

豐隆寵物保險申請表格 Hong Leong Pet 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)

起保日期 Period of insurance 由 from (日/月/年 D/M/Y) _____ / _____ / _____

寵物種類 Type of Pet	計劃選擇 Plan selection 每年正價保費 Annual gross premium (HK\$)		
	計劃一 Plan 1	計劃二 Plan 2	計劃三 Plan 3
<input type="checkbox"/> 狗 Dog			
<input type="checkbox"/> 貓 Cat			

註：(1) 符合資格的寵物：貓及狗 (2) 符合資格的貓隻品種：所有貓隻品種 (3) 符合資格的狗隻品種：所有狗隻品種* (4) 年齡限制：投保年齡 - 6個月至8歲，續保年齡 - 續保至13歲 (5) 地域限制：只限香港境內 (豐隆寵物保險單張之項目5除外) (6) 保費繳付方法：年繳 (7) 最低保費：HK\$500 *以下狗隻品種除外：布多利犬、比特鬥牛犬、巴西非拉犬、南極雪橇犬、阿根廷杜告犬、日本佐太犬、以及藏獒。

Note: (1) Eligible Pet: Cats and dogs (2) Eligible Cat Breeds: All breeds of cats (3) Eligible Dog Breeds: All breeds of dogs* (4) Age Limit: Enrolment Age - From 6 months to 8 years, Renewal Age - Renewal up to 13 years (5) Territorial Limit: Anywhere within Hong Kong only (except to Section 5 in the Hong Leong Pet Insurance Fact Sheet) (6) Premium Payment Mode: Annual (7) Minimum Policy Premium: HK\$500 *Except the following dog breeds: Bull Terrier, Pit Bull Terrier, Fila Brazillier, Antarctic Husky, Dogo Argentino, Japanese Tosa and Tibetan Mastiff.

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) _____ / _____ / _____ 香港身份證號碼 HKID Card No. _____ 電郵地址 E-mail address _____

手提電話 Mobile _____ 住宅電話 Home tel. _____ 辦公室電話 Office tel. _____

通訊地址 Mailing 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

C. 受保寵物資料 Insured Pet Information

寵物姓名 Pet name (僅接受中文及英文 Only Chinese and English) _____ 寵物品種 Pet Breed (僅接受中文及英文 Only Chinese and English) _____

寵物出生日期 Pet's Date of Birth (日/月/年 D/M/Y) _____ / _____ / _____ 微型晶片號碼 (無晶片號碼僅適用於貓) Microchip No. (No microchip no. is applicable for cat only) _____ 性別 Gender 雄性 Male 雌性 Female

D. 核保問題 Underwriting Question (必須回答所有問題，並在適當空格內加 ✓ 號 All questions MUST be answered and ✓ as appropriate)

在過去90天內，投保寵物是否因任何意外或疾病而接受任何醫療治療、診斷或藥物？(說明：不包括日常檢查、預防性疫苗接種或標準寄生蟲預防。) Within the past 90 days, has the insured pet received any medical treatment, diagnosis, or medication for any accident or illness? (Note: Do not include routine check-ups, preventive vaccinations, or standard parasite prevention.)	<input type="checkbox"/> 是 Yes / <input type="checkbox"/> 否 No
投保寵物在其一生中的任何時間是否接受過任何手術程序，但不包括絕育手術？ Has the insured pet undergone any surgical procedure at any point in its lifetime, other than desexualization?	<input type="checkbox"/> 是 Yes / <input type="checkbox"/> 否 No
投保寵物是否被診斷出患有任何身體缺陷、殘疾或先天性狀況，或目前正在遭受任何此等狀況？ Has the insured pet been diagnosed with or is it currently suffering from any physical defect, disability, or congenital condition?	<input type="checkbox"/> 是 Yes / <input type="checkbox"/> 否 No
投保寵物目前是否已根據持牌獸醫推薦的所有核心疫苗進行了完全接種？ Is the insured pet currently fully vaccinated with all core vaccines recommended by a licensed veterinarian?	<input type="checkbox"/> 是 Yes / <input type="checkbox"/> 否 No
投保寵物是否已被絕育？ Has the insured pet been desexualized?	<input type="checkbox"/> 是 Yes / <input type="checkbox"/> 否 No
在過去5年內，投保寵物是否表現出任何攻擊行為、攻擊，或造成任何導致第三方傷害、第三方財產損害或任何法律索賠或訴訟的事件？ Within the past 5 years, has the insured pet exhibited any aggressive behavior, attacks, or caused any incident resulting in injury to a third party, damage to third party property, or any legal claim or action?	<input type="checkbox"/> 是 Yes / <input type="checkbox"/> 否 No

