32/F, Dorset House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. 香港鰂魚涌英皇道979號太古坊多盛大廈32樓

Tel 電話 2968 1636 Fax 傳真 2917 6266

Email 電郵 hk_personal_insurance@hk.rsagroup.com Website 網址 www.rsagroup.com.hk



Agency No.	Policy No.
代理編號:	. 保單號碼:

MY PETGUARD PROPOSAL FORM 摯寵樂投保書 (Please use English block letters 請用英文正楷填寫) **Information of Proposer** 投保人資料 (Proposer must be over 18 years of age 投保人必須年滿十八歲) ______ Date of Birth 出生日期:__ Full Name 姓名 (Mr先生/Mrs太太/Miss小姐): ___ dd目/mm月/w年 ______ Email Address 電郵地址:_____ HKID Card / Passport No. 香港身份證 / 護照號碼: ______ Tel 電話:(Home 住宅 / Mobile 手提) ______(Office 辦公室) ______ Fax 傳真: ______ Address 地址:_____ Policy Effective Date 保單生效日: ______ _____ Experience in Owning Pets 飼養寵物經驗:___ dd目/mm月/yy年 完美保險代理有限公司 Do you already have any effective pet insurance policies with us? □ No 否 Perfect Insurance Agencies Limited 你是否已經擁有任何正在生效之寵物保險保單? Tel : 2384 0099 Fax : 2384 0101 If "Yes", please provide the relevant Policy Number(s) for group discount calculation : Email: info@perfectins.com.hk 如「是」,請提供有關保單號碼以便計算折扣:____ Information of Pet(s) 寵物資料 (Please use separate sheet for additional pets. 如表格不敷應用・請附加紙張填寫) No. of Insured Pets 投保寵物數目 : Pet 2 寵物 2 Pet I 寵物 1 Pet 3 寵物 3 Name 名字 Species 種類 * : Dog 狗 / Cat 貓 : Dog 狗 / Cat 貓 : Dog 狗 / Cat 貓 Breed 品種 Colour 顏色 / Marking 特徵 Sex 性別* : Male 雄性 / Female 雌性 : Male 雄性 / Female 雌性 : Male 雄性 / Female 雌性 : Yes 是 / No 否 : Yes 是 / No 否 : Yes 是 / No 否 Neutered 絕育 * Date of Birth 出生日期 Purchase Price 購買價錢 (Only applicable to Plan II 只適用於計劃Ⅱ) Microchip No. 晶片號碼 Licence Renewal Date 續牌日期 (Only applicable to Dogs dd日/mm月/yy年 : dd日/mm月/yy年: 只適用於狗隻) Date of Last Mixed Vaccination dd日/mm月/yy年 : dd日/mm月/yy年 最近一次混合疫苗注射 dd日/mm月/yy年 :

: Plan | 計劃 | / Plan || 計劃 ||

: Plan I 計劃 I / Plan II 計劃 II

: Plan | 計劃 | / Plan || 計劃 ||

Plan Selected 選擇計劃 *

^{*} Please circle the appropriate item 請圈 上鏑用之項目

Please tick ② the appropriate box 請在適當空格內加 ②號。 Yes No 是 否 1. Has your pet received or required any treatment for an accident or illness in the past 90	Yes 是 □	No 否 □ □ □
days, other than routine vaccination and general check up? 在過去90天內,您的寵物有否接受治療(一般檢查或預防性疫苗除外)? If "Yes", please provide details and advise if your pet is currently under observation, treatment or medication. 如「是」,請提供詳情並列明寵物現在有否接受觀察或治療: 2. Has your pet taken any surgical operation other than desexualisation? □□□□□□ □□□□□□□ RR闡割外,您的寵物曾否接受手術? If "Yes", please provide details. 如「是」,請提供詳情: 3. Has your pet ever been the subject of a Police Report for being a nuisance or aggressive behaviour?		
除閹割外,您的寵物曾否接受手術? If "Yes", please provide details. 如「是」,請提供詳情: 3. Has your pet ever been the subject of a Police Report for being a nuisance or aggressive □ □ □ □ behaviour?		
behaviour?		
If "Yes", please provide details. 如「是」・請提供詳情:		
4. Is your pet being used for or in connection with any trade or business? 您的寵物有否被用作商業用途? If "Yes", please provide details. 如「是」,請提供詳情:		
5. Does your pet suffer from any defects or infirmities? 您的寵物有否身體缺陷或殘疾? If "Yes", please provide details of the illness or injury together with the advice or treatment given. 如「是」,請提供病歷及治療詳情:		
Declaration 聲明		
 I understand that this Application will not become effective until this proposal has been accepted by Royal & Sun Alliance Insurance plc ("the Company") and agree this Application and Declaration shall be the basis of the insurance contract between me and the Company. 本人明白本投保書被皇家太陽聯合保險有限公司(「保險公司」)正式接納後,保險責任始正式生效。本人同意本投保書和聲明將成為保險合約的基礎。 Cover will be effective only with signature on this document and receipt of premium by the Company or its authorised representative. 投保書需經保險公司或其授權代表簽署,並於收妥保費後,此保障計劃始正式生效。 □ I do not wish to receive any marketing or promotional materials. 本人不願意收取任何宣傳或推廣的資料。 	that	
Signature of Proposer Date 投保人簽署: 日期:		
Underwritten by 承保公司:Royal & Sun Alliance Insurance plc 皇家太陽聯合保險有限公司 (incorporated in the United Kingdom with limited liability)		
Notice of Personal Information Collection 個人資料收集聲明 Any person from whom the Company has collected personal information shall have the right to enquire the purpose of using the information, the right of access to an to request correction of the personal information concerning themselves. Such request can be made to the Compliance Officer of the Company via, mail to 32/F., Dor Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong, or fax to +852 2968 5111, or email to hk_compliance@hkrsagroup.com. 任何人士若曾經提供個人資料給本公司,均可查詢其資料用途、查閱及更改有關資料。有關查詢及申請可循下列途徑向本公司之條例事務主任提出: 郵寄至香港鰂魚涌英皇道979號太古坊多盛大廈32樓,或傳真至+852 2968 5111,或電郵至hk_compliance@hkrsagroup.com。		
Payment Instruction and Authorisation 支付保費方法與授權書 (Please tick the appropriate box ☑ or consult your agent/broker regarding methods of payment. 請在適當的空格內加 ☑ 或與您的保險代理諮詢付款方法。)		
□ Cheque payable to 支票抬頭請寫:		
Royal & Sun Alliance Insurance plc 皇家太陽聯合保險有限公司 Cheque No. 支票號碼:		
□ Visa □ Mastercard □ Amex □ Diners Credit Card No. 信用卡號碼: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		
Name of Cardholder 持卡人姓名:		
Issuing Bank 簽發銀行: Expiry Date 有效日期:		
I hereby authorise Royal & Sun Alliance Insurance plc to charge the relevant premium to my credit card account for this insurance policy. 本人授權皇家太陽聯合保險有限公司從本人信用卡戶口內支取有關保費。		
Signature 簽署: Date 日期:		