

# 醫療保險需要評估

## Suitability Assessment for Medical Insurance

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：3187 5100

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



投保人姓名 Applicant's name	受保人姓名 Name of Insured Person (s)	受保人年齡 Age of Insured Person (s)	受保人性別 Gender of Insured Person (s)

### 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)

為了解閣下投保醫療保險計劃的目的及保險需要，請回答以下問題。如閣下選擇不回答，則無法向閣下介紹合適的醫療保險產品及處理閣下的投保申請：

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:

### 選購醫療保險計劃的目的及保險需要 (請於方格以“✓”表示，並可選多於一項)

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)

根據閣下的上述選項，中介人曾提供並與閣下討論下列保險產品的選擇(因應中介人所能提供的產品)，以迎合閣下選購保險產品的目的及保險需要：

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

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### 重要事項 Important Notes:

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

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 salespersons 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 salespersons 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))。  
All coverage applied should fulfill the objectives and needs of the clients. (see 5(i) or 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)  
The Company should reject any application that does not fulfill the objectives and needs of the clients (see 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 salespersons 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 salespersons are reminded to use the updated version at time of assessment.

通訊地址：香港中環德輔道中 71 號永安集團大廈 9 樓

Correspondence Address：9/F., Wing On House, 71 Des Voeux Road Central, Hong Kong.

客戶服務熱線 Customer Services Hotline：3187 5100

傳真 Fax：3906 9906

電郵 Email：medicaladmin\_ins@bocgroup.com

**客戶注意事項 Important Notes to the Customer：**

- 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.
- \*請刪去不適用者。\*Please delete whichever is inappropriate or non-applicable.
- 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。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 your agent/broker. 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.
- 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.**
- 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.
- 「中銀環球醫療保障計劃」（下稱「本計劃」）由中銀集團保險承保。BOC Worldwide Medical Insurance Plan (named below as "this Plan") is underwritten by BOCG Insurance.

**投保限制 Limitation：**

- 投保人可與家人一同投保。家人是指投保人及/或其父母、合法配偶、合法配偶父母、子女。The Proposer can enroll the plan together with family. "Family" refers to the Proposer and/or parents and/or legal spouse and/or parents-in-law and/or child(ren) of the Proposer.
- 投保人投保時年齡必須為 18 歲或以上。The Proposer must be aged 18 years or above at the time of application.
- 所有受保人於申請這份保險時須為年齡介乎 15 天至 70 歲。子女年齡介乎 15 日至 5 歲必須連同成人一同投保。Upon application, all Insured Person(s) must be aged between 15 days and 70 years. Child(ren) aged from 15 days to 5 years old must enroll together with adult.
- 除獲中銀集團保險批准外，在保單年度內受保人必須居住於香港或澳門 6 個月或以上。Except the approval of BOCG Insurance, the Place of Residence of the Insured Person(s) must be in Hong Kong or Macau whereby the Insured Person(s) will live for 6 months or above within the policy year.

**#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 Name in English <sup>#</sup> (請先填寫姓氏 Surname first)	2. 中文姓名 Name in Chinese <sup>#</sup>
*3. 香港身份證號碼 HKID Card No. / 護照號碼 Passport No. <sup>#</sup>	4. 國籍 Nationality <sup>#</sup> (國家/地區 Country / Region)
5. 性別 Sex <sup>#</sup> <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	6. 出生日期 Date of Birth <sup>#</sup>
7. 手提電話 Mobile No. <sup>#</sup>	8. 電郵地址 Email Address <sup>#</sup>

9. 通訊地址 Correspondence Address <sup>#</sup>  
 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 Area     香港 Hong Kong       九龍 Kowloon       新界 New Territories       離島 Outlying Island

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

\_\_\_\_\_

11. 投保人職業<sup>#</sup> Occupation of 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)

12. 賠償入賬必須是香港銀行戶口 Bank Account must be in Hong Kong for Claim Reimbursement<sup>+</sup>)

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. \_\_\_\_\_

\_\_\_\_\_

<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.

## 保單生效日期 Effective Date of Insurance Cover

日 D / 月 M / 年 Y \_\_\_\_\_ (必須完成所有核保程序，本保險方可生效。The insurance is effective which is subject to all underwriting procedures are completed.)

## 受保人資料 Details of Insured Person(s) (如有更多受保人，請另紙填上 Use separate sheet if more Insured Persons to be insured)

另有附頁 with attachment <input type="checkbox"/>	受保人 1 Insured Person 1 年齡 Age: _____	受保人 2 Insured Person 2 年齡 Age: _____	受保人 3 Insured Person 3 年齡 Age: _____	受保人 4 Insured Person 4 年齡 Age: _____	受保人 5 Insured Person 5 年齡 Age: _____	受保人 6 Insured Person 6 年齡 Age: _____
1. 英文姓名 Name in English* (請先填寫姓氏 Surname first)						
2. 中文姓名 Name in Chinese*						
3. 香港身份證號碼 / 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)						
4. 性別 Sex*						
5. 出生日期 Date of Birth* (日/月/年) (DD/MM/YY)	/ /	/ /	/ /	/ /	/ /	/ /
6. 國籍 Nationality* (國家/地區 Country /Region)						
7. 居住地 <sup>1</sup> * Place of Residence <sup>1</sup>	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 澳門 Macau <input type="checkbox"/> 內地 The Mainland 城市名稱: Name of City: _____  <input type="checkbox"/> 其他 Others 國家/地區名稱: Name of Country/ Region: _____  城市名稱: Name of City: _____	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 澳門 Macau <input type="checkbox"/> 內地 The Mainland 城市名稱: Name of City: _____  <input type="checkbox"/> 其他 Others 國家/地區名稱: Name of Country/ Region: _____  城市名稱: Name of City: _____	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 澳門 Macau <input type="checkbox"/> 內地 The Mainland 城市名稱: Name of City: _____  <input type="checkbox"/> 其他 Others 國家/地區名稱: Name of Country/ Region: _____  城市名稱: Name of City: _____	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 澳門 Macau <input type="checkbox"/> 內地 The Mainland 城市名稱: Name of City: _____  <input type="checkbox"/> 其他 Others 國家/地區名稱: Name of Country/ Region: _____  城市名稱: Name of City: _____	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 澳門 Macau <input type="checkbox"/> 內地 The Mainland 城市名稱: Name of City: _____  <input type="checkbox"/> 其他 Others 國家/地區名稱: Name of Country/ Region: _____  城市名稱: Name of City: _____	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 澳門 Macau <input type="checkbox"/> 內地 The Mainland 城市名稱: Name of City: _____  <input type="checkbox"/> 其他 Others 國家/地區名稱: Name of Country/ Region: _____  城市名稱: Name of City: _____
8. 與投保人關係* Relationship with Proposer	<input type="checkbox"/> 本人 Self	<input type="checkbox"/> 配偶 Spouse	<input type="checkbox"/> 父 Father <input type="checkbox"/> 配偶父 Father- in- Law	<input type="checkbox"/> 母 Mother <input type="checkbox"/> 配偶母 Mother- in-Law	<input type="checkbox"/> 子女 <sup>2</sup> Child <sup>2</sup>	<input type="checkbox"/> 子女 <sup>2</sup> Child <sup>2</sup>
9. 職業* Occupation						
10. 身高 <sup>3</sup> * Height <sup>3</sup> (米/m)						
11. 體重 <sup>3</sup> * Weight <sup>3</sup> (千克/kg)						
12. 身體質量指數 <sup>4</sup> * Body Mass Index (BMI) <sup>4</sup>						
13. 身體質量指數 <sup>4</sup> 是否符合 標準? Does BMI <sup>4</sup> fall within standard level?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

### 註 Remarks :

- 居住地是指受保人在保單年度內居住於同一地區6個月或以上，並於投保書或書面更改通知內作出相關聲明。Place of Residence means the place whereby the Insured Person(s) will live for 6 months or above in the same place within the policy year and as declared in the proposal form or written notice of change.
- 子女指投保人的合法子女，包括繼子女、領養子女、或監護兒童。Child(ren) mean(s) the legal child(ren) of the Proposer, including step child(ren), adopted child(ren), or guardian child(ren).
- 1 吋 inch = 2.54 厘米 cm ; 1 米 m = 100 厘米 cm ; 1 千克 kg = 2.2 磅 lbs
- 身體質量指數(BMI)計算方式“Body Mass Index”(BMI) assessment method: 請參考以下BMI計算程式或使用設於中銀集團保險網頁(<http://www.bocgins.com>)的BMI網上計算機，以便於投保書內申報您及/或受保人的BMI指數。Please specify you and/or Insured Person(s)' BMI index in the proposal form by referring the below BMI formula or the online BMI calculator in BOCG Insurance website (<http://www.bocgins.com>).

$$\text{BMI} = \frac{\text{體重 Weight (單位: 千克 kg)}}{\text{身高 Height}^2 \text{ (單位: 米 m)}}$$

身體質量指數分類 BMI Category	標準 standard level	不符合標準 falls outside standard level
成人 Adult (18 歲或以上 aged 18 or above)	18-26	<18 或 >26
子女 Child (18 歲以下 aged below 18)	10-26	<10 或 >26

例子 example : 成人 - 年齡 25 歲、身高 173 厘米及體重 68 千克 Adult - 25 years old, 173cm height and 68 kg weight

$$\text{BMI} = \frac{(68 \text{ kg})}{(1.73\text{m})^2} = 22.72 \text{ (其身體質量指數符合標準 BMI falls within standard level)}$$

例子 example : 子女 - 年齡 1 歲、身高 75 厘米及體重 4 千克 Child - 1 year old, 75cm height and 4 kg weight

$$\text{BMI} = \frac{(4 \text{ kg})}{(0.75\text{m})^2} = 7.105 \text{ (其身體質量指數不符合標準 BMI falls outside standard level)}$$

## 保障計劃<sup>5</sup>類別及總保費 Category of Benefits Plan<sup>5</sup> & Total Premium (HK\$)

### 基本保障 Basic Benefits

	受保人 1 Insured Person 1	受保人 2 Insured Person 2	受保人 3 Insured Person 3	受保人 4 Insured Person 4	受保人 5 Insured Person 5	受保人 6 Insured Person 6
14. 計劃級別及保障地區 Plan Level and Coverage Area	<input type="checkbox"/> 尊貴計劃 (環球) Noble Plan (Worldwide)  <input type="checkbox"/> 卓越計劃 (環球- 美國除外) Elite Plan (Worldwide Excl. USA)  <input type="checkbox"/> 精選計劃 (亞洲 <sup>6</sup> ) Essential Plan (Asia <sup>6</sup> )	<input type="checkbox"/> 尊貴計劃 (環球) Noble Plan (Worldwide)  <input type="checkbox"/> 卓越計劃 (環球- 美國除外) Elite Plan (Worldwide Excl. USA)  <input type="checkbox"/> 精選計劃 (亞洲 <sup>6</sup> ) Essential Plan (Asia <sup>6</sup> )	<input type="checkbox"/> 尊貴計劃 (環球) Noble Plan (Worldwide)  <input type="checkbox"/> 卓越計劃 (環球- 美國除外) Elite Plan (Worldwide Excl. USA)  <input type="checkbox"/> 精選計劃 (亞洲 <sup>6</sup> ) Essential Plan (Asia <sup>6</sup> )	<input type="checkbox"/> 尊貴計劃 (環球) Noble Plan (Worldwide)  <input type="checkbox"/> 卓越計劃 (環球- 美國除外) Elite Plan (Worldwide Excl. USA)  <input type="checkbox"/> 精選計劃 (亞洲 <sup>6</sup> ) Essential Plan (Asia <sup>6</sup> )	<input type="checkbox"/> 尊貴計劃 (環球) Noble Plan (Worldwide)  <input type="checkbox"/> 卓越計劃 (環球- 美國除外) Elite Plan (Worldwide Excl. USA)  <input type="checkbox"/> 精選計劃 (亞洲 <sup>6</sup> ) Essential Plan (Asia <sup>6</sup> )	<input type="checkbox"/> 尊貴計劃 (環球) Noble Plan (Worldwide)  <input type="checkbox"/> 卓越計劃 (環球- 美國除外) Elite Plan (Worldwide Excl. USA)  <input type="checkbox"/> 精選計劃 (亞洲 <sup>6</sup> ) Essential Plan (Asia <sup>6</sup> )
15. 自選每年度自負額 Annual Deductible Option	<input type="checkbox"/> HK\$0 <input type="checkbox"/> HK\$25,000 <input type="checkbox"/> HK\$80,000	<input type="checkbox"/> HK\$0 <input type="checkbox"/> HK\$25,000 <input type="checkbox"/> HK\$80,000	<input type="checkbox"/> HK\$0 <input type="checkbox"/> HK\$25,000 <input type="checkbox"/> HK\$80,000	<input type="checkbox"/> HK\$0 <input type="checkbox"/> HK\$25,000 <input type="checkbox"/> HK\$80,000	<input type="checkbox"/> HK\$0 <input type="checkbox"/> HK\$25,000 <input type="checkbox"/> HK\$80,000	<input type="checkbox"/> HK\$0 <input type="checkbox"/> HK\$25,000 <input type="checkbox"/> HK\$80,000

### 自選保障 Optional Benefit(s) (只適用於尊貴計劃或卓越計劃 Applicable to Noble Plan or Elite Plan only)

16. 牙科 Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. 門診 Out-patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
全年保費 Annual Premium(HK\$)						

### 總保費及保費徵費<sup>^</sup> Total Premium and Premium Levy<sup>^</sup>

所有受保人 (基本 + 自選保障) All Insured Person(s) (Basic + Optional Benefits)	全年總保費 Total Annual Premium (HK\$) :
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:	

<sup>^</sup>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](http://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](http://www.ia.org.hk).

- 註 Remarks :**
- 受保人須投保基本保障，方可申請附加自選保障及其自選保障必須與其基本保障的級別相同。不同受保人於同一保單可申請不同基本保障及自選保障，而基本保障與自選保障的計劃級別必須相同。The Insured Person(s) should enroll in the Basic Benefits coverage prior to the application for Optional Benefit(s) and such Optional Benefit(s) should be same as the level of the Basic Benefits. The Insured Person(s) under the same policy can apply for different Basic Benefits and Optional Benefit(s). The plan level of Basic Benefits and Optional Benefit(s) must be the same.
  - 亞洲(國家/地區)是指阿富汗、澳洲、孟加拉、不丹、汶萊、柬埔寨、中國、中國香港、中國澳門、中國台灣、印度、印尼、日本、哈薩克、吉爾吉斯、老撾、馬來西亞、馬爾代夫、蒙古、緬甸、尼泊爾、新西蘭、北韓、巴基斯坦、菲律賓、新加坡、南韓、斯里蘭卡、塔吉克、泰國、東帝汶、土庫曼、烏茲別克及越南。Asia(Country/Region) means Afghanistan; Australia; Bangladesh; Bhutan; Brunei; Cambodia; China; Hong Kong, China; Macau, China; Taiwan, China; India; Indonesia; Japan; Kazakhstan; Kyrgyzstan; Laos; Malaysia; Maldives; Mongolia; Myanmar; Nepal; New Zealand; North Korea; Pakistan; The Philippines; Singapore; South Korea; Sri Lanka; Tajikistan; Thailand; Timor-Leste; Turkmenistan; Uzbekistan and Vietnam.

## 投保書陳述項目 Stated Information for this Proposal Form

請就受保人的健康狀況回答下列問題。若答案為「是」，請詳述於第 6 頁「陳述項目說明」。Please answer each of the following questions on the health of the Insured Person(s). For each "Yes" answer, please explain and provide details in "Illustration of Stated Information" in page 6.

### I. 一般資料 General Information

- |   |                          | 是 YES                    | 否 NO                     |
|---|--------------------------|--------------------------|--------------------------|
| 1. 是否吸煙或曾吸煙，若「是」，請註明每天數量(支)及吸煙年期。若現已停止吸煙，請說明日期及原因。Do you smoke or have you ever smoked? If yes, please specify daily consumption (piece) and year of smoking. If you have ceased smoking, please state the date and reason.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 是否有飲酒的習慣，若「是」，請註明飲品種類 (例如啤酒、葡萄酒、烈酒等) 及每週飲用量(毫升)。Do you drink alcohol regularly? If yes, please specify type of drink (e.g. beer, wine, spirit etc.) and weekly consumption (ml).   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 在過去 12 個月內體重曾否增加或減少 10 磅 (4.5 公斤) 或以上，若「是」，請說明確實增加或減少之重量及原因。Have you gained/lost weight of 10lb (4.5kg) or more in the last 12 months? If yes, please give exact figure and reason.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 是否參與或計劃參與任何危險運動或活動 (例如：駕駛私人航空工具、賽車、任何類型的潛水或攀山等)？若「是」，請說明詳情。Do you participate or are you planning to participate in any hazardous sport or activity (e.g. private aviation, motor car or motor-cycle racing, diving of any kinds or mountaineering, etc.)? If yes, please state details. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 是否或將於香港或澳門以外地區居住或工作？若「是」，請註明城市及國家名稱、居留目的及停留次數。Do you or do you intend to live or work outside Hong Kong or Macau? If yes, please specify name of country and city, purpose of stay and duration of stay.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## II. 投保記錄 Insurance History

	是 YES	否 NO
6. i. 目前是否已購買或正在申請其他個人意外、個人醫療、住院現金或危疾保險？若「是」，請提供保險公司名稱、計劃名稱、保險金額、保單生效日期。Have you purchased/been applying other personal accident insurance, individual medical insurance, hospital cash insurance or critical illness insurances? If yes, please state the name of insurer, name of plan, amount of coverage, and effective date of policy.	<input type="checkbox"/>	<input type="checkbox"/>
ii. 是否曾被保險公司取消保單或申請個人意外、個人醫療、住院現金、危疾或人壽保險而被拒絕、延期或附加保費或條件承保？若「是」，請提供有關原因及詳情。Have your personal accident insurance, individual medical insurance, hospital cash insurance, critical illness insurance or life insurance policies ever been cancelled or applications ever been declined, postponed, accepted with extra premium or modified term by the insurer? If yes, please provide reason and details.	<input type="checkbox"/>	<input type="checkbox"/>
iii. 過去有否就上述保險計劃向保險公司申請索賠？若「是」，請提供詳情。Have you submitted claims applications of the above mentioned insurance plan to the insurers? If yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>

## III. 病歷 Medical History

	是 YES	否 NO
7. 曾否 / 正在服用任何藥物超過 14 天 (一般傷風、感冒除外)？Have you ever been or are you currently taking/prescribed any medication or drugs for more than 14 days (apart from common flu and colds)?	<input type="checkbox"/>	<input type="checkbox"/>
8. 親生父母或兄弟姐妹曾否患上任何心臟病、中風、高血壓、糖尿病、腎病、精神失常、肝炎 (或肝炎帶菌者)、癌症或任何遺傳病？Have any of your natural parents, brothers or sisters suffered from heart disease, stroke, hypertension, diabetes, kidney disease, mental disorder, hepatitis (or is a hepatitis carrier), cancer or any hereditary disease?	<input type="checkbox"/>	<input type="checkbox"/>
9. 除了僱主或保險公司指定之醫療檢查外，曾否進行或被醫生建議進行任何醫療檢查，包括血液測試、X光、心電圖、超聲波、電腦斷層掃描、活組織檢驗或其他檢驗？Other than medical test(s) required by an employer or insurer, have you ever undergone or been recommended any medical/diagnostic test, such as blood test(s), x-ray, electrocardiogram, ultrasonogram, CT scan, biopsy or other investigations?	<input type="checkbox"/>	<input type="checkbox"/>
10. 過去 5 年曾否患上任何疾病 (一般傷風、感冒除外) 或因意外受傷超過 14 天？Have you suffered from any illness (apart from common flu or colds) or effects of any accident which lasted for more than 14 days in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
11. 曾否就性病、愛滋病或人類免疫力缺乏症而接受或將接受任何醫療意見、諮詢、診治或測試？Have you ever received or do you expect to receive any medical advice, counseling, treatment or any test(s) in connection with venereal disease, AIDS, HIV infection?	<input type="checkbox"/>	<input type="checkbox"/>
12. 曾否患上下列疾病或就有關疾病曾接受治療？Have you ever suffered from or been treated for any of the following disorders/disease?		
i. 呼吸系統疾病包括哮喘、支氣管炎、結核病、肺氣腫、鼻中隔 / 鼻甲骨偏側或其他呼吸系統疾病？ <b>The Respiratory Diseases</b> including asthma, bronchitis, tuberculosis, emphysema, deviated nasal septum/turbinate or others respiratory diseases?	<input type="checkbox"/>	<input type="checkbox"/>
ii. 心臟血管或循環系統或血液疾病包括胸痛 / 心絞痛、心悸、高血壓、風濕熱、心雜音、心臟病、貧血、靜脈曲張或其他有關之疾病？ <b>The Cardiovascular or Circulatory Diseases or Blood Disorders</b> including chest pain/angina pectoris, palpitation, hypertension, rheumatic fever, heart murmur, heart attack, anaemia, varicose veins or other related diseases/disorders?	<input type="checkbox"/>	<input type="checkbox"/>
iii. 消化系統疾病包括各類型的肝炎、肝病、各類型的潰瘍症、痔瘡、疝氣、肛瘻或其他食道 / 腸胃及膽囊疾病？ <b>The Digestive Diseases</b> including hepatitis of any kind, liver disease, ulcer of any kind, haemorrhoid, hernia, anal fistula or other diseases/disorders of esophagus/gastrointestinal and gallbladder?	<input type="checkbox"/>	<input type="checkbox"/>
iv. 泌尿系統疾病包括腎、膀胱、尿道疾病或結石或 <b>生殖器官疾病</b> 包括子宮塗片檢查異常、月經失調、前列腺疾病、性病或其他有關之疾病？ <b>Genitor Urinary Diseases</b> including kidney, bladder, urinary disorders and stones or <b>any Disorder of Reproductive Organs</b> including abnormal smear test(s), menstrual disorder, prostate disorder, venereal disease or other related diseases/disorders?	<input type="checkbox"/>	<input type="checkbox"/>
v. 內分泌系統疾病包括糖尿病、甲狀腺病或其他有關的疾病？ <b>Endocrine Diseases</b> including diabetes, thyroid disorder or other related diseases/disorders?	<input type="checkbox"/>	<input type="checkbox"/>
vi. 神經系統疾病、精神失常、精神病及腦部疾病包括腦癇症、癱瘓、暈眩、中風、頭痛、焦慮、抑鬱或任何有關神經系統疾病及眼或耳的損傷包括失明、視力 / 聽力 / 說話能力受損或其他有關之疾病？ <b>The Nervous Diseases, Mental Disorders or Psychiatric Problem/Diseases and Brain Diseases/Disorders</b> including epilepsy, paralysis, dizziness, stroke, headache, anxiety, depression or any other neurological disorders and <b>impairment of the eyes or ears</b> including blindness, conditions affecting sight/hearing/speech or other related diseases/disorders?	<input type="checkbox"/>	<input type="checkbox"/>
vii. 脊椎或肌肉及骨骼疾病包括類風濕關節炎、關節炎、痛風、坐骨神經痛、姆指外翻或其他有關之疾病？ <b>Spinal or Musculoskeletal Conditions/Diseases</b> including rheumatoid arthritis, arthritis, gout, sciatica, hallux valgus or other related diseases/disorders?	<input type="checkbox"/>	<input type="checkbox"/>
viii. 乳房疾病包括乳腺炎、乳房脹痛、乳房腫塊、腺瘤、囊狀纖維症、乳腺纖維腺瘤、膿腫及其他有關之乳房疾病？ <b>Breast Disorder</b> including mastitis, breast pain, breast lump or mass, adenoma, fibrocystic, fibroadenoma, abscess and other related breast disorders?	<input type="checkbox"/>	<input type="checkbox"/>
ix. 皮膚問題包括痤瘡、濕疹、皮膚炎、風疹、皮膚角化、牛皮癬、灰甲、疣或其他有關之皮膚情況？ <b>Skin Problem</b> including acne, eczema, dermatitis, urticaria, keratosis, psoriasis, onychomycosis, wart or other related skin conditions?	<input type="checkbox"/>	<input type="checkbox"/>

是 YES 否 NO

x. 癌症、腫瘤、囊腫、息肉或任何類型異常增生? Cancer, Tumour, Cyst, Polyp or Abnormal growth of any kind?

13. 過去 5 年曾否有任何以上未提及而影響你的健康或身體狀況? Are there any health or physical conditions in the last 5 years not mentioned above which may affect your well being?

**IV. 女性適用 For Female Only:**

是 YES 否 NO

14. i. 現在是否懷孕, 若「是」, 請註明預產期。 Are you now pregnant? If yes, please state the expected delivery date.  
預產期為 The expected delivery date \_\_\_\_\_

ii. 曾否因懷孕或生產而患上任何併發症 (如宮外孕、妊娠糖尿、高血壓、蛋白尿等)? Have you ever had any complications during pregnancy or delivery (e.g. ectopic pregnancy, gestational diabetes, hypertension, protein in urine etc.)?

**陳述項目說明 Illustration of Stated Information**

就上述「投保書陳述項目」1-14 項問題，若任何一題答「是」，請於下列空格內提供全部詳情。如需另頁詳加說明，請在右格內加“✓”並連同附頁一併遞交，而附頁需由有關受保人簽署確認。If any answer to above “Stated information for this Proposal Form” question 1-14 is “YES”, please provide full details in the following table. If you need to provide details on separate sheet, please tick the box at the right hand side and attach the sheet(s). The sheet(s) should be duly signed by the related Insured Person(s).

另有附頁  
with attachment

**I. 一般資料 General Information / II. 投保記錄 Insurance History****問題 Questions 1 - 6**

受保人姓名 Name of Insured Person(s)	問題號碼 Question No.	詳情 Details

**III. 病歷 Medical History****問題 Question 7**

受保人姓名 Name of Insured Person(s)	疾病性質/ 病症名稱 Nature of Disorder/ Diagnosis	藥物名稱 Name of Medication or Drug	每日劑量 Daily Dosage	持續日期 Duration and Date (From - To)	現在的情況 Current Condition	主診醫生名稱及地址 Name and Address of the Medical Attendant(s)

**問題 Question 8**

受保人姓名 Name of Insured Person(s)	與受保人關係 Relationship with the Insured Person(s)	疾病性質/ 病症名稱 Nature of Disorder/ Diagnosis	發病日期及年齡 Date & Age of Onset	現在的情況，如已歿請提供死因 Current Condition, or if Died, Please State Cause of Death

**問題 Question 9 (請附上有關醫療報告 PLEASE ENCLOSE RELATED MEDICAL REPORT(S))**

受保人姓名 Name of Insured Person(s)	疾病性質/病症名稱 Nature of Disorder/ Diagnosis	測試日期 Date of Test(s)	測試項目詳情 Details of Tested Item(s)	檢驗結果 Test Result	現在的情況 Current Condition	主診醫生名稱及地址 Name and Address of the Medical Attendant(s)

**問題 Questions 10-14 (請附上有關醫療報告 PLEASE ENCLOSE RELATED MEDICAL REPORT(S))**

受保人姓名 Name of Insured Person(s)	問題號碼 Question No.	病症名稱/疾病性質及影響位置 Diagnosis /Details of Disorder, please specify the location of affected where are applicable	所接受之 護理及治療 Care and Treatment Received	發病日期 Onset Date	上一次求診日期 Last Consultation Date	結果及現時情況 Result and Current Condition	有沒有醫療報告提供? 有/否 Any Medical Report(s) Provided? Yes/ No	主診醫生名稱及地址 Name and Address of the Medical Attendant(s)



## 繳付保費方法 Payment Method

### 1. 以信用卡付款 Payment Made by Credit Card (只適用於個人投保 Applicable for Individual Enrollment Only)

- i.  請填妥第 9 頁的「信用卡付款授權書」交回。Please attach a completed Credit Card Authorisation Form in page 9.
- ii.  若以「中銀信用卡 12 個月免息分期月繳」支付保費，請填妥第 10 頁的「免息分期計劃直接付款授權書」。If payment is made by using “BOC Credit Card 12-Month Interest-free Monthly Installment”, please attach with a completed Interest-free Installment Direct Debit Authorisation Form in page 10.

### 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」並交回。Please make 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及保費徵費，此保單便會每年自動續保。現授權中銀集團保險從本人/吾等之銀行/信用卡戶口轉賬繳交「中銀環球醫療保障計劃」應繳付的保費及保費徵費，包括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 of the required premium and premium levy for the upcoming policy year. I/We hereby authorise BOCG Insurance to effect payment transfer from my/our bank/credit card account for payment of premium and premium levy under the “BOC Worldwide Medical Insurance Plan”, including subsequent revised premium by endorsement(s) and all renewal premiums for each new policy year.

## 聲明 Declaration

1. 本人接納根據「中銀環球醫療保障計劃」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，一律不予賠償，除非本人及/或受保人已在投保書內已詳細列明並獲中銀集團保險接納。I acknowledge that benefits are not payable under the “BOC Worldwide Medical Insurance Plan” for any costs of treatment arising from any existing illnesses, injuries or other conditions unless complete details are fully disclosed by me and/or the Insured Person(s) in the Proposal Form and accepted by BOCG Insurance.
2. 本人謹此聲明受保人於申請這份保險時為年齡介乎 15 日至 70 歲的人士，除獲中銀集團保險批准外，在保單年度內受保人必須居住於香港或澳門 6 個月或以上，並於投保書或書面更改通知內作出相關聲明。I declare that upon application, the Insured Person(s) is/are aged between 15 days and 70 years old and except the approval of BOCG Insurance, the Place of Residence of the Insured Person must be in Hong Kong or Macau whereby the Insured Person(s) will live for 6 months or above within the policy year and as declared in the proposal form or written notice of change.
3. 本人謹此聲明，本人已向所有家屬取得授權，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 I have obtained the necessary authorisation from my dependent(s), 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 for the Insured Person(s) may be invalidated.
4. 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 at the HKSAR**, in case of fraud or factual misrepresentation, the cover for me and/or for the Insured Person(s) may be invalidated.
5. 本人在此授權任何醫生、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/或上述家屬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 hereby authorise any doctor, hospital, clinic, insurance company or any other person to provide either myself and/or the above mentioned family members' health condition or detail medical history to BOCG Insurance. Copy of this authorisation form will have same effect as of the original copy.
6. 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 this application.
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 have been fully paid and the policy was put in force.
8. 本人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，本人只須繳交下個保單年度所須的保費及保費徵費，此保單便會每年自動續保。I agree that once 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 policy will be **automatically renewable** by my settling of the required premium and premium levy 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:

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
- 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.

本人明白此產品為自動續保產品,本人只須繳交下個保單年度所須的保費及保費徵費,此保單便會每年自動續保 (續保保費將根據續保時保單週年日之保費表釐定)。I understand that this is an auto renew product. The policy will be **automatically renewed** simply by my settling the required premium and premium levy for the upcoming policy year (renewal premiums will be based on the prevailing premium rates at the time of policy anniversary).

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.

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 and Signature of Proposer

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.**

## 信用卡付款授權書 Credit Card Authorisation Form

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)

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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本人茲授權「中銀集團保險有限公司」從本人的信用卡戶口每年支付「中銀環球醫療保障計劃」應繳保費及保費徵費金額，直至另行通知。I hereby authorise and direct "Bank of China Group Insurance Company Limited" to debit the premium and premium levy due from my credit card account for "BOC Worldwide Medical Insurance Plan" on a yearly basis until further notice..

**若信用卡持有人並非投保人，請填寫以下資料。If Cardholder is not the Proposer, please fill in the following information.**

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: \_\_\_\_\_

本人同意及承擔以下人士之全數應繳之「中銀環球醫療保障計劃」保費及保費徵費金額。I hereby confirm to pay the premium and premium levy due of "BOC Worldwide Medical Insurance Plan" for the Proposer.

(先生/太太/女士 Mr/Mrs/Ms) \_\_\_\_\_ 香港身份證號碼 HKID Card No. \_\_\_\_\_

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 Date (日 D/月 M/年 Y)
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**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

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

**中銀集團保險有限公司與中銀信用卡(國際)有限公司 - 免息分期計劃直接付款授權書**  
(只適用於個人投保 Applicable for Individual Enrollment only)

由現在起，您只須填妥以下授權書便可透過中銀信用卡繳交保費及保費徵費，除可享 12 個月免息分期及長達 56 天免息還款期外，更可享 HK\$1=1 分的積分獎賞。查詢詳情請致電中銀信用卡 24 小時推廣熱線: 2108 3288。

**致：中銀信用卡 (國際) 有限公司**

1. 本人為以下所指的信用卡持卡人，現向 貴公司申請以免息分期支付中銀集團保險有限公司(「中銀集團保險」)以下所指之保險產品(「保單」)之年保費及保費徵費的免息分期計劃(「分期計劃」)。有關保險產品、年保費金額、還款期數及每次還款金額的資料將於以下詳列。
2. 本人現授權 貴公司可向中銀集團保險透露、使用或交換任何有關本人就分期計劃、獎賞積分或保單的資料。
3. 本人已審閱及明白以下的分期計劃及獎賞積分的條款及細則，並同意遵守有關條款及細則。

由以下人士確認及同意：

填寫免息分期資料請按此  取消

保險產品： <b>中銀環球醫療保障計劃</b>		
年保費及保費徵費：(港幣)	<b>12 期</b> 還款期數	每期還款金額*：(港幣)
持卡人簽署：(須與中銀信用卡上簽名一致)	日期：	
中銀信用卡號碼：	有效日期： 月/ 年	
持卡人姓名：	香港身份證號碼：	

\* 每期供款將計算至小數點後兩個位並於供款期內平均分配，餘數則連同第一個月的分期款項一起扣除。

**致：中銀集團保險有限公司**

本人授權 貴公司從本人上述中銀信用卡戶口號碼扣取上述保險產品應繳付的保費及保費徵費，包括每個新保單年度自動續保保費及保費徵費，除非本人有進一步的書面通知。本人明白/同意 貴公司可向中銀信用卡(國際)有限公司傳送本人所遞交的相關資料。

(只適用於以中銀信用卡免息分期月繳保費)

持卡人姓名	持卡人簽署 (須與中銀信用卡上簽名一致)	日期
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**免息分期及積分獎賞推廣條款及細則：**

1. 卡戶須以中銀信用卡在代理銀行分行辦理新保單投保付款或續保付款手續，方可享有以上優惠。此優惠不適用於長城國際卡、美金卡、澳門地區發行的信用卡、中銀人民幣信用卡、長城人民幣卡、採購卡、Intown 網上卡及參與「現金回贈」的卡戶。2. 積分獎賞只適用於已誌賬的保費及保費徵費簽賬，並以獨立卡號計算。簽賬積分獎賞以簽賬交易日計算，附屬卡的簽賬積分將合併於主卡賬戶內。3. 有關賬戶必須正常，方可獲取積分獎賞。任何虛假、未經許可、未誌賬、已取消或已退款的交易，均不可獲簽賬積分。另，簽賬積分獎賞亦不適用於違反持卡人合約條款、已取消賬戶或尚有逾期欠款的卡戶。4. 卡戶的全年保費及保費徵費須達 HK\$500 或以上，並填妥免息分期計劃直接授權書，方可享免息分期優惠。如需查詢有關條款及細則，請參閱免息分期計劃直接授權書。5. 保費及保費徵費的交易上限為卡戶可用的分期信用額。中銀信用卡(國際)有限公司保留接納或拒絕有關交易的最終決定權。6. 中銀信用卡(國際)有限公司對中銀集團保險有限公司所提供的產品及服務質素概不承擔任何責任。7. 中銀信用卡(國際)有限公司及中銀集團保險有限公司保留隨時修訂或取消上述優惠內容及條款細則的酌情權，毋須事先通知。8. 如有任何爭議，中銀信用卡(國際)有限公司及中銀集團保險有限公司保留最終決定權。

**由中銀集團保險有限公司所提供就合資格的保險產品之信用卡分期付款條款及細則：**

1. 除任何中銀易達錢、商務卡、採購卡及任何卡公司不是指定的信用卡外，持有有效信用卡(「信用卡」)的持卡人(「申請人」)可根據本條款及細則向卡公司申請以免息分期支付中銀集團保險有限公司(「中銀集團保險」)之保險產品(「保單」)之年保費(「年保費」)及保費徵費的分期計劃(「分期計劃」)。本條款及細則將納入規限閣下信用卡賬戶的持卡人合約(「持卡人合約」)，並成為持卡人合約的一部份。兩者如有任何不相符之處，在該不相符之處，則以本條款及細則所載為準。除非文意另有所指，本條款及細則所用的詞語應與持卡人合約所用的有關詞語具有相同涵義。2. 卡公司可絕對酌情決定接受或拒絕任何有關申請而毋須提供任何理由。卡公司不會就申請人因其申請被拒絕而產生的任何損失或責任負責。卡公司可通知中銀集團保險有關申請是否獲得批准。申請一經批准，將不能取消或更改，但並不表示中銀集團保險接受申請人就保單之申請。若於任何原因的情況下中銀集團保險不接受保單申請，所有年保費及保費徵費的退款將根據本條款及細則的第 9 條退回給申請人。3. 年保費及保費徵費將以卡公司在絕對酌情的情况下批核的還款期及每次還款金額每月償還(「每月還款」)。有關的還款期及每次還款金額將以書面通知申請人。4. 於申請獲批准後，卡公司將於賬戶內記入第一個每月還款。其餘的每月還款將於隨後的下一結單日的第 1 個工作日內記入，或如該日並不是卡公司之工作日或該有關每月還款因卡公司不能控制之情況下而不能記賬戶內，卡公司將按慣例處理有關記賬。5. 於申請獲批准後，賬戶內可動用的信用限額將按尚未支付的每月還款金額相應減低，並在每次支付每月還款後相應提升。6. 所有每月還款將視作為零售消費交易處理。所有持卡人合約中有關零售消費的利息、財務費用及其它收費(如有)的條款均適用。7. 申請人現不可撤銷並授權卡公司將所有每月還款及收費(如有)記入賬戶內。為此，申請人需在賬戶內預留足夠的信用限額。卡公司有權於賬戶內記入任何款項，儘管有關信用限額可能因此被超越。申請人需對所有結欠負責，並需按收費表支付超越信用限額的費用。8. 申請人可向卡公司以書面申請提前償還全部而非部分尚未償還之每月還款。申請獲得批准後，卡公司會即時將所有尚未償還之每月還款記入賬戶內。卡公司或會就提前償還每月還款收取手續費，並記入賬戶內。9. 申請人確認，如因任何理由下保單被取消，所有退還的年保費及保費徵費將根據有關保單的條款及細則內計算，並直接由中銀集團保險退回至卡公司。在卡公司收受由中銀集團保險退回的有關款項後，該款項將記入賬戶內，而所有尚未記入賬戶內的每月還款將同時記入賬戶內。有關記入賬戶內的退款將依據持卡人合約內有關償還賬戶結欠的先後次序的條款處理。申請人確認卡公司毋須與中銀集團保險核對有關退款金額。10. 儘管本文另有規定，如賬戶有任何欠繳紀錄或賬戶因任何原因遭終止或暫停，或卡公司合理地認為需保障其利益時，卡公司可隨時記入所有尚未償還之每月還款於賬戶內而毋須事先通知申請人。11. 申請人現確認若中銀集團保險通知卡公司任何有關保單之續保事宜，卡公司有權就中銀集團保險的通知視為申請人向卡公司透過分期計劃申請以過往分期計劃中的還款期數分期支付有關年保費及保費徵費。在作出所有適用的修改後，本條款及細則將適用於該申請。12. 所有有關保單之爭議，包括但不限於有關年保費及保費徵費的退款金額，申請人將直接與中銀集團保險處理。卡公司在任何情況下均不會就保單處理任何爭議。13. 申請人向卡公司保證所有就申請分期計劃而向卡公司提供的資料及文件均為真實及正確，並承諾在上述資料及/或文件有任何更改時通知卡公司。14. 卡公司可絕對酌情決定任何與分期計劃有關的事項，而所有有關決定為最終的並對申請人有約束力的(除有明顯的錯誤外)。15. 申請人現授權卡公司就分期計劃或與分期計劃有關的情況下向中銀集團保險收取及保留任何有關的佣金、回扣、利益及/或其他益處。16. 申請人現授權卡公司可向中銀集團保險透露、使用或交換任何有關申請人分期計劃及/或保單的資料。17. 卡公司有權向申請人發出不少於 30 天的書面通知更改本條款及細則。18. 本條款及細則如中英文本有任何分歧，則以英文版為準。

Should you need an English version of this sheet, please call BOC Credit Card 24-hour Customer Service Hotline at 2853 8828.