

可以透過以下方式查詢或了解此計劃詳情：

✉ 華僑永亨保險代理有限公司
香港筲箕灣耀興道3號東匯廣場16樓

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📠 2854 1103

華僑永亨保險代理為華僑永亨銀行之全資附屬機構。

華僑永亨保險代理乃根據保險業條例(香港法例第41章註冊的保險代理商及為利寶國際保險於香港特別行政區分銷本計劃之授權保險代理商。本計劃由利寶國際保險承保，利寶國際保險已獲香港保險業監管局授權並受其監管。利寶國際保險將負責按保單條款為您提供保險保障以及處理索償申請。

投保本計劃須向利寶國際保險支付保費。利寶國際保險會向華僑永亨保險代理就銷售有關計劃提供佣金及業績獎金，而華僑永亨保險代理目前所採取之銷售員工花紅制度，已包含員工多方面之表現，並非只著重銷售金額。

本單張所載資料只供參考及說明之用，並不構成有關保單的任何部份，華僑永亨保險代理及利寶國際保險絕對保留可於任何時間以任何其認為合適的方式修改此單張之內容的權利，而毋須發出任何通知。利寶國際保險保留最終批核的權力。

利寶國際保險保留決定是否接受任何有關本計劃投保申請的權利。如就本單張的內容有任何爭議，利寶國際保險保留最終決定權。如有任何查詢，歡迎致電投保熱線。

本計劃為利寶國際保險之產品，而非華僑永亨保險代理之產品。對於華僑永亨保險代理與客戶之間因銷售過程或處理有關交易而產生的合資格爭議(定義見金融糾紛調解計劃的金融糾紛調解中心職權範圍)，華僑永亨保險代理須與客戶進行金融糾紛調解計劃程序；然而，對於有關產品的合約條款的任何爭議應由利寶國際保險與客戶直接解決。

本單張的英文本與中文本如有任何歧異，概以英文本為準。

本單張由利寶國際保險有限公司印製/發行

委任保險代理商：

華僑永亨保險代理有限公司
OCBC Wing Hang Insurance Agency Limited

承保商：



一筆過現金
癌症保障

癌症現金保障計劃

現今癌症個案有年輕化及增多的趨勢，2014年新增癌症確診個案近3萬宗，而大約每四位男士及每五位女士之中，更有一人於75歲前將會患上癌症¹。

然而，現在醫學倡明，除傳統療法外，患者亦可選擇不同的新式優質治療(如標靶治療、中醫、飲食治療、心理輔導等)以達至最佳的效果。

華僑永亨銀行有限公司(「華僑永亨銀行」)、華僑永亨保險代理有限公司(「華僑永亨保險代理」)及利寶國際保險有限公司(「利寶國際保險」)特為尊貴的客戶推出「癌症現金保障計劃」(本計劃)，可為不幸被診斷患上癌症(獲本計劃保障的癌症類別)的受保人，根據保單條款，提供一筆過的現金賠償，以應付生活費用及家庭開支。[^]

計劃特點[^]

- 倘受保人被診斷為患上癌症，於收到患上癌症的合理確診證明及於確診癌症生存不少於14日後，向受保人支付投保金額，一筆過現金賠償可高達港幣120萬，毋須提交任何醫療開支證明³
- 獨立索償，可於已獲其他保險公司賠償的醫療費之上再獲本計劃的賠償
- 保障伸延至15日之初生嬰兒，更可獨立投保
- 三年保證定額收費，保費可每月或每年繳付
- 不論健康狀況如何，均可保證每年續保至70歲²
- 投保簡單，豁免驗身

保障範圍[^]

	計劃1	計劃2	計劃3
癌症保障 ³	港幣 300,000	港幣 600,000	港幣 1,000,000
癌症治療保障 ³	港幣 60,000	港幣 120,000	港幣 200,000
第二醫療意見 ⁴	由醫學專家提供予受保人及其家庭成員之第二醫療意見		
保障總額	港幣 360,000	港幣 720,000	港幣 1,200,000

[^] 以上保障範圍只供參考及作說明之用，並不構成有關保單的任何部份。本計劃的條款及細則(包括不受保事項及不保腫瘤)，請參照有關保單。如有任何爭議，一概以保單之英文版為準。(請參閱保單以了解更多的保單條款及細則。)

投保資格[^]：香港居民或香港永久性居民

投保年齡：15日至64歲(可每年續保至70歲)

主要不保事項[^] (詳情請參照有關保單)

- 倘受保人首次被診斷為患上癌症後未能於連續14日內存活，則利寶國際保險不會支付癌症保險賠償。
- 在下列情況下，利寶國際保險將不會就受保人支付癌症保險賠償：
 - a) 直接(或間接)基於前已存在情況而提出的索償屬不保情況，前已存在情況指任何下列疾病、受傷、病症或病徵：
 - 於保險開始日前受保人已知悉有關情況；或
 - 於保險開始日前受保人已尋求註冊醫生醫治有關情況；或
 - 於保險開始日前作為受保人的任何合理人士應已尋求註冊醫生醫治有關情況；或
 - b) 倘於保單生效日期後起計90日內，受保人已出現任何癌症病徵；對任何癌症進行調查或被診斷為患上任何任何癌症；或
 - c) 有關愛滋病(AIDS)、愛滋病相關綜合症(ARC)或人類免疫缺陷病毒(HIV)感染；或
 - d) 因自殺、企圖自殺或蓄意自我毀傷或疾病所引致，無論其神志清醒或錯亂；或
 - e) 直接或間接之戰爭或任何軍事行動，無論有宣佈或無宣佈、暴動、叛亂或平民騷動；或
 - f) 在武裝部隊服役(於不論是否已宣戰時)或受命參與類似戰爭行動或恢復公眾秩序；或
 - g) 觸犯法例或企圖觸犯法例或拒捕或參與任何打鬥或鬧事；或
 - h) 直接或間接服用藥物(在註冊醫生正當的指導下除外)、服用毒藥或濫用酒精；或
 - i) 核爆炸、核子分裂、放射性氣體、核子或生化污染、戰爭或恐怖主義活動；或
 - j) 沒有尋求或遵照醫療意見；或
 - k) 因先天性情況引致
- 利寶國際保險不會就受保人超出1宗的癌症索償而支付癌症保險賠償

備註：

1. 醫院管理局香港癌症資料統計中心，2014年及2009年香港癌症統計。2. 在符合所有保單條款及細則及本計劃仍可繼續保的情況下，受保人均可保證每年續保至70歲。3. 本計劃只適用於受保人於保單生效90日等候期後證實確診為獲本計劃保障的癌症類別(原位癌及癌前病變並不受保障)，並存活最少14日，詳情請參閱保單條款。4. 有關服務為第三者服務供應商提供，利寶國際保留不時修改或終止有關服務的權利。5. 三年定額式保費指保費每三年調整一次。例如受保人於35歲時投保，他/她於35、36及37歲需繳交保費將會不變。於38歲時需繳交新保費，在往後兩年(39及40歲)，繳交保費與38歲時相同。餘此類推。6. 吸煙人士需額外繳付100%的附加保費。7. 此單張及其相關條款及細則只適用於在香港境內投保本計劃。

年繳保費表(非吸煙人士三年定額式保費^{^/5,6)})

投保年齡(足歲)	計劃1(港幣)	計劃2(港幣)	計劃3(港幣)
15日至17歲	688	1,228	1,878
18	758	1,358	2,088
19	788	1,428	2,208
20	828	1,508	2,328
21	868	1,588	2,458
22	908	1,668	2,598
23	958	1,758	2,748
24	998	1,848	2,898
25	1,048	1,948	3,058
26	1,098	2,048	3,228
27	1,158	2,158	3,408
28	1,208	2,278	3,598
29	1,268	2,398	3,808
30	1,338	2,518	4,018
31	1,398	2,658	4,238
32	1,468	2,798	4,478
33	1,538	2,948	4,728
34	1,608	3,098	4,988
35	1,688	3,268	5,268
36	1,778	3,438	5,568
37	1,858	3,618	5,878
38	1,948	3,808	6,208
39	2,068	4,058	6,618
40	2,228	4,358	7,128
41	2,418	4,728	7,738
42	2,618	5,138	8,398
43	2,848	5,578	9,118
44	3,068	6,018	9,828
45	3,288	6,448	10,538
46	3,508	6,878	11,238
47	3,748	7,328	11,978
48	3,988	7,818	12,778
49	4,248	8,318	13,598
50	4,518	8,838	14,448
51	4,788	9,388	15,328
52	5,088	9,958	16,258
53	5,388	10,568	17,248
54	5,708	11,198	18,278
55	6,048	11,848	19,348
56	6,388	12,518	20,448
57	6,748	13,228	21,618
58	7,128	13,988	22,848
59	7,538	14,778	24,158
60	7,968	15,628	25,538
61	8,428	16,518	27,008
62	8,908	17,458	28,548
63	9,418	18,458	30,188
64	10,098	19,798	32,368
65	10,978	21,528	35,188
66	12,088	23,688	38,718
67	13,308	26,078	42,598
68-70	14,648	28,698	46,878

月繳保費表(非吸煙人士三年定額式保費^{^/5,6)})

投保年齡(足歲)	計劃1(港幣)	計劃2(港幣)	計劃3(港幣)
15日至17歲	65	115	175
18	71	126	195
19	73	133	205
20	77	140	216
21	81	148	228
22	85	155	241
23	89	163	255
24	93	172	269
25	98	181	285
26	102	190	299
27	108	200	316
28	112	211	335
29	118	223	353
30	125	235	373
31	130	247	393
32	136	260	415
33	143	273	438
34	149	287	462
35	157	303	488
36	165	319	516
37	173	335	545
38	181	353	575
39	192	376	613
40	207	405	660
41	225	438	717
42	243	476	778
43	265	517	845
44	285	558	910
45	305	598	976
46	325	637	1,041
47	348	679	1,110
48	370	725	1,185
49	395	771	1,260
50	419	819	1,338
51	445	870	1,420
52	472	923	1,506
53	499	979	1,598
54	529	1,037	1,693
55	560	1,098	1,792
56	592	1,160	1,895
57	625	1,225	2,002
58	660	1,296	2,116
59	698	1,369	2,237
60	738	1,448	2,365
61	781	1,530	2,501
62	825	1,617	2,645
63	873	1,710	2,796
64	935	1,835	2,998
65	1,017	1,995	3,259
66	1,120	2,195	3,585
67	1,233	2,415	3,945
68-70	1,357	2,658	4,341

癌症現金保障計劃申請表

Can.Cash Cancer Plan Application Form

請以英文正楷大寫填報 Please complete in English and BLOCK LETTERS
請✔適用方格及*刪去不適用者 Please tick the appropriate box and *delete whichever is inappropriate

保單持有人資料 Information of Policyholder	
<input type="checkbox"/> 先生 Mr <input type="checkbox"/> 太太 Mrs <input type="checkbox"/> 女士 Ms	
保單持有人名稱 Name of Policyholder	
香港身份證號碼 HKID Card No.	
婚姻狀況^ Marital Status^	
國籍* Nationality*	
家居電話號碼 Home Phone No.	手提電話號碼 Mobile No.
電郵地址 E-mail Address	
(提供電郵可以電郵收取賠償紀錄報告，如不提供則將以郵寄方式收取賠償紀錄報告。Email for receiving e-claims payment advice. Claims payment advise will be sent by post if no email address is provided)	
居住地址 Residential Address	
通訊地址 Correspondence Address	
(如與居住地址不同方需填寫。 Please complete IF different from residential address)	
居住國家 Country of Residence	
職業 Occupation	
保單生效日 Policy Effective Date (此申請表簽署日或之後 on or later than the sign date of the application):	

* 所填寫的國籍將會用作界定準受保人及其家屬的國籍。請根據護照上之國籍填寫。
Declared Nationality will be used to establish the Nationality of the Proposed Insured and his dependents. Please declare in accordance to the Nationality stated in your Passport.
^ 非必須填寫 Optional

準受保人資料 Information of Proposed Insured(s)				
請填寫以下資料。如空位不足，請另頁書寫。Please complete the following details for all Proposed Insured(s). Please use separate sheet if the space is insufficient 受保人必須為每年在香港工作及生活不少於100日的香港永久性居民或： 為每年在香港工作及生活不少於180日的香港居民。 Proposed Insured must either be Hong Kong permanent resident who works and lives in Hong Kong for at least 100 days per year, or; Hong Kong resident who works and lives in Hong Kong for at least 180 days per year.				
英文姓名 English Name	關係 Relationship	香港身份證號碼# HKID No.#	男/女 Sex	出生日期(月/日/年) Date of Birth (M/D/Y)
(1)	本人 SELF	()	M/F	
(2)	配偶 SPOUSE	()	M/F	
(3)	子女^ CHILD	()	M/F	
(4)	子女^ CHILD	()	M/F	
現居地 Country of Residence	職業 Occupation	吸煙 / 非吸煙* Smoker / Non-smoker*	計劃編號 Plan No.	每期保費~ Modal Premium*
(1)				
(2)				
(3)				
(4)				
每期總保費 Total Modal Premium				

請遞交香港身份證 / 出生證明書副本。Please submit the copy of HKID / Birth Certificate
^ 子女的定義為出生後15日至17歲。如子女是18至23歲需出示全日制學生證明方可一同申請。
Child means the Proposed Insured(s) age from 15 days to 17. If the Proposed Insured(s) is age 18 to 23 and apply(ies) together with parent, full time education evidence will be required.
* 受保人必須於保單續保時申報其是否吸煙(如吸煙習慣有改變)。The insured is required to declare whether he/she is a smoker at the time of renewal of the plan (if smoking habit has been changed).
~ 每期保費為每月(選擇月繳)或每年(選擇年繳)所需付之保費金額。Modal Premium is the premium amount payable which is required to be paid by month (choosing monthly payment) or by year (choosing annual payment)

受益人資料 Information of Beneficiary	
請填寫以下資料。一切就受保人應付的保險賠償將支付予保單持有人或受益人。Please complete the following details for beneficiary. All benefits to be paid in respect of an Insured shall be paid to the policyholder or the beneficiary.	
準受保人的英文姓名 English Name of Proposed Insured	
受益人的英文姓名 English Name of Beneficiary	
與準受保人的關係 Relationship with Proposed Insured	
香港身份證號碼 HKID No.#	百分比 Percentage

準受保人病歷聲明 Health Statement of Proposed Insured(s)		
	是Yes	否No
1. 各準受保人曾在投保或申請復效人壽保險、醫療保險、危疾保險時被加費、拒絕、延期受保或附加條件? Has (have) any Proposed Insured(s) been rated, decline, postponed, or added exclusion by any other insurance company on life and related, medical, critical illness products?	<input type="checkbox"/>	<input type="checkbox"/>
2. 就閣下所知，各準受保人之父母或兄弟姐妹曾在55歲之前被診斷患有癌症? To the best of your knowledge, has (have) any Proposed Insured's parents or brothers or sisters ever had cancer diagnosed before age 55?	<input type="checkbox"/>	<input type="checkbox"/>
3. 各準受保人是否患惡性腫瘤(包括白血病和淋巴瘤)、腫物或結節等組織增生；肝硬化；或在過去半年內有新發現的淋巴結腫大? Has (have) any Proposed Insured(s) ever had any cancer (including Leukemia and Lymphoma), or growth of any kind (e.g. mass, nodule); cirrhosis of liver; or lymph node enlargement within the past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>

保費繳交方法 Method of Premium Payment	
<input type="checkbox"/>	以支票年繳 Yearly by Cheque (銀行名稱 Bank Name: _____) 支票號碼 Cheque No. : _____) 請提供劃線支票，抬頭請註明「利寶國際保險有限公司」。期票不予接受。 支票簽發人必須為上述保單持有人或準受保人之一。 Please make cheque payable to "Liberty International Insurance Limited". Post dated cheque will not be accepted. The cheque must be issued by the Policyholder or Proposed Insured named above.
<input type="checkbox"/>	以信用咭年繳 Yearly by Credit Card (信用咭持有人必須為上述保單持有人或準受保人之一。Credit Card holder must be the Policyholder or Proposed Insured named above.) 本人茲授權並要求利寶國際保險有限公司從本人下列之VISA/萬事達咭戶口內支付本申請表或續保通知書所註明之首年及其後應繳之保費。此授權在本人信用卡之有效期過後及獲發新卡後仍繼續生效，直至另行通知。 I hereby authorize and request Liberty International Insurance Limited to debit the initial yearly premium and subsequent premiums from my VISA/Master Card Account for the premium stated on the proposal form and subsequent renewal invitation. This authorization shall be valid through the expiry of my credit card and with the issuance of a new card until further notice.
<input type="checkbox"/>	以信用咭月繳 Monthly by Credit Card (信用咭持有人必須為上述保單持有人或準受保人之一。Credit Card holder must be the Policyholder or Proposed Insured named above.) 如選擇月繳，在第一個月供期，我們會在您的信用卡扣除首3個月的保費。 If you choose for the Monthly Payment, we will debit the initial 3 months of premium at the first monthly payment. 本人茲授權並要求利寶國際保險有限公司從本人下列之VISA/萬事達咭戶口內支付本申請表或續保通知書所註明之首3個月的保費，每月及其後應繳之保費。此授權在本人信用卡之有效期過後及獲發新卡後仍繼續生效，直至另行通知。 I hereby authorize and request Liberty International Insurance Limited to debit the initial 3 months of premium at the first monthly payment, to debit the monthly premiums and subsequent premiums from my VISA/Master Card Account for the premium stated on the application form and subsequent renewal invitation. This authorization shall be valid through the expiry of my credit card and with the issuance of a new card until further notice.
信用咭持有人姓名 Name of Cardholder	
本人之信用卡號碼為 My credit card no. is <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	
<input type="checkbox"/> 萬事達卡 Master Credit Card <input type="checkbox"/> VISA卡 VISA Card	
信用卡有效期至 Credit Card Expiry Date 月 M 年 Y	
持卡人簽署 Cardholder's Signature _____ 日期 Date _____	

個人資料收集聲明

利寶國際保險有限公司(以下簡稱『本公司』)根據『個人資料(私隱)條例』(香港法例第486章)(以下簡稱『條例』)就收集、持有、處理、使用和/或轉移個人資料承擔有關責任。

目的

本公司所收集或持有的客戶個人資料(包括但不限於保單持有人、受保人及受益人)，可能會使用、存儲、處理、轉移、或披露或分享致以下各強制性的目的：

- 處理和確定保險申請表、理賠及持續提供保險服務；
- 處理付款事宜和直接付款授權書；
- 管理、調查和分析任何索償事宜、訴訟和/或針對客戶的訴訟，以及行使本公司根據保險條款賦予的權利，包括但不限於代位權；
- 從事統計資料或用於會計事務；
- 從事研究、保險調查及開發產品和設計之分析；
- 履行任何對本公司、母公司和附屬公司(『利寶互助保險集團公司』)具有約束力的本地或海外法律、法規、守則或指引之披露要求；
- 遵守香港特別行政區的法院命令和包括但不限於保監處、香港保險業聯會、核數師、政府機構和政府成立之相關監管機構對利寶互助保險集團公司具有約束力的合法要求；
- 協助本公司的實質或建議受讓人評估有關之轉讓交易；
- 從事核實身份和/或信貸審查和/或追收債務；
- 為相關保險產品進行具參考用途之醫療或健康調查；及
- 協助本公司所授權之服務供應商向本公司和/或客戶提供上述目之服務；

如客戶不向我們提供個人資料，我們未必能夠為客戶簽發保單、處理索償、提供保險產品、服務或處理客戶的要求。

直接營銷

本公司所收集或持有的客戶個人資料，特別是姓名和聯繫資料，如電話號碼、電子郵件地址和郵寄地址，可能會用以提供本公司和/或利寶互助保險集團的公司的營銷材料，並進行有關本公司、利寶互助保險集團公司的保險及/或金融產品及服務和/或其他金融服務供應商的直接營銷活動(包括但不限於通過電子或其他手段促銷、推廣或銷售本公司、利寶互助保險集團公司或聯營公司有關保險或財務或投資產品或服務)。如客戶沒有“選擇退出”的要求，其保險申請表及於本公司持有之保單持續生效將被視為不反對本公司將其個人資料使用於此自願性的營銷目的。

個人資料之轉移

本公司所持有的個人資料將予以保密，但可能會與以下香港境內或境外人士分享：

- 任何利寶互助保險集團公司，或任何其他從事與保險或再保險業務有關的公司，或中介人；
- 任何為本公司業務操作提供行政、電訊、電腦、付款、銀行或其他服務的代理人、承包商、銀行或第三方服務供應商；
- 第三方服務供應商包括法律顧問、調查員、公証行、再保險公司、醫療和康復顧問、緊急救援公司、網絡醫生集團、醫療意見顧問、測量師、專家、維修人員、會計師和數據處理員；
- 信貸資料服務機構，在違約情況下，任何債務追收機構或辦理索償理賠或調查服務公司；
- 本公司或任何聯營公司在遵守由政府、監管機構或其他當權者推行的法規、守則或指引及履行法律責任時需要向其披露之任何人士；
- 根據有司法管轄權的法院命令受權之任何人士；
- 利寶互助保險集團公司的實質或建議受讓人或利寶互助保險集團公司與保單持有人相關權利的承讓人；
- 利寶互助保險集團公司旗下的公司；
- 為客戶盡職審查或打擊清洗黑錢的篩選之風險智能供應商；
- 如客戶沒有在「準受保人 / 保單持有人聲明及授權」第三段標上✓號，與本公司保持業務轉介或其他安排上之其他銀行/金融機構、商業或慈善組織作為直銷通訊用途；及
- 如客戶沒有在「準受保人 / 保單持有人聲明及授權」第三段標上✓號，第三方營銷服務供應商和保險中介機構作為直接營銷用途。

查閱及更正個人資料

根據條例的規定，所有保單持有人可聯絡本公司之個人資料私隱主任查閱、更正和/或更改其個人資料。地址如下：

利寶國際保險有限公司，香港鯉魚涌華蘭路25號栢克大廈13樓

根據條例的規定，本公司在處理個人資料查閱申請時可向客戶收取合理的費用。

Personal Data Collection Statement

Liberty International Insurance Limited (referred to hereinafter as the “Company”) recognizes its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (the “Ordinance”).

Purpose

The personal data of customers (including but not limited to policy owners, Insureds and beneficiaries) collected or held by the Company may be used, stored, processed, transferred or disclosed or shared for the following obligatory purposes :

- Processing and determining insurance applications, insurance claims and providing ongoing insurance services;
- Processing requests for payment and for direct debit authorization;
- Managing, investigating and analyzing any claim, action and/or proceedings brought against the customers, and to exercise the Company’s rights as more particularly defined in applicable policy wording, including but not limited to subrogation rights;
- Compiling statistics or using for accounting purposes;
- Conducting research, insurance surveys and analysis for the purpose of product design and development;
- Meeting disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company, its parent and affiliated companies (“Liberty Mutual Group of Companies”)
- Complying with the legitimate requests or orders of the courts of Hong Kong Special Administrative Region and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and governmental-related establishments binding the Liberty Mutual Group of Companies;
- Enabling an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment;
- Conducting identity and/or credit checks and/or debt collection;
- Conducting medical or health reference checks for relevant insurance products; and
- Facilitating the Company’s authorized service providers to provide services to the Company and/or customers for the above purposes;

Please note that if you do not provide us with your personal data, we may not be able to issue your policy, process claims or provide insurance products or services to you or process your request.

Direct Marketing

Certain personal data of customers collected or held by the Company, in particular, names and contact information such as telephone number, email address and postal address may be used by the Company and/or the Liberty Mutual Group of Companies to provide marketing materials and conduct direct marketing activities (including but not limited to promoting, marketing or selling of the Company, Liberty Mutual Group of Companies or co-branded insurance or financial or investment related products or services by electronic or other means) in relation to insurance and/or financial products and services of the Company, the Liberty Mutual Group of Companies and/or other financial services providers. In the absence of any “opt-out” request from the customer, the Company shall treat the application and continuation of his/her policy(ies) held with the Company as an indication of no objection to the Company’s use of such personal data for this voluntary marketing purpose.

Transfer of personal data

Your personal data held by the Company will be kept confidential but may be shared with the following parties, within or outside of Hong Kong:

- Any Liberty Mutual Group of Companies, or any other company carrying on insurance or reinsurance related business, or an intermediary;
- Any agent, contractor, banker or third party service provider who provides administrative, telecommunications, computer, payment, banking or other services to the Company in connection with the operation of its business;
- Third party service providers including legal advisors, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, emergency assistance companies, medical doctor panel groups, medical advisory consultants, surveyors, specialists, repairers, accountants and data processors;
- Credit reference agencies, and in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
- Any person to whom the Company is under an obligation to make disclosure under the requirements of any law binding on the Company or any of its associated companies for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Company or any of its associated companies are expected to comply;
- Any person pursuant to any order of a court of competent jurisdiction;
- Any actual or proposed assignee of the Liberty Mutual Group of Companies or transferee of the Liberty Mutual Group of Companies’ rights in respect of the policy owners;
- Companies within the Liberty Mutual Group of Companies;
- Providers of risk intelligence for the purpose of customer due diligence or anti-money laundering screening;
- Other banking / financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements for direct marketing purposes if you have not ticked the box in paragraph 3 of “Declaration & Authorization of Proposed Insured(s) / Policyholder”;
- Third party marketing service providers and insurance intermediaries for direct marketing purposes you have not ticked the box in paragraph 3 of “Declaration & Authorization of Proposed Insured(s) / Policyholder.

Access and correction of personal data

According to the Ordinance, all Policyholders have the right to of access to, correct and/or change any of their own personal data held by the Company by contacting the Company’s Personal Data Privacy Officer at: Liberty International Insurance Limited, 13/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong In accordance with the Ordinance, a reasonable fee may be charged by the Company for the processing of any data access request.

準受保人/保單持有人聲明及授權 Declaration & Authorization of Proposed Insured(s) / Policyholder

- 聲明**：保單持有人及各準受保人現向 貴公司投購保險。保單持有人及各準受保人謹此聲明已就實情完整地將資料填載於申請表內。準受保人明白及同意，現在應有或在保單生效日前當接受治療，已知道、已察覺到、或已出現相關病徵之疾病、受、病症、病徵、和損傷而引起之醫療開支(包括藥物)，一律不在保障範圍內。保單持有人及各準受保人已細讀並同意遵守本計劃之各項條款，亦同意這份聲明及申請表內提供的資料將構成投保受保雙方合約的一部分。保單持有人及各準受保人已細讀並同意受保單內容約束及同意在受保單內容為保險合約的一部份，及同意長期在香港以外居留之人士，均不獲接受受醫醫療計劃。上述人在本港購買後如需離港定居海外，此單即屬無效。保單持有人及各準受保人已閱讀並明悉此計劃之內容及承保範圍，不保條款及其他有關規章及條款。若保單內容與本張單內容（包括此聲明部份）有任何不同之處，當以英文版本的保單內容為準。保單持有人及各準受保人同意銷售本計劃的中介人已了解保單持有人及各準受保人的需要及清楚解釋此計劃是適合保單持有人及各準受保人，並已向保單持有人及各準受保人解釋若保單持有人及各準受保人作出任何欺詐行為，不披露或提出不準確資料的後果。保單持有人及各準受保人已細閱及明白此投保小冊子、申請表及投保書所載之條款及細則，並同意其約束。

Declaration: I/we hereby apply to be enrolled in the Plan together with the Proposed Insured(s) listed overleaf. I/we declare to the best of my/our knowledge and belief that the information given in this Application is true and complete. I/we acknowledge and agree that benefits will not apply to treatment arising from any pre-existing diseases, illnesses, injuries, ailments or conditions which have required medical treatment (including drugs), or symptoms which I/we already knew about, or were aware of, prior to the first day of this insurance. It is agreed that this declaration and information given in this Application shall form part of the contract(s) between the Policyholder, Proposed Insured(s) and the Insurer. I/We have read and agreed to be bound by the Policy and I/we accept them to be part of the contract of insurance issued as a result of this Application. I/We understand this insurance is unavailable to permanent residents outside Hong Kong. Purchase of this insurance by permanent residents outside Hong Kong will render the policy null and void. I/We have read and understand the contents of this Plan and the insurance coverage, exclusion clauses and other relevant terms and conditions. If there is any inconsistency between the Policy and this leaflet (including this Declaration), the contents of the English version of the Policy shall prevail.

I/We hereby acknowledge the insurance agent has clearly explained that this is an appropriate plan with regard to my/our needs and has explained that the consequences of any fraud, non-disclosure and inaccuracies information provided by me/us. I/We have read and understand the terms and conditions as stated in this application form and leaflet and agree to be bound by them.

- 授權**：保單持有人及各準受保人授權利寶國際保險有限公司向 / 從其他組織、人士或機構（包括其他保險公司/醫療提供者）收集關於投保時所需的必須資料及其後索償申請之資料並與保單持有人及各準受保人的個人資料作出比較，並利用比較結果採取任何行動，包括不符合保單持有人或各準受保人的利益(包括不接納此申請)；此授權不能推翻。即使保單持有人及各準受保人去世，此授權書仍然有效。此授權書之影印本與正本具有同等效力。保單持有人及各準受保人明白生效日期須為利寶國際保險有限公司接受此申請之日期。**Authorization:** I/we authorize Liberty International Insurance Ltd to provide and collect information about me/us in connection with this Application and subsequent assessment of any insurance claim under the policy that may be issued pursuant to this Application from other organizations, institutions or other persons, including other insurance companies/medical service provider, 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 (including declining this application). This authorization shall survive me/us and shall be irrevocable and photocopy of this authorization shall be as valid as original. I/we understand that the effective date shall be the date when this Application is accepted by Liberty International Insurance Ltd.

- 個人資料收集聲明**：保單持有人及各準受保人已細閱並明白申請表的個人資料收集聲明，亦明白有權要求利寶停止處理此申請表所列的保單持有人及各準受保人的個人資料作直接營銷用途。

Personal Data Collection Statement: I/we have read and understood the Personal Data Collection Statement on this Application Form. I/we understand that I/we have the right to request Liberty to cease using my Personal Data for direct marketing purposes.

- 如保單持有人及各準受保人不同意接受有關直銷的通訊，請標上✓號。
Please tick the box if you do not consent to receive the marketing communications.

香港Hong Kong		
保單持有人姓名Name of Policyholder*	保單持有人簽署Signature of Policyholder*	簽署地Signed at
Date 日期		
* 保單持有人代表所有18歲以下申請人作出聲明及簽署。 The Policyholder shall declare and sign on behalf of all Proposed Insured(s) at age below 18.		
準受保人(1)姓名Name of Proposed Insured (1)	準受保人(1)簽署Signature of Proposed Insured (1)	Date 日期
準受保人(2)姓名Name of Proposed Insured (2)	準受保人(2)簽署Signature of Proposed Insured (2)	Date 日期
如準受保人(3)–(4)年齡為18歲至23歲，請在以下簽署。For the Proposed Insured (3)–(4), if the age is 18 to 23, please sign below.		
準受保人(3)姓名Name of Proposed Insured (3)	準受保人(3)簽署Signature of Proposed Insured (3)	Date 日期
準受保人(4)姓名Name of Proposed Insured (4)	準受保人(4)簽署Signature of Proposed Insured (4)	Date 日期
保險代理人姓名 Name of Agent	保險代理人簽署 Signature of Agent	Date 日期

利寶國際保險有限公司 Liberty International Insurance Ltd.

香港鯉魚涌華蘭路25號栢克大廈13樓 13/F, Berkshire House, 25 Westlands Road, Quarry Bay, HK

 (852) 2892 3877  (852) 2572 8071

Internal Use Only:

Branch Code: _____ Insurance Agent registration number _____

中文版本只供參考，一切以英文版本為準 Please refer to English version for interpretation, Chinese version is for reference only.