

# AsiaFamily<sup>plus</sup> Insurance Proposal Form 亞洲新家安保投保書

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Email: mailbox@afh.hk Website: http://www.asiainsurance.hk

Please complete the form in block capitals and tick ☒ the appropriate boxes. 請以英文正楷填寫，並在適當的空格內填上 ☒ 號

08/02

Proposer Details 申請人資料	
Proposer 申請人 <input type="checkbox"/> Mr 先生 <input type="checkbox"/> Ms 女士	
(Surname 姓)	(Given Name 名)
Contact Tel. 聯絡電話	Date of Birth 出生日期
Correspondence Address 通訊地址	
Insurance Plan 擬投保之保險計劃	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Proposed date of commencement 所需保單生效日期	(12 months from date of acceptance) (由批核日期起十二個月)

  

Insured Persons Details 受保人資料	
(1) Proposer 申請人 / Insured Person 受保人 <input type="checkbox"/> Mr 先生 <input type="checkbox"/> Ms 女士	
(Surname 姓)	(Given Name 名)
Business / Position / Job Nature 服務行業 / 職位 / 工作性質	
(2) Insured Person 受保人 <input type="checkbox"/> Mr 先生 <input type="checkbox"/> Ms 女士	
(Surname 姓)	(Given Name 名)
Relationship with Proposer 與申請人關係 Spouse 配偶	Date of Birth 出生日期
Business / Position / Job Nature 服務行業 / 職位 / 工作性質	
(3) Insured Person 受保人 <input type="checkbox"/> Mr 先生 <input type="checkbox"/> Ms 女士	
(Surname 姓)	(Given Name 名)
Relationship with Proposer 與申請人關係 <input type="checkbox"/> Son 子 <input type="checkbox"/> Daughter 女	Date of Birth 出生日期
Full-time students 全職學生 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
(4) Insured Person 受保人 <input type="checkbox"/> Mr 先生 <input type="checkbox"/> Ms 女士	
(Surname 姓)	(Given Name 名)
Relationship with Proposer 與申請人關係 <input type="checkbox"/> Son 子 <input type="checkbox"/> Daughter 女	Date of Birth 出生日期
Full-time students 全職學生 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
Total Premium 保費總額	HK\$ 港幣

Beneficiary Details 受益人資料	
Beneficiary 受益人 <input type="checkbox"/> Mr 先生 <input type="checkbox"/> Ms 女士	
(Surname 姓)	(Given Name 名)
Beneficiary's Address 受益人住址	
Relationship with Proposer 與申請人關係	

  

Please answer the following questions: 請回答以下問題：	
(1) Does any Insured Person suffer from any physical or mental disability or chronic illness? 任何一位受保人是否有任何身體部份之殘缺或神智不正常或其他慢性疾病？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
(2) Is there any other Life, Income Benefit, Personal Accident or Medical Insurance presently in force in respect of any Insured Person? 任何一位受保人是否已購有人壽、入息保障、人身意外或醫療保險？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
(3) In respect of any Insured Person, has any insurer ever declined application for Life, Personal Accident, Income Benefit or Medical insurance or refused renewal or terminated such insurance or applied special terms? 任何一位受保人是否曾被保險公司拒絕接受有關人壽、人身意外、入息保障或醫療保險之申請，或拒絕續保，或取消未到期之保險，或附加特別之強制條款？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
(4) During the past 5 years, has any Insured Person ever incurred accidents resulting in accidental bodily injury or disease lasting more than 7 days or made a claim against insurers in respect of accidental bodily injury? 任何一位受保人在最近五年內有否因意外而導致超過七天之身體損傷或疾病，或曾因意外受傷向保險公司要求賠償？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
(5) Is any Insured Person receiving or contemplating any medical attention or surgical treatment or taking physiotherapy treatment or prolonged drug treatment? 任何一位受保人是否正接受醫藥治療、手術護理、物理治療，或需要長期服用藥物？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
(6) Does any Insured Person frequently require to travel or work outside Hong Kong SAR? 任何一位受保人是否需要經常在香港以外地方工作或逗留？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
(7) Does any Insured Person operate machinery (except hand tools) or engage in manual or hazardous activities? 任何一位受保人是否需要操作機器（手工工具除外）或從事體力勞動或危險性工作？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If the answer to any of the above questions (1) to (7) is "Yes", please give details. 以上第一至第七項問題中，若有答案為「是」者，請詳加說明。	

Declaration 聲明	
I hereby apply to Asia Insurance Co., Ltd. ("the Company") for insurance on the terms as set out in the Company's AsiaFamily <sup>plus</sup> Insurance Policy. I warrant that the particulars and statements I supply are complete and correct and agree that this Proposal shall be the basis of the contract between me and the Company. I further declare that all proposed Insured Persons are in good health and not currently under medical observation or undergoing any medical treatment. 本人現依據「亞洲新家安保保險計劃」，保險單內之條款投保該項保險。謹此聲明在本投保書內所填報的資料，均屬正確無誤，並同意本投保書作為本人與亞洲保險有限公司（亞洲保險）訂立保險合約之根據。本人聲明所有受保人身體健康、體格健全，現時並無接受任何醫藥治療。	
Proposer's Signature 申請人簽署	Date 日期
<div></div>	<div></div>
Authorised Agent 特許代理	
<div></div>	
<ul style="list-style-type: none"> <li>Incompleted Proposal Form will delay your application.</li> <li>未經填妥之投保書會延誤閣下之申請。</li> </ul>	
Important Notes to Proposer 申請人注意事項	
<p>(1) Any other facts known to you which are likely to affect acceptance or assessment of this insurance cover must be disclosed. If you have any doubt about what you should disclose, do not hesitate to check with the Company or your insurance agent. 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.</p> <p>(2) This insurance will not be effective unless the Proposal has been officially accepted by the Company.</p> <p>(3) Any personal information collected by the Company may be used, stored or disclosed to any individual or organization to evaluate this Proposal, or to provide subsequent services. Requests for personal data access or correction may be addressed to Data Protection Officer of the Company.</p> <p>(4) This brochure is not a policy of insurance. Please refer to the policy document for full details of terms, conditions and exceptions.</p> <p>(1) 閣下必須盡已所知提供所有可能影響亞洲保險於接納或釐定此保單條款的資料，如對資料應否透露有任何疑問，請即向亞洲保險或閣下的保險代理查詢。 閣下應如實呈報有關資料，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。</p> <p>(2) 投保須經批核，方可生效。</p> <p>(3) 亞洲保險有權運用，保存或透露閣下之個人資料予任何人仕或機構，用以審核此項申請，或提供有關服務。若需查閱或更正閣下之個人資料，請聯絡亞洲保險的資料保護主任。</p> <p>(4) 此小冊子並非保單，詳情請參閱保單之條款細則及不承保範圍。</p>	