



中銀亞洲醫療保障計劃 - 批改申請書

BOC Asia Medical Insurance Plan - Endorsement Application Form

致 To : 中銀集團保險有限公司 Bank of China Group Insurance Company Limited

保單號碼 (此資料必須由客戶提供或確認) Policy No (This information must be provided or confirmed by client)	保單持有人名稱 Name of Insured	投保人身份證號碼 (只需填寫英文字頭及首3位數目字) Insured's HKID Card No. (Fill in the first letter & first 3 digits only)
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第一部份 Part 1 更改保單持有人/受保人個人資料 Change of Policyholder's/Insured's personal information

英文姓名(先生 / 小姐 / 太太 / 女士)* 請先填寫姓氏 Name in English (Mr. / Miss / Mrs. / Ms.)* Surname first 請提供改名契副本 Please provide a copy of deed poll	中文姓名 Name in Chinese
聯絡人姓名 Name of contact person	職業 Occupation
聯絡電話(住宅 / 手提)* Contact no. (Home / Mobile)*	香港身份證 / 護照號碼 HKID card / Passport No.
電郵地址 E-mail address	其他個人資料更改 Other changes on personal particulars

第二部份 Part 2 更改通訊地址 Change of correspondence address 生效日期 Effective Date: _____ / _____ / _____
日 dd / 月 mm / 年 yy

新通訊地址 New correspondence address (請用英文正楷填寫 In block letters):			
室 Room/Flat	層數 Floor	座數 Block / Tower	大廈/屋苑名稱 Name of Building/Estate
街道號數及名稱 Name/Number of street/road		地區 District	城市/國家 City/Country

第三部份 Part 3 更改保障計劃 Change of Plan 生效日期 Effective Date: _____ / _____ / _____
日 dd / 月 mm / 年 yy

計劃名稱 Plan Name : 優越計劃 Supreme Plan	保障地區 Covered Area : #亞洲 Asia
自選每年度自付額 Annual Deductible Option : <input type="checkbox"/> HK\$0 <input type="checkbox"/> HK\$23,800	

第四部份 Part 4 取消保單/保障/受保人 Cancellation of Policy/Insured Benefits/Deletion of Insured Person(s)

注意 Important Notes:

- 如要取消整張保單, 必須連同原保單、醫療卡(如有)一起退回
In order to cancel the entire Policy, please return the original Policy, Medical Card (if any) together with Endorsement Application Form.
- 保障生效期間中途取消保單/保障/受保人, 將收取全年保費, 已繳保費亦不獲退還
Full annual premium will be collected and paid premiums shall not be refunded in the event of termination of Policy / Insured Benefits during Period of Insurance.

取消保單日期 Date of Cancellation	取消原因 Reason(s)	
受保人姓名 Name of Insured Person	香港身分證/護照號碼 HKID Card/Passport No.	與投保人關係 Relationship with Policyholder
		<input type="checkbox"/> 本人 Self <input type="checkbox"/> 配偶 Spouse <input type="checkbox"/> 子女 Child

第五部份 Part 5 更改繳付保費方法 Change of Payment Method

更改項目 Change Items	更改至 Change To
繳費方法 Payment Method	<input type="checkbox"/> 支票 Cheque
	<input type="checkbox"/> 信用卡戶口轉帳 Autopay by Credit Card 請填妥第 4 頁的「信用卡付款授權書」交回。 Please attach a completed Credit Card Authorisation Form in page 4.

聲明 Declaration

- 本人接納根據「中銀亞洲醫療保障計劃」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 BOCG Asia 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 in the Proposal Form and accepted by BOCG Insurance.
- 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最少滿 6 個月，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 is aged between 15 days and 70 years old. 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 will live for at least 6 months within the policy year and as declared in the proposal form or written notice of change.
- 本人謹此聲明，本人已向上述家屬(如有)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 the above mentioned family member (if any), 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 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，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 HKSAR**, in case of fraud or factual misrepresentation, the cover for me and/or for the Insured Person may be invalidated.
- 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(如有)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 member's (if any) health condition or detail medical history to BOCG Insurance. Copy of this authorisation form will have same effect as of the original copy.
- 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.
- 本人明白必須繳付全額保費與生效後，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 will only take effect provided that premium has been fully paid and the policy was put in-force.
- 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，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 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及欠款 invoicing and collecting premiums 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 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 authorised to obtain access to and/or to verify any of my and/or the Insured Person'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 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 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 customers of BOCG Insurance, 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.

保單持有人簽署
Signature of Policyholder

簽署地: 香港及日期 (日/月/年)
Signed Place: Hong Kong and Date (DD/MM/YY)

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. <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	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支付「中銀亞洲醫療保障計劃」應繳保費金額，直至另行通知。I hereby authorise and direct "Bank of China Group Insurance Company Limited" to debit the premium due from my credit card account for "BOC Asia 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 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"/> 本人同意及承擔以下人士之全數應繳之「中銀亞洲醫療保障計劃」保費金額。 I hereby confirm to pay the premium due of "BOC Asia Medical Insurance Plan" for the Proposed Insured.			
(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)	<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> S.V. </div>	聯絡電話號碼 Contact Phone No. _____	日期 Date (日 D/月 M/年 Y) _____