

人身意外險投保書 Personal Accident Insurance Proposal Form



香港中環德輔道中71號永安集團大廈9樓 9/F., Wing On House, 71 Des Voeux Road Central, Hong Kong.

電話 Tel : 3187 5100 傳真 Fax : 3906 9919

備註 NOTES:

- 請以英文正楷填寫本投保書及在適當方格內加「✓」號。本申請須經核保程序。投保書上如有任何更改，請於更正資料旁簽署作實。Please complete the form in English BLOCK LETTERS and please put a “✓” in the box as appropriate. This application is subject to underwriting. Any changes in this Proposal Form should be endorsed.
- 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”）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.
- 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.
- 「人身意外險」（下稱“本計劃”）由中銀集團保險承保。Personal Accident Insurance (named below as “this Plan”) is underwritten by BOCG Insurance.
- 中國銀行（香港）有限公司、南洋商業銀行有限公司、集友銀行有限公司、中銀信用卡（國際）有限公司及其他代理銀行（各稱為“代理銀行/代理”）以中銀集團保險的委任保險代理身份分銷本計劃，本計劃為中銀集團保險的產品，而非代理銀行/代理的產品。Bank of China (Hong Kong) Limited, Nanyang Commercial Bank, Limited, Chiyu Banking Corporation Limited, BOC Credit Card (International) Limited and other agent banks (each an “agent Bank/agent”) are the appointed insurance agents of BOCG Insurance for distribution of this Plan. This Plan is a product of BOCG Insurance but not the agent Bank/agent.
- 對於代理銀行/代理與客戶之間因銷售過程或處理有關交易而產生的合資格爭議（定義見金融糾紛調解計劃的金融糾紛調解中心職權範圍），代理銀行/代理須與客戶進行金融糾紛調解計劃程序；而有關本計劃的合約條款的任何爭議，應由中銀集團保險與客戶直接解決。In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between the agent Bank/agent and the customer out of the selling process or processing of the related transaction, the agent Bank/agent is required to enter into a Financial Dispute Resolution Scheme process with the customer; however any dispute over the contractual terms of this Plan should be resolved between directly BOCG Insurance and the customer.

投保人 / 投保公司資料 Details of the proposed Insured / proposed Insured 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 Company, do not need to complete item 2 to 6 in the below box)

1. 投保人 / 投保公司名稱 Name of proposed Insured / proposed Insured 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.: / 公司註冊證書編號 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. 聯絡人姓名 Name of Contact Person:	11. 聯絡電話 Contact No.:
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"/> 我行銷售人員推介 Refer by our bank's staff (BR01) <input type="checkbox"/> 月結單插張 Statement insert (SI01) <input type="checkbox"/> 擺放分行或網站之宣傳品或客戶通訊或宣傳語句 Branch, 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"/> 親友介紹 Refer by friend or relative (RE01) <input type="checkbox"/> 其他 Others (OT01)	

承保期 Period of Insurance

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

受保人資料 Details of the Insured Person

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. 性別 Sex: <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	4. 香港身份證 / 護照號碼 HKID Card No. / Passport No.:
5. 出生日期 Date of Birth (日 D / 月 M / 年 Y):	6. 出生地點 Place of Birth:
7. 職位 Position:	8. 行業 / 業務性質 Industry / Business Nature:
9. 通訊地址 Correspondence Address:	
10. 聯絡電話 Contact No. (住宅 Home/ 公司 Office):	11. 聯絡電話 Contact No. (手提 Mobile):
12. 電子郵箱 Email:	

受益人資料 Details of the Beneficiary

英文姓名 Name in English (請先填寫姓氏 Surname first)	中文姓名 Name in Chinese	香港身份證/護照號碼 HKID Card No./ Passport No.	地址 Address	與受保人關係 Relationship with Insured Person

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

1. 請將被保人以前已投保或現正申請投保之人壽、人身意外及醫療賠償保險列明如下：（如不敷填寫，請另紙填寫）
Please list out all life, personal accident and medical insurance that Insured Person have been effected or are being applied for: (Please use separate sheet if space provided below is not sufficient)

保險公司名稱 Name of Insurer	投保險種 Type of insurance	投保額 Sum Insured	保單生效日 Policy effective date
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____

2. 被保人曾否申請人壽保險、醫療賠償保險或其他人身意外保險時，被保險公司拒絕承保/續保/撤銷/增加保費或投保後條款被修正？ Has any of the Insured Person's life, medical or other personal accident insurance applications or renewals ever been declined, cancelled, re-rated or accepted at revised terms after commencement? 是 Yes 否 No
若“是”，請將詳細情況說明: If “Yes”, please give full particulars: _____

3. 被保人在最近 5 年內曾否因疾病或遭受意外傷害而接受治療或接受外科手術？ Has the Insured Person in the last 5 years suffered any illness or accidental injury requiring treatment or surgical operation? 是 Yes 否 No
若“是”，請說明醫療日期及結果: If “yes”, please state medical treatment date and result: _____

4. 被保人現在身體功能包括四肢、視覺、聽覺及健康狀況是否健全及良好？ Is the Insured Person present bodily functionality, including four limbs, eyesight, hearing and health condition normal and in good order? 是 Yes 否 No
若“否”，請將詳細情況說明: If “No”, please elaborate: _____

5. 被保人之工作是否自僱性質？ Is the Insured Person self-employed? 是 Yes 否 No

投保利益 Insured Benefits

保障項目 Item of Cover	投保金額 Sum Insured (HKD)	保險公司專用 For Office use Only	
		每月保費 (HKD) * Monthly Premium *	每年保費 (HKD) Annual Premium
意外身故及永久殘廢及燒傷 Death and Permanent Disablement and Major Burns			
暫時完全喪失工作能力 (每週計) Temporary Total Disablement from engaging in work (per week)			
醫療費用 Medical Expenses			
總保費 Total Premium (HKD):			

* 須以信用卡繳付 (首次過賬將會扣除首三個月保費) must be paid by credit card (three months premium will be debited in the first billing)

繳付保費方法 Payment Method

1. 以信用卡付款 Payment made by credit card

年繳 Annual Payment 月繳 Monthly Payment

請填妥本投保書內的「信用卡付款授權書」交回香港特別行政區境內中國銀行(香港)有限公司或南洋商業銀行或集友銀行屬下任何一家分行。而中銀集團保險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 this Proposal Form and submit to any branch of Bank of China (Hong Kong) Limited or Nanyang Commercial Bank Limited or Chiyu Banking Corporation Limited in HKSAR, and the first year (annual payment) / first 3 months' (monthly payment) premium will be debited from your credit card account by BOCG Insurance.

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」), 交回香港特別行政區境內中國銀行(香港)有限公司或南洋商業銀行或集友銀行屬下任何一家分行。Please make a crossed cheque payable to "Bank of China Group Insurance Company Limited" and submit to any branch of Bank of China (Hong Kong) Limited or Nanyang Commercial Bank Limited or Chiyu Banking Corporation Limited in HKSAR.

銀行名稱 Bank Name: _____ 支票號碼 Cheque No.: _____

聲明 Declaration

- 本人/本公司謹此聲明, 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/本公司亦明白如資料錯誤或不詳盡, 本人/本公司及/或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 me/our Company and/or the Insured Person may be invalidated.
- 本人/本公司謹此聲明, 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, 本人/本公司及/或受保人之保障有失效之虞。 I/Our Company declare that this Proposal Form is applied and signed in HKSAR, in case of fraud or factual misrepresentation, the cover for me/our Company and/or the Insured Person may be invalidated.
- 本人/本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's application.
- 本人/本公司明白必須繳付保費後, 中銀集團保險對本人/本公司及/或受保人之保險責任始行生效。 I/Our Company understand that BOCG Insurance insurance liability for me/our Company and/or the Insured Person will only take effect provided that premium has been paid.

收集個人資料聲明 Personal Information Collection Statement

本人/本公司明白本人/本公司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/Our Company understand that 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/本公司的保險申請或本人/本公司將來提交的保險申請; processing and evaluating my/our Company's insurance application and any future insurance application I/our Company may make ;
- 執行本人/本公司保單的行政工作及提供與本人/本公司保單相關的服務; administering my/our Company's insurance policy and providing services in relation to my/our Company's insurance policy;
- 分析或調查、處理及支付本人/本公司保單有關的索償; analysis or investigating, processing and paying claims made under my/our Company's insurance policy;
- 發出繳交保費通知及向本人/本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/本公司; 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;及 and
- 遵循適用法律, 條例及業內守則及指引。 complying with applicable laws, regulations or any industry codes or guidelines.

中銀集團保險亦可因應上述用途將本人及/或受保人的個人資料移轉予下列各方: BOCG Insurance may disclose my and/or the Insured Person's 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);

- 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/本公司的保險經紀(若有); my/our Company insurance broker (if I/our Company 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/本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 data with the information collected by the Federation from the insurance industry.

此外,經本人/本公司同意,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/our Company's consent.

本人/本公司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/Our Company 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 (只適用於非公司投保人 Applicable for non corporate policyholders only)

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/本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/our agreement to all sections in this Proposal Form, including but not limited to the above Declaration and Personal Information Collection Statement.

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

 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.

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「人身意外險」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 Insurance" 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:

- 本人同意及承擔上述投保人之全數應繳之「人身意外險」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 Insurance" 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 S.V.	聯絡電話號碼 Contact Phone No.	日期 Date (日 D / 月 M / 年 Y)
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銀行代理專用 For Bank use only			保險公司專用 For Office use only
經辦編號 Staff No.	保險中介人編號 Agent No.	轉介單位編號 Transfer Unit No.	保單編號 Policy No.
經辦姓名 Staff Name	經辦單位編號 Unit No.	轉介人員編號 Transfer Staff No.	經辦人 Handled By
經辦聯絡電話 Staff Contact No.	CIN 號碼 CIN No.	申請編號 TX No.	覆核人 Checked By