

亞太人身平安保險投保書

Asia-Pacific Personal Accident Insurance Application Form



香港分公司：香港干諾道中148號粵海投資大廈23樓
Hong Kong Branch : 23/F, Guangdong Investment Tower, 148 Connaught Road Central, Hong Kong

Tel : 2165 9200

NOTE 備註：

1. 投保人請以英文正楷填寫及在適當方格內加“✓”號。任何答案如有更改，敬請在旁簽署。The Applicant has to complete the form in English BLOCK LETTERS and please put a “✓” in the box where appropriate. Any changes to be made should be signed by the Applicant.
2. 若不清楚此投保書需要透露的資料內容，請致電亞太財產保險熱線 (852) 2165 9229/2165 9231 查詢。讓保險公司了解實況，有助保障投保人及/或受保人的利益；若未能充份透露實情將會使投保人及/或受保人得不到所需求的保障，甚至使保單失效。If you have any doubt about the information required in this application form, please call Asia-Pacific Property & Casualty Insurance Hotline (852) 2165 9229/2165 9231 to enquire. In order to protect the Applicant's and/or Insured Person's rights, it is necessary for the Applicant to provide sufficient information to the insurance company. Failure to disclose any material fact may mean that the policy will not provide the Applicant and/or Insured Person with the coverage required, or may render the policy void or voidable.
3. 若此投保書所含的內容與保單條款有任何歧異，概以保單為準。In the event of any discrepancy or inconsistency between the information contained in this application form and the terms stated in any policy issued, the policy terms shall prevail.
4. 此保險計劃乃由亞太財產保險有限公司承保。This insurance plan is underwritten by Asia-Pacific Property & Casualty Insurance Co., Ltd.

申請人Details of the Applicant

姓名(與香港身份證上姓名一致) Name of Policyholder (as on HKID) <input type="checkbox"/> 先生 Mr <input type="checkbox"/> 夫人 Mrs <input type="checkbox"/> 小姐 Miss		
(姓 Surname) (名 Given Name)		
公司名稱(與商業登記中一致) Company Name (as on Business Reg.): 若申請人為商業實體/公司，請填寫此欄 Please fill in if the Policyholder is a business entity/company.		
通訊地址 Correspondence Address		
聯絡電話(住宅/辦公室) Contact No. (Home/Office)	聯絡電話(手提) Contact No. (Mobile)	電子郵箱Email:
保險期限Period of Insurance:	從 From: (日 dd/月 mm/年 yy)	至 To: (日 dd/月 mm/年 yy)

投保人(如果投保人不只一個，請在附屬表格中填寫) Insured Person (If more than one insured person, please fill in the Supplementary Form)

<input type="checkbox"/> 上述保單持有人 / The Policyholder as stated above /	<input type="checkbox"/> 全名(與香港身份證上姓名一致) Full Name (as on HKID)	<input type="checkbox"/> 先生 Mr	<input type="checkbox"/> 夫人 Mrs	<input type="checkbox"/> 小姐 Miss
(姓 Surname) (名 Given Name)				
出生日期(日/月/年) Date of Birth (dd/mm/yy)	香港身份證號碼 HKID No.			
職業 Occupation	工作性質 Nature of work & Duties			
受益人姓名(與香港身份證上姓名一致) Name of Beneficiary (as on HKID)				
(姓 Surname) (名 Given Name)				
與投保人關係 Relationship	香港身份證號碼 HKID No.			

保障範圍 Benefits Required	投保額 Sum Insured (HK\$)	保費率 Premium Rate (%)	保費 Premium (HK\$)
死亡及永久傷殘 Death & Permanent Disablement (基本保障 Basic Cover)			
暫時性傷殘(每週) Temporary Disablement (per week) (可選投保項 Optional Cover)			
醫療費用(每次) Medical Expenses (per injury) (可選投保項 Optional Cover)			
		總保費： Total Premium:	

保險有關資料 Insurance Information

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|--|--------------------------------|----------------------------------|
| 1. 投保人的職業有否涉及到任何體力勞動或危險活動？
Does any insured person's occupation involve any manual work of hazardous activities? | <input type="checkbox"/> 是 Yes | <input type="checkbox"/> 否
No |
| 2. 投保人目前在本公司或其他公司擁有個人意外保險？
Does any insured person currently has other accident insurance in our or any other company? | <input type="checkbox"/> 是 Yes | <input type="checkbox"/> 否
No |
| 3. 投保人曾否於在申請個人意外保險時被任何保險公司拒絕投保或拒絕續保？
Has any insured person ever had an application for life or accident insurance declined or renewal thereof refused.? | <input type="checkbox"/> 是 Yes | <input type="checkbox"/> 否
No |
| 4. 投保人曾否患有疾病或身體有缺陷？
Does any insured person suffer from any infirmity, illness or physical defect? | <input type="checkbox"/> 是 Yes | <input type="checkbox"/> 否
No |
| 5. 投保人曾否在過去 5 年內因意外受傷而向任何保險公司索賠？
Has any insured person ever made a claim against any insurer in respect of accidental bodily injury during the last 5 years? | <input type="checkbox"/> 是 Yes | <input type="checkbox"/> 否
No |
| 6. 投保人有否駕駛電單車？
Does any insured person drive motor cycle? | <input type="checkbox"/> 是 Yes | <input type="checkbox"/> 否
No |

如果某個問題閣下的回答為“是”，請提供詳情：

If you have answered “Yes” to any of the questions above, please give details:

選擇拒絕在直接促銷中使用個人資料 Opt-out from Use of Personal Data in Direct Marketing

亞太財產保險有限公司（「本公司」）可能會使用您的個人資料作直接促銷，但在未經您同意的情况下，本公司不能就此目的使用您的個人資料。若您不希望本公司在直接促銷中使用您的個人資料，請在下列空格內劃上「✓」號。

我不同意使用我的個人資料作直接促銷用途

以上代表您目前就是否希望接受本公司直接促銷的聯繫或資訊的選擇，並取代您在本申請前可能曾給予本公司的任何選擇。

請注意，您以上的選擇將適用於列在本公司的「收集個人資料聲明」第三段（「該聲明」）內作直接促銷的產品、服務、及/或標的。請同時參閱該聲明以知悉可能用作直接促銷的個人資料種類。

Asia-Pacific Property & Casualty Insurance Co., Ltd. (the “Company”) may use your personal data for direct marketing but the Company cannot use your personal data for such purpose without your consent. Please tick “✓” in the box below if you do not wish the Company to use your personal data for direct marketing.

I do not agree to the use of my personal data for direct marketing purposes

The above represents your present choice of whether or not to receive direct marketing contact or information from the Company. This shall replace any choice you may have given to the Company prior to this application.

Please note that your above choice shall apply to the direct marketing of the products, services and/or subjects as set out in paragraph 3 of the Company's Personal Information Collection Statement (the “Statement”). Please also refer to the Statement for the kinds of personal data which may be used for direct marketing.

聲明 Declaration

本人/我們，謹此聲明並同意：

- 於此申請表格內所提供的資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的。本人/我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為此項保險合約之承保根據。本人/我們在此確認，如未能提供真實及準確無誤之資料或通知亞太財產保險有限公司（「貴公司」）任何有關此保險申請之重要資料，將可能導致貴公司不能接受或處理此保險申請或令本保單失效。
- 一概保障必須在本申請獲接納後並已將應付保費繳交予貴公司後始可生效。
- 本人/我們已獲受保人（等）授權提供本申請所需之一切資料，並就本申請之相關事宜，與貴公司進行交涉，並向其接收或索取與受保人（等）有關之資料。本人/我們並確認受保人（等）已獲明確通知及同意，其個人資料將會轉介予貴公司作辦理本申請之用，亦已獲通知其在個人資料（私隱）條例下所享有的權利。
- 本人/我們明白及確認貴公司會就本人/我們購買及接受貴公司簽發的保單及其後續保該保單，向負責安排有關保單的獲授權保險經紀（如有）支付佣金。本人/我們若在此代表法人團體簽署，即同時確認本人/我們已獲該法人團體授權。本人/我們亦明白貴公司必須取得上述的同意，才可以處理有關保險申請事宜。
- 本人/我們確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。

I/WE, HEREBY DECLARE AND AGREE THAT :

1. The information and particulars provided on this application form are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Asia-Pacific Property & Casualty Insurance Co., Ltd. (the "Company") and me/us. I/We hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application or the insurance policy void.
2. The insurance coverage applied for shall only take effect when this application has been accepted by and the required premium has been paid to the Company.
3. I/We have obtained the authorization from the insured person(s) to provide the information requested in this application and to deal with and receive or request for information concerning the insured person(s) from the Company in relation to any matters arising from this application. I/We further acknowledge that the insured person(s) has(have) been explicitly informed and agree(s) that his/her(their) personal data will be transferred to the Company for the purpose of this application and has(have) been informed of his/her(their) rights under the Personal Data (Privacy) Ordinance.
4. I/We understand and acknowledge that the Company shall pay the authorized insurance broker (if any) a commission for arranging the insurance policy, as a result of purchasing and taking up the policy issued by the Company as well as renewing the said policy thereafter. If I/We sign herein on behalf of a body corporate, I/We further confirm that I/We am/are authorized to do so. I/We further understand that the above agreement is necessary for the Company to proceed with the application.
5. I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.

此外，本人授權「亞太財產保險有限公司」可向現存或不時成立的任何保險公司協會或聯會或類同組織從保險業內收集的資料中查閱及/或核對本人及/或受保人任何資料。本人明白本人有權查閱及要求更正由「亞太財產保險有限公司」持有有關本人及/或受保人的個人資料。若有此需要可寫信並寄至香港干諾道中148號粵海投資大廈23樓向本公司提出。

Moreover, "Asia-Pacific Property & Casualty Insurance Co., Ltd." is hereby authorized to obtain access to and/or to verify any data provided by me and/or the insured person(s) with the information collected by any association, federation or similar organization of insurance companies from the insurance industry. I understand that I have the right to obtain access to and to request correction of any personal information concerning myself and/or the insured person(s) held by the "Asia-Pacific Property & Casualty Insurance Co., Ltd.". Requests for such access can be made in writing to our Data Protection Officer, 23/F, Guangdong Investment Tower, 148 Connaught Road Central, Hong Kong

申請人簽署 Signature of Applicant

(若保單持有人為商業實體或公司，請加蓋公司印章)

(with company chop if the Policyholder is a business entity / company)

申請日期 Date of Application

本投保書在未被同意受保前，「亞太財產保險有限公司」不負任何責任。The "Asia-Pacific Property & Casualty Insurance Co., Ltd." has no liability whatsoever before the application for insurance in this Application Form is accepted.

保險公司專用 For Office use only

保單編號 Policy No.	經辦人 Handled By	覆核人 Checked By	日期 Date
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