

豐隆智慳住院現金保險投保表格 Hong Leong Smart Save Hospital Cash Insurance Application Form

A. 保障選擇 Choice of Coverage

(請在適當空格內加√號 Please tick as appropriate)

預計保險起保日期 Proposed Effective Date of Insurance 年 月 日
Y M D

投保計劃 Plan Selection	投保人 Applicant	(如投保人之家庭成員同時參加此計劃) (If family members to be Applicant)		每月保費 Monthly Premium
		配偶 Spouse	子女 Children	
<input type="checkbox"/> 計劃一 Plan1 (HK\$600)	<input type="checkbox"/> 18 - 30 <input type="checkbox"/> 31 - 40	<input type="checkbox"/> 18 - 30 <input type="checkbox"/> 31 - 40	<input type="checkbox"/> 6個月至 17歲	港幣 HK\$
<input type="checkbox"/> 計劃二 Plan2 (HK\$1,200)	<input type="checkbox"/> 41 - 50 <input type="checkbox"/> 51 - 60	<input type="checkbox"/> 41 - 50 <input type="checkbox"/> 51 - 60		港幣 HK\$

註 Note:
1) 投保人及配偶年齡必須為 18 至 60 歲, 可續保至 65 歲。(以上次生日計)
Applicant & Spouse must be between 18 and 60 years of age. Renew up to aged 65. (At last birthday)
2) 子女需介乎 6 個月至 17 歲, 與及未婚及未受僱 (全日制學生至 23 歲)。子女不可單獨投保。
Children refer to unmarried and unemployed children between 6 months and 17 years old (Full time students up to 23 years old). Children cannot apply alone.

B. 投保人個人資料 Personal Details of Applicant

(請以英文正楷填寫 Please complete in English BLOCK letters)

英文姓名 English Name (須與香港身份證相同 as printed on HKID)

姓 Surname

名 Given name

中文姓名 Chinese name 先生 Mr. 女士 Ms.

出生日期 Date of Birth 年 月 日
Y M D

香港身份證號碼 HKID Card No.

婚姻狀況 Marital Status 已婚 Married 單身 Single 其他 Others

職業 Occupation 行業 Industry

聯絡電話 手提電話 住宅 辦公室
Tel. No. Mobile Home Office

電子郵件信箱 E-mail Address

住宅地址 Home Address

室 Flat/ Room 樓 Floor 座 Block

大廈 Building/ 屋邨 Estate

街 Street/ Road

地區 District Area 香港 HK 九龍 KLN 新界 NT

通訊地址 (如不同上) Mailing Address (If different from above)

室 Flat/ Room 樓 Floor 座 Block

大廈 Building/ 屋邨 Estate

街 Street/ Road

地區 District Area 香港 HK 九龍 KLN 新界 NT

C. 投保家庭成員資料 Details of Family Members

配偶資料 Spouse Details (如一起投保 if also apply)

配偶英文姓名 English Name of Spouse (須與香港身份證相同 as printed on HKID)

姓 Surname

名 Given name

中文姓名 Chinese name 先生 Mr. 女士 Ms.

出生日期 Date of Birth 年 月 日
Y M D

香港身份證號碼 HKID Card No.

子女資料 Children Details (如一起投保 if also apply)

子女姓名 Name of Child	出生日期 (年/月/日) Date of birth (Y/M/D)	香港身份證號碼/出世紙號碼 HKID Card No./ Birth Cert. No.
1. <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

D. 直接付款授權書 Direct Debit Authorization

本人(等)茲授權並要求豐隆保險 (亞洲) 有限公司從本人(等)下列之信用卡戶口內, 支付「豐隆智慳住院現金保險」保費及尚未支付的保費, 除非本人(等)再有進一步書面通知。
I/We hereby authorize and request Hong Leong Insurance (Asia) Ltd. to charge my/our Credit Card Account listed below for the premium including unpaid premium, if any, under "Hong Leong Smart Save Hospital Cash Insurance" policy, until further written notice from me/ us.

信用卡戶口號碼 Visa/ Master Credit Card Account No.
 - - -

有效日期 Expiry Date 年 月
Y M

發卡銀行 Issuing Bank:

持卡人姓名 Name of Cardholder:

香港身份證號碼 HKID Card No.

For Office Use: EHS04-(10/2008)

Sources of Awareness: Print Ad Outdoor Roadshow
SMS DM MGM
Radio Mass fax Staff
Others:

E. 聲明 Declaration

- 本人(等)明白, 在保險生效日期首三十日內發生的任何疾病將不會得到賠償。
I/We understand that "Hong Leong Smart Save Hospital Cash Insurance" policy will not pay benefits for any sickness or disease occurred during the first 30 days after the effective date of the policy.
- 本人(等)明白, 倘若本人或同時投保的家人在投保前的二十四個月內曾接受治療, 在保險生效後, 本人或家人將不會得到該病症的賠償。
I/We understand that if I/my family members have received medical treatment or advice for a particular sickness or injury during the twenty-four month period immediately before the cover takes effect, "Hong Leong Smart Save Hospital Cash Insurance" policy will not pay benefits for that sickness or injury following the effective date of the policy.
- 本人(等)現時未於豐隆保險 (亞洲) 有限公司或其他保險公司投保任何住院現金、意外或醫療保障計劃, 亦未有進行此等申請。(如此項之聲明有任何不確, 請另紙述詳)
I/We do not have any existing hospital cash, personal accident or medical insurance policy with Hong Leong Insurance (Asia) Ltd. and/or other insurance companies. I/We am not/are not in the process of applying for these insurance with other insurance companies. (If this declaration is not accurate, please attach full details on a separate sheet)
- 本人(等)明白如需取消直接付款授權書, 本人(等)須於一個月以前以書面通知豐隆保險 (亞洲) 有限公司, 並清楚終止將於翌月首日起生效。
I/We understand that in the case I/we need to cancel the Direct Debit Authorization, a written instruction must be submitted to Hong Leong Insurance (Asia) Ltd., and it will only be effective on the first day of the following month.
- 本人(等)同意豐隆保險 (亞洲) 有限公司保留一切接納申請與否之權利及無須作出任何解釋; 並且明白申請一經接納, 此保險將於翌日起生效。
I/We agree that Hong Leong Insurance (Asia) Ltd. reserves the right to accept/reject my/our application, without giving any reasons. Once the Application Form is accepted by Hong Leong Insurance (Asia) Ltd., the cover will be effective on the next day.
- 本人(等)同意此投保表格為本人(等)與豐隆保險 (亞洲) 有限公司訂立保險契約之根據。本人(等)特此聲明投保表格內所填報之資料, 據本人(等)所知並確定全部正確無訛。
I/We agree that this Application Form shall be the basis of the contract between me/us and Hong Leong Insurance (Asia) Ltd.. I/We declare that the statements made in this application are true and correct to the best of my/our knowledge and belief.
- 本人(等)同意豐隆保險 (亞洲) 有限公司及其代理人保留權利(唯並非必須執行)進行電話錄音, 以用作內部監管及避免從本人(等)的電話指示及談話內容所產生之混淆。
I/We agree that Hong Leong Insurance (Asia) Ltd. and its agents reserve the right (but are not obliged) to record telephone conversations, for internal monitoring and control purposes and to help avoid confusion arising over instructions given or any other matter discussed.
- 本人(等)同意貴公司之「有關個人資料的政策」會被引用。本人(等)可以向貴公司索取或從網址 www.hl-insurance.com 下載有關政策。本人(等)同意該政策(按不時之修正)適用於本人(等)所有個人資料。本人(等)現授權貴公司向/從任何豐隆集團成員或其他公司、機構、業務有關人士包括保險公司、信貸機構、金融機構、醫療保健相關機構等提供、收集並比較本人(等)就是次申請的個人資料, 並利用比較結果採取任何行動, 其可能不符合本人(等)利益。
I/ We agree that your Personal Data Policy, a copy of which is available upon request or from www.hl-insurance.com, shall apply. I/ We agree that all my/our personal data will be subject to such Policy (as may be amended from time to time). I/ We authorise you to provide to and collect information about me/us in connection with this application from any other member of the Hong Leong group or any other organization, institution or person relevant to your business, including other insurance companies, credit agencies, financial institutions, healthcare related entities etc., and to compare such information with my/our personal data, and to use the results for taking of any actions that may be adverse to my/our interests.

X X 日期

投保人簽署 Signature of Applicant 持卡人簽署 Signature(s) of Cardholder
(若投保人不是持咭人) (If Applicant differs from Cardholder)

簽署必須與信用卡戶口簽署式樣相同
Signature(s) should correspond to the specimen signature of your Credit Card Account.

閣下如不欲接收本公司或任何豐隆集團成員直接推廣或跟進有關產品之宣傳及特別推廣, 請以書面通知本公司, 無須支付任何費用。
If you do not want to receive any direct marketing or follow up regarding products and special promotions from us or any other member of the Hong Leong group, please notify us in writing. No fee will be charged.

豐隆保險快線 Hong Leong Insurance Direct 2961 2266
傳真 Fax 2160 3700
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