2 to 6 in the below box)

1. 投保人/公司名稱 Name of proposed Insured / the Company (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. 行業 / 業務性質 Industry / Business Nature
8. (若以個人名義投保，不需填寫此欄 If insured under the name of person, do not need to fill in this blank) 商業登記證號碼 Business Registration No.: _____ / 公司註冊證書號碼 Certificate of Incorporation No.: _____	
9. 通訊地址 Correspondence Address 室 Room / Flat _____ 層數 Floor _____ 座數 Block / Tower _____ 大廈/屋苑名稱 Name of Building / Name of Estate _____ 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	
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:	
13. 客戶從以下那個途徑得知本產品? How does the customer know about this product? <input type="checkbox"/> 本公司銷售人員推介 Refer by our staff (BR01) <input type="checkbox"/> 擺放網站之宣傳品或客戶通訊或宣傳語句 Website, customer newsletter or promotion message (BR02) <input type="checkbox"/> 直銷途徑，例如直銷郵件、電話營銷 Direct Mail; telesales (DM01) <input type="checkbox"/> 傳媒 Media (ME01) <input type="checkbox"/> 月結單插張 Statement insert (SI01) <input type="checkbox"/> 親友介紹 Refer by friend or relative (RE01) <input type="checkbox"/> 其他 Others (OT01) <input type="checkbox"/> 本公司經紀代理推介 Refer by our broker/agent (B&A01)	

保險期 Policy Period

由 From (日 D / 月 M / 年 Y) _____ 至 To (日 D / 月 M / 年 Y) _____
(首尾兩日包括在內及已繳付以後每個可調整保費的續保週年 Both dates inclusive and, subject to the payment of further premiums to be adjusted, to be renewal on each anniversary thereof)

保費 Premium (請填寫人身意外投保金額*於方格內 Please complete the PA Sum Insured* in the box provided)			全年保費 / Annual Premium (HK\$)
A.	人身意外保障 (PA) Personal Accident Protection	人身意外投保金額* PA Sum Insured*:	HK\$
		意外醫療保額 Accident Medical cover limits:	HK\$ 40,000
必須選擇其中一項保障或可全選 Must select either one benefit or choose both			
B.	<input type="checkbox"/>	全年旅遊保障 Annual Travel Protection	
C.	<input type="checkbox"/>	高爾夫球保障 Golfers Protection	
總保費 Grand Total Premium :			

* 投保金額不可低於 HK\$2,000,000 或超過 HK\$10,000,000。Sum Insured shall not be less than HK\$2,000,000 or exceeding HK\$10,000,000.

受保人資料 Details of the Person to be insured						
若受保人是投保人，只須填寫受益人一欄。若受保人不是投保人，請填寫下述各欄。If Insured Person is the proposed Insured, please fill in the "Beneficiary" item only. If Insured Person is not the proposed Insured, please fill in all items below.						
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	與投保人關係 Relationship to the proposed Insured	人身意外保障的受益人姓名/與受保人關係 Name of Beneficiary for Personal Accident Protection/ Relationship with Insured Person

投保限制 :

- 投保人於申請這份保險時須為年齡 18 歲或以上。
- 受保人須為非體力勞動的管理級人員。同時於申請這份保險時受保人須為年齡介乎 18 至 75 歲並居於香港特別行政區的合法居民。

Limitation:

- At the time of applying for this insurance, the proposed Insured must be aged 18 or above.
- Insured Person(s) must be a managerial level person with no manual work involved. Moreover, the Insured Person must be ordinarily residing and legal resident of HKSAR aged between 18 and 75 years old when applying for this insurance.

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

- | | | |
|---|--------------------------|--------------------------|
| | 是 YES | 否 NO |
| 1. 受保人在最近 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 受保人是否從事非文職或任何附帶特殊風險之職業，如空中或航海工作人員；紀律部隊？如答案為「是」者，請詳加說明。
Does the Insured Person(s) employed as a non clerical worker or his/her occupation has carried any special risk, such as air or ship crews; disciplinary services? If you have ticked "YES", please give full details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 受保人在過去三年內，是否曾就任何投保項目申請索償或遭受任何保險公司拒絕受理投保、續保或取消受保人的保單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。
Have the Insured Person ever made any claims under any covered item in the past 3 years or has any insurer ever cancelled, declined, refused to renew or imposed special terms or conditions on any policy held by the Insured Person(s)? If you have ticked "YES", please give full details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 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 the Insured Person(s) have any physical defect? If you have ticked "YES", please give full details. | <input type="checkbox"/> | <input type="checkbox"/> |

繳付保費方法 Payment Method

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 5 頁的「信用卡付款授權書」。Please complete the "Credit Card Authorization Form" in page 5.

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/公司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/公司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從本人/公司之信用卡戶口轉賬繳交「管理人員綜合保障計劃」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/Our Company 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 Company's settling the required premium for the upcoming policy year. I/ Our Company hereby authorize BOCG Insurance to effect payment transfer from my/our credit card account for payment of premium under the "Executive 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/公司謹此聲明受保人為非體力勞動的管理級人員。同時於申請這份保險時受保人年齡介乎 18 至 75 歲並居於香港特別行政區的合法居民 I/Our Company declare that Insured Person(s) are the managerial level person with no manual work involved. Moreover, the Insured Person who are ordinarily residing and as the legal resident of HKSAR aged between 18 and 75 years old when applying for this insurance.
- 本人/公司保證受保人之旅程均非違背醫生勸告或欲往海外求醫而行；就本人/公司及/或受保人所知目前無任何情況會導致既定之旅程被取消或提早結束。(只適用於投保「全年旅遊保障」) I/Our Company warrant that to the best of my knowledge and belief Insured Person(s) are not traveling on contrary to the advice of medical practitioner or for the purpose of receiving medical treatment abroad; myself/our Company and/or Insured Person are not aware of any the condition, cause or circumstance that may necessitate the cancellation or curtailment of the planned journey. (applicable to insure with "Annual Travel Protection" only)
- 本人/公司謹此聲明，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/公司亦明白如資料錯誤或不詳盡，受保人之保障有失效之虞 I/Our Company declare that the information stated in this Proposal Form is true and complete and will form the basis of this insurance. I/Our Company also understand that if any information stated is untrue or incomplete, the cover for the Insured Person(s) may be invalidated.
- 本人/公司謹此聲明，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/Our Company 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/公司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/Our Company agree BOCG Insurance reserves the right to accept or decline my/our company application.
- 本人/公司明白必須繳付保費後，中銀集團保險對受保人之保險責任始行生效 I/Our Company understand that BOCG Insurance's insurance liability for the Insured Person(s) will only take effect provided that premium have been paid.
- 本人/公司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/公司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 I/Our Company agree that once this application for insurance is accepted, if no notice of amendment of renewal terms is sent to me/our company from BOCG Insurance prior to the expiration of each policy year, the policy will be automatically renewed simply by me/our company's settling the required premium for the upcoming policy year.

收集個人資料聲明 Personal Information Collection Statement

本人/公司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：The information provided by me/our Company 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/公司的保險申請或本人/公司將來提交的保險申請 processing and evaluating my/our company insurance application and any future insurance application I/Our Company may make;
- 執行本人/公司保單的行政工作及提供與本人/公司保單相關的服務 administering my/our company insurance policy and providing services in relation to my/our company insurance policy;
- 分析或調查、處理及支付本人/公司保單有關的索償 analysis or investigating, processing and paying claims made under my/our company insurance policy;
- 發出繳交保費通知及向本人/公司收取保費及欠款 invoicing and collecting premiums and outstanding amounts from me/our company;
- 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/公司 contacting me/our company 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; 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/公司及/或受保人的個人資料轉移予下列各方 BOCG Insurance may disclose my/our company 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/公司的保險經紀 (若有) my/our company 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」轉移予任何「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/公司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/公司及/或受保人任何資料 BOCG Insurance is hereby authorized to obtain access to and/or to verify any of my/our company/or the Insured Person(s)'s data with the information collected by the Federation from the insurance industry.

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

本人/公司明白本人/公司有權查閱及要求更正由中銀集團保險持有有關本人/公司及/或受保人的個人資料。如有需要，本人/公司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/Our Company understand that I/Our Company have the right to obtain access to and to request correction of any personal information concerning myself/our Company and/or the Insured Person(s) held by the BOCG Insurance. Requests for such access can be made to the Legal and Compliance Department of the BOCG Insurance (Tel: 2867 0888 / Fax: 3906 9939).

接收推廣訊息指示 Receive Direct Marketing Materials Instruction (只適用於非公司投保人 Only applicable for non corporate policyholders only)

本人/公司不欲中銀集團保險使用本人/公司的個人資料經以下渠道作直銷推廣 (請以“√”選擇渠道) I/Our Company **do not wish** BOCG Insurance to use my/our Company's 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 holding's companies, wherever situated.

本人/公司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/Our Company confirm my agreement to all sections in this Proposal Form, including but not limited to the above Declaration and Personal Information Collection Statement.

香港 H.K./

投保人/公司(連公司印鑑) 簽署 Signature of proposed Insured/the Company (with Company chop)

簽署地及日期 Signed Place and Date

**本投保書在未被同意接受前，中銀集團保險不負任何責任。
The BOCG Insurance has no liability whatsoever before this Proposal Form is accepted.**

(*自動續保條款：此投保申請一經批核，每保單年度到期續保時，您此份保單將會自動續保。*Auto Renewal Condition: Once this application for insurance is accepted, your policy will be renewed automatically upon the expiry of each renewal Policy Year.)

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

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信用卡付款授權書 Credit Card Authorization Form

Visa Master 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)
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本人/公司茲授權「中銀集團保險有限公司」從本人/公司的信用卡戶口每年支付「管理人員綜合保障計劃」應繳保費金額，直至另行通知。
 I/Our Company hereby authorize and direct "Bank of China Group Insurance Company Limited" to debit the premium due from my/our Company credit card account for "Executive Comprehensive Protection Plan" on annual basis until further notice.

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

1. 與投保人/公司關係 Relationship with the proposed Insured/the Company: _____
2. 代投保人/公司支付保費原因 Reason for paying premium on proposed Insured/the Company's behalf: _____

本人同意及承擔上述投保人/公司之全數應繳之「管理人員綜合保障計劃」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/公司。 I hereby confirm to pay the premium due of "Executive Comprehensive Protection Plan" for the above proposed Insured/the Company. I also understand that any refund premium due to policy cancellation will be given to the proposed Insured/the Company 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 S.V.	聯絡電話號碼 Contact Phone No.	日期 (日/月/年) Date (D/M/Y)
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