

保費表(港幣)

	計劃一		計劃二	
	一年期	兩年期 (優惠價)	一年期	兩年期 (優惠價)
附全球人身意外及其他保障				
文職人員	999	1,598	638	1,020
其他*	1,388	2,220	968	1,549
附中國境內人身意外及其他保障				
文職人員	699	1,118	488	780
其他*	888	1,420	588	940

* 本計劃不承保因任職於任何國家或國際權力機構的任何武裝部隊、戰地記者、在碼頭倉庫工作、在船舶上裝卸貨物、船員、航空服務員、空中工作人員、速度競賽駕駛員、貨櫃車司機、建築工人、拆卸工人、於地底或水底工作人員、高空工作者如搭棚工人、雜技員、特技人員、馬戲班訓練員、馴獸師、娛樂事業工作者、偵探、騎師、爆炸品處理員及消防員。

簡易投保方法

只需填妥投保表格並以下列方式交回：

✉ 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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☎️ 2272 8893 📠 2854 1103

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。本單張並不詳細列明保單的條款和細則，如有任何差異，均以保單文件為準。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。如就本計劃的內容有任何爭議，利寶國際保險保留最終決定權。如有任何查詢，歡迎致電一般查詢熱線。

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。

有關本產品的全部條款和細則，包括條款、定義、賠償、附表、保費徵費、批單、不承保事項、伸延保障及規定，詳細請參閱正式保單文件。如有任何爭議，概以英文本為準。

本計劃詳情的英文本與中文本如有任何歧異，概以英文本為準。

授權保險代理商：

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

承保機構：



 華僑永亨保險代理



為你的旅程提供

全面保障

「尊尚中國醫療卡」保險計劃

華僑永亨保險代理有限公司(「華僑永亨保險代理」)為華僑永亨銀行有限公司(「華僑永亨銀行」)之全資附屬機構。

「尊尚中國醫療卡」保險計劃(「計劃」)由利寶國際保險有限公司(「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你提供保險保障以及處理索償申請。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。華僑永亨銀行及華僑永亨保險代理乃根據險業條例(香港法例第41章)註冊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。

為你的旅程提供全面保障

「尊尚中國醫療卡」保險計劃是專為穿梭中港兩地的人士而設。如在中國大陸境內遇上意外或患病而需入院治療,只要出示「尊尚中國醫療卡」,便可在中國超過一百間的網絡醫院治理。所需費用由利寶國際保險有限公司直接支付[#]。而入住其他非指定醫院,利寶國際保險有限公司亦會代付高達港幣39,000元的入院保證金。

本計劃的其他保障包括:人身意外、醫療費用、緊急運送、家屬探望以至個人責任保障等。而「24小時支援服務」熱線,更提供醫療、律師及傳譯等免費轉介服務。

價錢優惠 保障全面

你只需每年付出低至港幣488元[△],便可享有一年全面的中國境內保障。而參予兩年保障計劃,更可獲高達八折優惠!

[#] 醫療費用以保單上所列的最高賠償金額為上限並受有關條款及細則限制。

注意事項:

- 凡18至70歲人士皆可投保
- 投保人及受保人須持有有效之香港居民身份證
- 每次旅程以一百天為上限,全年旅程次數不限
- 如受保人已獲賠償此計劃人身意外的最高賠償額,此保單將不再生效
- 支援服務只屬轉介服務,受保人需負責承擔與該轉介服務有關之費用
- 每名受保人之最低保費為200港元

主要不保事項:

因戰爭引發的意外、或旅遊前已患有之傷病、或因分娩、酗酒及濫用藥物導致的傷病、或有違醫生勸喻及純粹以治療目的之行程。

[△] 有關保費請參考隨後所載之保費表。

保障範圍*

保障項目	保障範圍	每名受保人最高賠償金額(港幣)	
		計劃一	計劃二
1. 人身意外			
在中國或全球因意外導致死亡	包括因意外引致死亡/永久及完全殘廢。	500,000	300,000
2. 醫療、緊急運送、送返原居地及有關費用(中國境內)			
醫療費用	旅途中因患病或意外受傷所涉及的認可醫藥治療、手術及住院費用。	500,000	300,000
	回港後90日內所涉及之醫藥、住院及治療的合理覆診費用。(已包括在上列最高賠償額內)	125,000	75,000
接載出院	以救護車接載受保人離開指定醫院至火車站、碼頭或機場。	150 / 次	
家屬探望	如受保人於內地留院治療超過七天,可安排一位家屬或朋友前往該地照顧受保人。保障包括交通及住宿費用。住宿費用最高賠償額為每天港幣一千元。	15,000	10,000
緊急醫療運送	旅途中因患病或意外受傷所涉及的緊急運送費用。	實際費用	
遺體運返	將遺體運返香港的合理費用。	實際費用	
安排送返子女	因受保人在旅途中嚴重受傷、病重或死亡而需安排其17歲以下的同行子女回港的交通費用。	15,000	10,000
入院保證金	因意外受傷、生病而需入住醫院所要支付的訂金。	39,000	
3. 個人責任			
	因意外導致他人傷亡或財物損失,而可能要負上的法律責任,包括法律訴訟的費用及開支。	2,000,000	1,000,000
4. 24小時支援熱線			
	醫療、律師及傳譯轉介服務。(轉介服務後所需費用需由受保人負責承擔。)	免費	

* 本計劃(包括保障範圍及不受保事項)受利寶國際保險總發的正式保單的條款及條件所限制。以上資料與保單條款若有歧義,概以英文版本的保單條款為準(請參閱保單及華僑永亨銀行網站以了解更多資料)。

「尊尚中國醫療卡」保險計劃投保書

Platinum China Medical Card Insurance Plan Proposal Form

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

投保人資料 Proposer's Information	
投保人姓名須與回鄉證 / 護照 / 香港身份證相同 Name of proposer must be the same as Re-entry Permit / Passport / HKID Card	
<input type="checkbox"/> 個人客戶 Individual client	先生/太太/女士* Mr/Mrs/Ms* 姓 Surname 名 First name 香港身份證號碼 HKID Card No. 回鄉證號碼 / 護照號碼 Re-entry Permit No. / Passport No. 國籍 Nationality 出生日期 Date of birth (dd/mm/yy) 職業 Occupation
<input type="checkbox"/> 公司客戶 Corporate client	公司名稱 Name of company 工作性質 Business nature
通訊地址 Correspondence address	
聯絡電話 (非必須填寫) Telephone no. (Optional)	
電郵地址 (非必須填寫) E-mail address (Optional)	
#附加投保人資料 Additional Proposer's Information	
投保人姓名須與回鄉證 / 護照 / 香港身份證相同 Name of proposer must be the same as Re-entry Permit / Passport / HKID Card	
先生/太太/女士* Mr/Mrs/Ms* 姓 Surname 名 First name	香港身份證號碼 HKID Card No. 回鄉證號碼 / 護照號碼 Re-entry Permit No. / Passport No. 國籍 Nationality 職業 Occupation 出生日期 Date of birth (dd/mm/yy)
通訊地址 Correspondence address	
聯絡電話 (非必須填寫) Telephone no. (Optional)	
電郵地址 (非必須填寫) E-mail address (Optional)	
註：如空間不足，請另紙附上資料。 Note: If there is not enough space, please supply the above information on a separate sheet.	
# 附加投保人所選擇之保障計劃及人身意外及其他保障須與投保人相同。 The plan and territorial limit of personal accident and other cover of additional proposer should follow that of the proposer.	

個人資料 Personal History

投保人及所有附加投保人均須詳細回答下列問題。
All questions must be answered in full by proposer and all additional proposers to be covered.

你是否有任何身體殘障或缺陷或正接受醫藥治療或正感染任何疾病？
Have you ever had any physical disability or deformity or been receiving any medical treatment or suffering from any disease? 是 Yes 否 No

在過去五年內，你曾否入住醫院或療養院接受手術、觀察或治療？
Have you even been in a hospital or sanitarium for surgery, observation or treatment within the last five years? 是 Yes 否 No

如答「是」者，請連同姓名詳細說明如下。
If "Yes" to any of the questions above, please give details with name(s) below.

保費 Premium (港幣 / 元 HK\$)

預計保障生效日期 Proposed effective date of Insurance

保障選擇 Cover Chosen

附全球性人身意外及其他保障
Worldwide personal accident and other cover 計劃一 Plan 1 計劃二 Plan 2

附中國境內人身意外及其他保障
China personal accident and other cover 計劃一 Plan 1 計劃二 Plan 2

保障年期
Period of Insurance cover 一年保障 1-year cover 兩年保障 2-year cover

合共保費 Total Premium 港幣 HK\$ 元正 Dollars

保費支付辦法 Premium Payment

以下列方法繳付 Paid by:

現金 Cash 信用卡 Credit Card*
 支票 Cheque 華僑永亨銀行戶口 OCBC Wing Hang's account*

* (請填寫以下信用卡/銀行戶口付款指示並簽署 Please fill in credit card/bank account details and sign below.)

本人現授權華僑永亨保險代理有限公司從本人下列之信用卡賬戶或儲蓄/往來戶口內扣取投保的「尊尚中國醫療卡」保險計劃之首年及隨後每年之保費，直至本人發出書面通知撤回上述授權為止。

I hereby authorize OCBC Wing Hang Insurance Agency Limited to debit my credit card account or savings/current account below with the initial annual premium and subsequent annual premium payments of the selected Platinum China Medical Card Insurance Plan until further written notice from me to revoke the above authorization.

持卡人 / 戶口持有人姓名

Name of the cardholder/account holder

持卡人/戶口持有人的香港身份證號碼
Cardholder/Account holder HKID card no. 與投保人關係
Relationship with proposer

本人之信用卡號碼為
My credit card no. is [] [] [] [] - [] [] [] [] - [] [] [] [] - [] [] [] []

Visa Master Card 信用卡有效期至
Credit card expiry date 月 年
M Y

或本人之華僑永亨銀行港幣儲蓄 / 往來戶口號碼為：
or my HKD Savings/Current Account No. at OCBC Wing Hang is: [] [] [] [] [] [] - [] [] [] []

持卡人 / 戶口持有人簽署
Cardholder/Account holder signature(s) 日期
Date

簽署式樣須與華僑永亨銀行戶口/信用卡賬戶所用之簽名相符，除非聯名戶口簽署協議讓任何一人可簽署，否則所有聯名戶口持有人均須簽署。

Signature(s) should correspond to the specimen signature of your OCBC Wing Hang / Credit Card Account. For Joint Account, all signatures are required unless either account holder is authorized to sign for all account holders.

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、投保人、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書、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；
- 協助本公司所授權之服務供應商向本公司和/或客戶提供上述目的之服務；
- 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；及
- 為相關保險產品進行具參考用途之醫療或健康調查；

如閣下不向我們提供個人資料，我們未必能夠簽訂保單、處理索償、提供保險產品、服務或處理你的要求。

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、電子郵件地址和郵政地址，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)。如果你不同意接收有關直銷通訊，請於本個人資料收集聲明下方標上號。如保客戶沒有「選擇退出」的要求，其保險申請書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、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；
- 為客戶盡職調查或打擊清洗黑錢的篩選之風險智能供應商；
- 如保客戶沒有「選擇退出」的要求，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
- 第三方營銷服務供應商和保險中介機構作為直銷通訊用途。

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的個人資料私隱主任查閱、更正和/或更改自己的個人資料；

利寶國際保險有限公司，香港鰂魚涌華蘭路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。

如你不同意接收有關直銷通訊，請標上號

中文版本只供參考，一切以英文版本為準

Personal Information Collection Statement (PICS)

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, proposers, 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. Please tick the box at the bottom of this PICS if you do not consent to receive such marketing communications.

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 marketing communication if “no objection” is provided; and
- Third party marketing service providers and insurance intermediaries for marketing communication if “no objection” is provided.

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.

Please tick here if you do not consent to receive marketing communications.

聲明及簽署 Declaration and Signature

- 本人/吾等*現投保「尊尚中國醫療卡」保險計劃(「此計劃」)，謹此聲明上述受保人出外旅遊並不會違背醫生勸告或以尋求醫療為目的。本人/吾等*現時身體健康，並無任何殘廢或缺陷。本人/吾等*聲明本人/吾等*已獲得受保人受予全權，簽署本投保書，並提供任何個人資料作評核本申請之用。本人/吾等*明白本投保書及聲明書構成本人/吾等*與利寶國際保險有限公司(「貴公司」)之間的合約依據。本人/吾等*明白貴公司為此計劃之承保人，全面負責一切保障及賠償事宜。
- 本人/吾等*同意在收到貴公司書面通知的14天內付清對所有保障範圍以外的醫療費用或所有超出所定限額的醫療費用。如欠款未能在限期內付清，本人/吾等*將被終止一切預繳服務。同時須將「尊尚中國醫療卡」歸還貴公司，並須對所有欠款向貴公司承責。如遺失保證卡，本人/吾等*須於48小時內向貴公司報失及需繳付港幣100元作補領費用。
- 本人/吾等*明白保費現金匯款服務需待國際緊急支援服務供應商首先獲本人/吾等*的費用保證，方可作出安排。
- 本人/吾等*明白貴公司有權向本人/吾等*之醫生索取有關病歷資料，本人/吾等*亦同意提供任何進一步與保單有關之資料並自付所需費用。
- 本人/吾等*絕無向貴公司隱瞞任何事實(例如該等事實足以影響保險公司決定是否接受投保)，如有任何有關事實未有正確列明或有所隱瞞，本保單將會作廢。
- 本人/吾等*已閱讀並明白此計劃之內容及承保範圍，豁免條款及其他有關規章及條款。若保單內容與本單張內容(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。
- 本人/吾等*同意銷售本計劃的中介人已了解本人/吾等*的需要及清楚解釋此計劃是適合本人/吾等*，並已向本人/吾等*解釋若本人/吾等*作出任何欺詐行為，不披露或提出不準確資料的後果。本人/吾等*已細閱及明白此投保小冊子及此投保書所載之條款及細則，並同意受其約束。
- 此申請需經貴公司審核，接納與否全由貴公司決定。

- I/we* hereby apply for Platinum China Medical Card Insurance Plan (“this Plan”) and declare that no person listed hereon is traveling against the advice of any medical practitioner or for the purpose of obtaining medical treatment. I/we* are now in good health and free from mental deficiency and physical impairment or deformity. I/we* declare that I/we* have full and complete authority from the insured to sign the proposal form and disclose any personal information being requested to assess the insurance. I/we* agree that this proposal form and declaration shall form the basis of the contract between Liberty International Insurance Limited (“the Company”) and me/us*. I/we* agree that the Company is responsible for all matters in relation to the insurance coverage and compensation under this Plan.
- I/we* hereby agree and undertake to settle any medical expenses that is not payable or not covered by this insurance or any amount is excess of the insurance limit within 14 days after written notification from the Company. The credit facility will be suspended if I/we* fail to reimburse the Company within the above specified time. Upon suspension, I/we* have to return all the Platinum China Medical Card(s) to the Company and will remain liable to the Company for any outstanding payment in arrears. In the event of card loss, I/we* should advise the Company within 48 hours and pay HK\$100 for each replacement card.
- I/we* understand that the arrangement for emergency cash transfer is subject to service provider of international assistance first securing payment from me/us*.
- I/we* authorize the Company to obtain medical information from my/our* medical practitioner(s) and I/we* agree to supply additional information relevant to this insurance policy at my/our* own expense.
- I/we* have not withheld any material facts (i.e. facts relevant to an insurer’s decision whether to provide coverage or not) from the Company and that if any material facts shall have been withheld or not truly or fairly stated, this insurance policy shall be null and voided.
- 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 insurance policy and this leaflet (including this Declaration), the contents of the English version insurance 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 proposal form and leaflet and agree to be bound by them.
- This application is subject to the approval of the Company which shall, in its absolute discretion, determine whether to accept this application or not.

本人/吾等*欲向貴公司投保。本人/吾等*現聲明投保書之陳述事項乃根據本人/吾等*一切所知、所信皆屬實情，並無誤導、隱瞞或隱瞞任何事項。本人/吾等*同意本投保申請將成為本人/吾等*與貴公司之間合約基礎，並將視為納入承保單內。若本投保書由別人填寫，該位人士乃是本人作此用途之代理人，而非貴公司之代理人。本人/吾等*更確認同意本投保書內之所有部份，包括個人資料收集聲明。

I/we* wish to effect an insurance with the Company. I/we* declare that the above statements and particulars of proposal form are to the best of my knowledge true and complete. No material facts have been mis-represented, mis-stated or withheld. I/we* agree that this proposal shall form the basis of the contract between me/us* and the Company and will be deemed as incorporated in the insurance policy to be issued. If this proposal has been written by anyone else that person is my/our* agent for this purpose and not the agent of the Company. I/we* further confirm my agreement to all sections in this proposal form including the Personal Information Collection Statement (PICS).

若中、英文版本之間有任何歧異或有所抵觸，概以英文版本為準。If there is any inconsistency or conflict between the English and Chinese versions, the English version shall prevail.

聲明及簽署 Declaration and Signature	
投保人簽署 Signature of Proposer	日期 Date