豐隆住院現金保險申請表格 Hong Leong Hospital Cash 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	（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(港幣) Monthly premium (HK$)
		配偶 Spouse	子女 Children	
☐ 計劃一 Plan1 (HK$600) ☐ 計劃二 Plan2 (HK$1,200)	☐ 18 – 30 ☐ 31 – 40 ☐ 41 – 50 ☐ 51 – 60	☐ 18 – 30 ☐ 31 – 40 ☐ 41 – 50 ☐ 51 – 60	☐ 6 個月至 17 歲	

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. (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 _____

婚姻狀況 Marital status   ☐ 已婚 Married   ☐ 單身 Single   ☐ 其他 Other _____

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 _____

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. _____	_____/_____/_____	_____	☐ 男 Male ☐ 女 Female
2. _____	_____/_____/_____	_____	☐ 男 Male ☐ 女 Female
3. _____	_____/_____/_____	_____	☐ 男 Male ☐ 女 Female

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

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.

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)

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.)

F. 聲明 Declaration

1. 本人在此聲明並確認如下：I hereby declare and confirm that:
1.1 本人獲授權於本申請內之人士（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「豐隆住院現金保險」（「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 Hospital Cash Insurance" policy ("Policy") and to make the following declarations for and on his/her/their behalf.
1.2 此保險產品提供醫療服務保障以應付日益增長的醫療費用，符合本人選購醫療保險的目標。The medical product meets my insurance objectives of getting protection for healthcare needs and against increasing expenses for medical and healthcare services.
1.3 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)明白，在此保險單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 the Policy will not pay benefits for any sickness or disease occurred during the first 30 days after the effective date of the Policy.
2.2 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就某種病症接受醫療意見或治療，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, the Policy will not pay benefits for that sickness or injury.
2.3 本人 (等) 沒有於豐隆保險 (亞洲) 有限公司或其他保險公司就任何住院現金、意外或醫療保障進行或者已登記。(如此項之聲明有任何不確，請另紙述明) I/We am not/are not in the process of applying or register for hospital cash, accident or medical insurance policy with Hong Leong Insurance (Asia) Ltd. or other insurance companies. (If this declaration is not accurate, please attach full details on a separate sheet).
2.4 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 is accepted by Hong Leong Insurance (Asia) Limited, the cover will be effective on the next day.
2.5 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.
2.6 本人(等)明白主要不承保事項包括：已患有的疾病、保險生效日期首三十日內發生的疾病、先天性疾患、戰亂、恐怖份子活動、違法行為、自殺或故意傷害身體、精神失常、酗酒或濫用藥物、愛滋病、性病、懷孕或分娩、不育、整容或有關之併發症、眼睛折射、牙科、因從事紀律部隊或航機服務或職業運動或高風險活動引致的傷病、與傷病無關的身體驗查等。I/We understand major exclusion including: pre-existing conditions, sickness or disease occurring during the first 30 days after the effective date of the Policy, hospitalization due to war, act of terrorism, unlawful acts, suicide or self-inflicted injury, mental/nervous disorders, pregnancy, treatment pertaining to fertility, venereal diseases, AIDS, alcoholism or drug abuse, congenital anomalies, cosmetic or plastic surgery, eye refractions, dental treatment, any disciplinary force or flight crew services, while engaging in professional sports or high risk activities, or general check-up.
2.7 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.
2.8 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.
2.9 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申索紀錄），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）所需的目的；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.
2.10 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 下載該資料政策。本人確認受保人已給予所有並完全之權利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, 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)).
3.0 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.
3.1 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.

投保人簽署 Signature of applicant　　　　　　　　日期 Date (日/月/年 D/M/Y)

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

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

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