



豐隆保險

HongLeong Insurance

可輸入資料 Fillable Form

Print Form

Reset Form

豐隆意外保險申請表格 Hong Leong Accident Insurance Application Form

請填妥申請表格，以電郵 (personal@hl-insurance.com)、郵寄或親自遞交 (香港北角英皇道 510 號港運大廈 8 樓 807-10 室) 至本公司。

You may submit the completed form to Hong Leong Insurance by email (personal@hl-insurance.com) or

by mail or in person (Room 807-10, 8/F Island Place Tower, 510 King's Road, North Point, Hong Kong).

A. 保障選擇 Choice of coverage (請以英文正楷填寫，並在適當空格內加 ✓ 號 Please complete in English BLOCK letters and ✓ as appropriate)

預計保險起保日期 Proposed effective date of insurance (日/月/年 D/M/Y) _____ / _____ / _____

投保計劃 Plan selection	投保人 Applicant	投保人及配偶 Applicant & spouse	投保人及子女 Applicant & children	投保人及家庭 Applicant & family	每月保費(港幣) Monthly premium (HK\$)
計劃一 Plan1 (HK\$750,000)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
計劃二 Plan2 (HK\$1,500,000)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

註 Note:

(1) 投保人及配偶年齡必須為 18 至 65 歲，可續保至 70 歲 (以上次生日計)。Applicant & spouse must be between 18 and 65 years of age. Renew up to aged 70 (at last birthday). (2) 子女需介乎 6 個月至 17 歲，或未婚的全日制學生可至 23 歲。家庭指配偶及所有子女。Children must be between 6 months and 17 years old or unmarried full-time student up to 23 years old. Family refers to spouse and all children. (3) 保監局保費徵費已包括在內。Premium Levy to Insurance Authority is included.

B. 投保人個人資料 Personal details of application

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

性別 Gender

☐ 男 Male ☐ 女 Female

出生日期 Date of birth (日/月/年 D/M/Y)

香港身份證 HKID

電郵地址 E-mail address

職業 Occupation

手提電話 Mobile

住宅電話 Home tel.

辦公室電話 Office tel.

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 Mailing address (如不同上 if different from the 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

性別 Gender

☐ 男 Male ☐ 女 Female

出生日期 Date of birth (日/月/年 D/M/Y)

香港身份證 HKID

職業 Occupation

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 Date of birth
(日/月/年 D/M/Y)

香港身份證 HKID/ 出世紙 Birth cert.
證件號碼 Document no.

性別 Gender

☐ 男 Male ☐ 女 Female

1. _____

_____ / _____ / _____

☐ 男 Male ☐ 女 Female

2. _____

_____ / _____ / _____

☐ 男 Male ☐ 女 Female

3. _____

_____ / _____ / _____

請繼續填寫下頁 Please go on next page

D. 付款指示及授權 Payment instruction and authorization

持卡人姓名 Name of cardholder: _____ 發卡銀行 Issuing bank: _____

信用卡戶口號碼 Credit card account no. (☐ Visa ☐ Master) 有效日期 Expiry date (月/年 M/Y)

持卡人簽署 Signature of cardholder (簽署必須與信用卡戶口簽署式樣相同 Signature should correspond to the specimen signature of your credit card account.)

E. 受益人 Beneficiary

F. 聲明 Declaration

1.1 本人獲列於本申請內之人士（包括本申請內所提及之兒童監護人）（統稱「受保人」，個別則稱為「每一位受保人」）授權代表他/她/他們申請此「豐隆意外保險」（「保險單」）及作出以下聲明：I have been duly authorized by each of the persons covered under this application including guardian(s) of the child(ren) mentioned in this application (together, the "Insured Persons" and each an "Insured Person") to apply for this "Hong Leong Accident Insurance" policy ("Policy") and to make the following declarations for and on his/her/their behalf.

2. 本人，並代表每一位受保人，進一步聲明及確認如下： I, and on behalf of each of the Insured Person(s), further declare and confirm that:

2.1 本人(等)現在身體健康良好，並無任何傷殘或缺陷。 I/We am/are now in good health and free from any physical impairment or deformity.

2.2 本人(等)並未於現在或已安排接受任何醫療護理或手術，及無需定期服用藥物超過三個月以上。I/We am/are not now accepting or have

2.3 本人(等)未曾於過去三年內就任何個人意外保險計劃提出索償。/We have not made any claims under personal accident insurance within the past three years.

2.5 本人(等)不曾投保或續保人壽保險或個人意外保險時，被拒絕或須附加特別條款始能被接納。/I/We have never been refused and/or imposed special terms, conditions for apply or renew any life and personal accident insurance.

2.7 本人(等)同意此等聲明為本人(等)與豐隆保險(亞洲)有限公司訂立保險契約之根據。本人(等)特此聲明就是次申請所提供之資料,盡本人(等)所知及所信全部正確、無訛和完整。I/We agree that these declarations shall be the basis of the contract between me/us and Hong Leong Insurance (Asia) Limited. I/We hereby declare that the information provided in connection with this application are true, correct and complete in every aspect to the best of my/our knowledge and belief.

2.9 保險單可於生效日期起計十五天（冷靜期）內退回。在此情況下，保費將全數退還，而保險單將被視為無效，我們亦毋須支付任何索償。詳情請參閱保險單條款。The Policy may be returned to us within 15 days after the effective date of insurance. Any premium paid will then be refunded. The Policy shall be deemed to have been void and we shall not be liable to pay any benefit. Please refer to the Policy for further details.

2.11 本人(等)明白並且同意貴公司可：I/We acknowledge and agree that you may:

本申請而發出的保單有關) 所需的目; 及 collect, use and disclose my/our personal information (including but not limited to credit information and claims history) for the purposes necessary to process my/our application, investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application); and

2.12 本人(等)並同意貴公司之「個人資料政策」(「該資料政策」)會被引用,貴公司可按照該資料政策使用、披露及/或轉移我/我們的個人資料。本人(等)可以向貴公司索取或從網址 www.hi-insurance.com 下載該資料政策。本人確認受保人已給予所有並完全之權力給本人透露本申請所要求之個人資料並可在將來要求更改保險單資料(除更改受益人必須由有關受保人提出)。I/We further agree that your Policy on Personal Data ("Data Policy"), a copy of which is available upon request or from www.hi-insurance.com, shall apply and my/our personal information may be used, disclosed and/or transferred in accordance with the Data Policy. I confirm that I have the full and complete authority from the Insured Person(s) to disclose any personal information being requested to provide in connection with this application and make any subsequent request for policy amendment (save for designation or amendment of beneficiary, which must be made by the relevant Insured Person(s)).

本人(等)明白,未經本人(等)同意,貴公司不會將本人(等)的個人資料用於直接促銷。本人(等)確認,本人(等)提交是次申請即表明本人(等)同意貴公司可將本人(等)的個人資料用於該資料政策中載列之直接促銷(本人(等)於以下段落指明不同意收取直接促銷資料或訊息的渠道除外)。I/We understand that you would not use my/our personal data in direct marketing without my/our consent. I/We acknowledge that my/our submission of this application gives consent to you to use my/our personal data in direct marketing as set out in the Data Policy, except for the channel(s) which I/we have indicated my/our objection below.

本人(等)明白以上代表本人(等)目前就是否希望收到直接促銷聯繫或資訊的選擇，並取代本人(等)於是次申請前向貴公司傳達的任何選擇。/I/We understand that the above represents my/our present choice whether or not to receive direct marketing contact or information. This replaces any choice communicated by me/us to you prior to this application.

 **2961 2266**
9am - 7pm
www.hl-insurance.com