

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

請填妥申請表格，以傳真 (2160 3700)、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) 送交本公司。  
You may submit the completed form to Hong Leong Insurance by fax (2160 3700), 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).

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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 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 21 歲，與及未婚及未受僱 (全日制學生至 23 歲)。家庭指配偶及所有子女。Children refer to unmarried and unemployed children between 6 months and 21 years old (Full time students 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
1. _____	_____/_____/____	_____	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
2. _____	_____/_____/____	_____	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
3. _____	_____/_____/____	_____	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female

請繼續填寫下頁 Please go on next page

本人茲授權並要求豐隆保險(亞洲)有限公司從本人下列之信用卡戶口內，支付該保障之保費及尚未支付的保費，除非本人再有進一步書面通知。I hereby authorize and request Hong Leong Insurance (Asia) Ltd. to charge my credit card account listed below for the premium of this insurance including unpaid premium until further written notice from me.

信用卡戶口號碼 Credit card account no. ( ☐ Visa ☐ Master )

有效日期 Expiry date (月/年 M/Y)

X \_\_\_\_\_  
 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.)

英文姓名 English name

Relationship with the applicant

1. \_\_\_\_\_
2. \_\_\_\_\_

1. 本人在此聲明並確認如下：I hereby declare and confirm that:

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.

1.2 每一位受保人同意保險單及本申請（包括此等聲明）之條款和條件；而該人士同意所有該等條款和條件乃該人士可獲得保險單下保障的先決條件。Each of the Insured Person(s) has agreed to the terms and conditions of the Policy and this application including these declarations, and that it is a condition precedent to obtain coverage for each such person that such Insured Person(s) has/have agreed to all such terms and conditions.

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 arranged any medical care or surgery; and do not need to regularly take drugs more than three months.

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。I/We have not made any claims under personal accident insurance within the past three years.

2.4 本人（等）不曾於豐隆保險（亞洲）有限公司或其他保險公司投保個人意外保險。I/We do not have any existing personal accident insurance with Hong Leong Insurance (Asia) Ltd. or other insurance companies.

2.5 本人（等）曾在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.

2.6 本人（等）同意豐隆保險（亞洲）有限公司保險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，此保險單將於翌日起生效。I/We agree that Hong Leong Insurance (Asia) Limited reserves the right to accept/reject my/our application, without giving any reasons. Once the application for the Policy is accepted by Hong Leong Insurance (Asia) Limited, the cover will be effective on the next day.

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 declare that the foregoing statements and particulars given in this application are true, correct and complete in every aspect to the best of my/our knowledge and belief.

2.8 本人（等）明白主要不承保事項包括：戰爭、輻射感染、自殺、自我傷害身體、受酒精或藥物影響、任何疾病、人體免疫缺陷病毒或愛滋病、懷孕或分娩等。I/We understand major exclusion including: war, radioactive contamination, suicide, self-inflicted injury, influence of alcohol or drugs, any kind of sickness, HIV or AIDS, childbirth or pregnancy etc.

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.

2.10 本人在投保此計劃時正身處香港。I am physically present in Hong Kong as the date of this application.

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

(a) 收集、使用和披露我/我們的個人資料（包括但不限於信用資料和以往索賠紀錄），以用作處理本人（等）的申請、調查和結清申索、以及偵測和防止欺詐行為（無論是否與就本申請而發出的保單有關）所需的用途；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

(b) 把我/我們的個人資料轉移給以下人士，而他們只能在有合理需要履行上述目的之情況下才可收集和使用這些資料：保險理算人、代理和經紀；僱主；醫護專業人士；醫院；會計師；財務顧問；律師；整合保險業申索和承保資料的組織；防欺詐組織；其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；警察；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）。transfer my/our personal information to the following persons who may collect and use this information only as reasonably necessary to carry out the purposes described above: insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph); the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

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.hl-insurance.com](http://www.hl-insurance.com) 下載該資料政策。本人確認受保人已給予所有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.hl-insurance.com](http://www.hl-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)).

2.13 直接促銷 Direct Marketing

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）不希望貴公司經下列渠道把本人（等）的個人資料用於直接促銷或接收貴公司發出的任何直接促銷資料或訊息：I/We do not wish you to use my/our personal data in direct marketing / do not wish to receive any direct marketing materials or messages from you via the below channel(s):

☐ 郵件 Direct mail      ☐ 電郵 Email      ☐ 短訊 SMS      ☐ 電話 Phone Call

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.

2.14 本人（等）確認已閱讀及明白此等聲明、保險單條款和條件及該資料政策，並同意受其約束。I/We confirm that I/we have read and understand these declarations, the terms and conditions of the Policy and the Data Policy, and agree to be bound by the same.

日期 Date (日/月/年 D/M/Y)

**豐隆保險(亞洲)有限公司** 香港北角英皇道 510 號港運大廈 8 樓 807-10 室  
**Hongleong Insurance (Asia) Ltd.** Room 807-10, 8/F Island Place Tower, 510 King's Road, North Point, Hong Kong

