



「卓越」全意保個人意外保險
SmartCare Prime Personal Accident Insurance

投保書 PROPOSAL FORM

請以英文正楷填寫，並在適當的空格內填上 ☒ Please fill in this form in English block letters and tick the boxes where appropriate ☒

投保人資料 PROPOSER DETAILS

姓名 (與香港身份證相同) Full Name (as on HKID)	姓 Surname	名 Given Name	<input type="checkbox"/> 先生 Mr	<input type="checkbox"/> 女士 Ms
通訊地址 Correspondence Address				
住宅電話 Home Tel	公司電話 Office Tel	手提電話 Mobile No	香港身份證號碼 HKID Card No	出生日期 (日 / 月 / 年) Date of Birth (dd/mm/yyyy)
婚姻狀況 Marital Status	<input type="checkbox"/> 未婚 Single	<input type="checkbox"/> 已婚 Married	電郵地址 Email	
身高 (厘米) Height (cm)	體重 (公斤) Weight (kg)	職業 Occupation	工作性質 Job Nature	
# 受益人姓名 Name of Beneficiary	關係 Relationship	香港身份證號碼 HKID Card No		

投保人配偶資料 DETAILS OF SPOUSE TO BE INSURED

配偶姓名 (與香港身份證相同) Name of Spouse (as on HKID)	姓 Surname	名 Given Name	香港身份證號碼 HKID Card No
出生日期 (日 / 月 / 年) Date of Birth (dd/mm/yyyy)		身高 (厘米) Height (cm)	體重 (公斤) Weight (kg)
職業 Occupation		工作性質 Job Nature	
# 受益人姓名 Name of Beneficiary	關係 Relationship	香港身份證號碼 HKID Card No	

投保人子女資料 DETAILS OF CHILDREN TO BE INSURED

子女姓名 Name of Child	出生日期 (日 / 月 / 年) Date of Birth (dd/mm/yyyy)	性別 (男 / 女) Sex (M/F)	香港身份證號碼 HKID Card No	# 受益人 Beneficiary
				姓名 / 關係 / 香港身份證號碼 Name / Relationship / HKID Card No
1.				
2.				
3.				

若空位不敷應用，請另加紙張填寫。 Should there be insufficient space, please continue on a separate sheet.

保險有關資料 INSURANCE INFORMATION

您或其受保配偶及子女曾被拒絕承保任何人壽、醫療保險、或被評估、修改任何保單及取消續保？ Have you or your family to be covered ever been refused any form of life or health insurance or ever had a policy rated, modified, or renewal thereof refused?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
您或其受保配偶及子女現在是否已在本公司或其他保險公司購買意外保險？ Do you or your family currently have any other accident insurance in our or any other company?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
您或其受保配偶及子女是否在過去五年內發生過任何意外？ Have you or your family incurred any accidents during the last 5 years?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
您或其受保配偶及子女是否患有疾病或有任何身體殘缺？ Do you or your family suffer from any infirmity, illness or physical defect?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
如以上問題答“是”，請列明詳細資料 If you have answered “Yes” to any of the above questions, please give full details		

投保細則 INSURANCE COVER

選擇的投保計劃
Plan Selected

☐ 白金
Platinum

☐ 金
Gold

☐ 銀
Silver

本保險計劃適用於
This Plan is applicable to

☐ 投保人本人
Insured Only

☐ 配偶
Spouse

☐ 子女 x _____ 人
Child x _____ No of Child

* 本保單由
Policy to commence on

日 Day 月 Month 年 Year
____ - ____ - ____

起一年內有效
for one year

* 此保單提供的保障，必須在本公司確定接納投保後，及收妥保費後，才能正式生效。
The liability of the Company does not commence until this proposal form has been accepted by the Company and the premium paid.

投保人聲明 DECLARATION

請細閱下列各項條文，然後在指定空位內簽署。

Please read the following statements carefully and sign in the space provided.

本人聲明本人已填報一切重要的有關資料，絕無隱瞞或保留，並同意將本投保書和聲明作為與安盛保險有限公司和本人所訂合約的根據，並以保單上各條款為準則。

I declare that I have not withheld any material information and accept that this proposal form and declaration shall be the basis of, and be incorporated in, the contract between AXA General Insurance Hong Kong Limited and myself.

投保人簽署 Proposer's Signature
(請勿於空白投保書上簽署 Do not sign a blank form)

日期 Date
(日 / 月 / 年 dd/mm/yyyy)

付款方式 PAYMENT METHOD

本人選擇以下列方式繳交保費港幣

I wish to pay my premium HK\$ _____ 元正 by

☐ 支票抬頭請填「安盛保險有限公司」Cheque payable to AXA General Insurance Hong Kong Limited

☐ VISA 咭 ☐ 萬事達咭 MasterCard

信用咭號碼 Credit Card No _____

信用咭有效期至 Credit Card Expiry Date _____

信用咭持有人姓名 Cardholder's Name _____

本人授權安盛保險有限公司從本人上述的信用咭賬戶支取有關保險保單的保費。

I hereby authorize AXA General Insurance Hong Kong Limited to charge my above credit card for the insurance premiums of this insurance policy.

持咭人簽署 Cardholder's Signature

日期 (日 / 月 / 年) Date (dd/mm/yyyy)

投保人須知 Important Notes to Proposer

閣下必須在其知悉範圍內提供所有有關會影響保險公司於接納或釐定此保單條文的資料，如對應透露的資料有任何疑問，請即向本公司或閣下的保險代理/經紀查詢。我們建議閣下將有關的資料作記錄(包括信件副本)，以備日後作參考之用。為確保閣下的利益，閣下應如實呈報所有有關資料，否則此保單將可能無法提供閣下所需的保障，甚至可能會導致此保單無效。

Any other facts known to you which are likely to affect acceptance or assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance agent/broker. We recommend you keep a record (including copies of letters) for your future reference of any additional information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.

2 收集個人資料聲明

閣下提供的資料，為本公司提供保險業務所需，並可能使用於下列目的：

- 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；
- 任何索償、或該等索償的調查或分析；及
- 行使任何代位權

及可能轉移予

- 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；
- 現存或不時成立的任何保險公司的協會或聯會或類同組織（「聯會」），以達到任何上述或有關目的，或以使「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；及

- 或透過「聯會」轉移予任何「聯會」的會員，以達到任何上述或有關目的。

此外，在此授權安盛保險有限公司由「聯會」從保險業內收集的資料中查閱及/或核對閣下任何資料。

閣下有權查閱及要求更正由安盛保險有限公司持有有關閣下的個人資料，如有需要，可向本公司的個人資料(私隱)條例監察主任提出。

Personal Information Collection Statement

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of

- any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service;
- any claim or investigation or analysis of such claim; and
- exercising any right of subrogation

and may be transferred to

- any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation; or other service provider providing services relevant to insurance business for any of the above or related purposes;
- any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and
- any members of the "Federation" by the "Federation" for any of the above or related purposes.

Moreover, AXA General Insurance Hong Kong Limited is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by our Company. Requests for such access can be made to our Personal Data (Privacy) Ordinance Compliance Officer.

3 本公司致力發展及改良產品的質素，務求滿足閣下個人保險上的需要。作為本公司的寶貴客戶，我們會時刻為閣下提供新產品及服務的最新消息。倘若閣下日後不希望收到此等資料，請來信通知本公司。Our Company is committed to developing products to meet your personal insurance requirements. As you are a valued customer of our Company, we will keep you informed of new products and services when they become available. If you do not want to receive this information either now or in the future, please write and tell us.

〔註：本中文簡譯，概以英文原文為準〕