



(No. F00061-01-000-01 / No. F00061-01-001-01 / No. F00061-02-000-01 / No. F00061-02-001-01 / No. F00061-02-002-01)

Please read the Statement for Collection of information in Appendix I before filling this form. 填寫本表格前，請先細閱附錄I的資料收集聲明

## Part A 甲部

(I) Personal Information of Policy Holder(s) 保單持有人的個人資料			
Name of Representative Policy Holder (as shown on HKID Card) 保單持有人代表姓名 (以香港身份證為準)	<input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Miss小姐	HKID Card No. 香港身份證號碼	Date of Birth (dd/mm/yyyy) 出生日期 (日 / 月 / 年)
Residential Address 居住地址		Personal E-mail Address 個人電郵地址	Contact Telephone No. 聯絡電話 Mobile 流動電話 _____ Home 住宅 _____
Name of Other Policy Holder (if any) (as shown on HKID Card) 其他保單持有人姓名 (如有) (以香港身份證為準)	<input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Miss小姐	HKID Card No. 香港身份證號碼	Date of Birth (dd/mm/yyyy) 出生日期 (日 / 月 / 年)
Residential Address 居住地址		Personal E-mail Address 個人電郵地址	Contact Telephone No. 聯絡電話 Mobile 流動電話 _____ Home 住宅 _____
Expected Policy Effective Date (dd/mm/yyyy) 預計保單生效日期 (日 / 月 / 年)			

(II) Information of the Proposed Insured Person 準受保人資料						
Please provide the following information for the proposed Insured Person. 請提供準受保人資料。						
Name of Insured Person (as shown on HKID Card) 姓名 (以香港身份證為準)	HKID Card No. 香港身份證號碼	Date of Birth (dd/mm/yyyy) 出生日期 (日 / 月 / 年)	Sex 性別	Height / Weight 身高 / 體重	Occupation 職業	Relationship with the Policy Holder(s) 與保單持有人的關係
				_____ cm 厘米 _____ kg 千克		
Proposed Insured Person's Residential Address 準受保人居住地址						

(III) Policy Information 保單資料	
Plan Option 計劃選項	<div> <input type="checkbox"/> Plan 1 計劃1 (F00061-01-000-01) Semi-Private Room 半私家房間 Hospitalisation Benefits 住院保障 Annual Benefit Limit 每年保障限額 HK\$650,000           </div> <div> <input type="checkbox"/> Plan 1A 計劃 1A (F00061-01-001-01) Semi-Private Room 半私家房間 Hospitalisation + SMM 住院保障 + 額外醫療保障 Annual Benefit Limit 每年保障限額 HK\$830,000           </div> <div> <input type="checkbox"/> Plan 2 計劃 2 (F00061-02-000-01) Ward Room 大房 Hospitalisation Benefits 住院保障 Annual Benefit Limit 每年保障限額 HK\$500,000           </div> <div> <input type="checkbox"/> Plan 2A 計劃 2A (F00061-02-001-01) Ward Room 大房 Hospitalisation + SMM 住院保障 + 額外醫療保障 Annual Benefit Limit 每年保障限額 HK\$680,000           </div> <div> <input type="checkbox"/> Plan 2B 計劃 2B (F00061-02-002-01) Ward Room 大房 Hospitalisation + SMM 住院保障 + 額外醫療保障 Annual Benefit Limit 每年保障限額 HK\$620,000           </div>
Payment Mode 繳付保費方式	<input type="checkbox"/> Annual 年繳 <input type="checkbox"/> Monthly 月繳 (By Credit Card Only 僅限信用卡)

(IV) Payment Method 繳付保費方法	
<input type="checkbox"/> Cheque 支票 Bank Name 銀行名稱 _____ Cheque No. 支票號碼 _____ Please attach a cheque make payable to "Asia Insurance Co., Ltd." 請將支票交回本公司，支票抬頭人為「亞洲保險有限公司」	<input type="checkbox"/> Credit Card 信用卡 Please fill in Part (V) 請填寫第(V)部分

(V) Credit Card Payment Authorisation 信用卡付款授權書	
Credit Card Type 信用卡類別 <input type="checkbox"/> VISA 滙財卡 <input type="checkbox"/> Mastercard 萬事達卡	
Credit Card No. 信用卡號碼	Expiry Date (MM/YY) 有效期限 (月 / 年)
Full Name in English of Cardholder 信用卡持有人英文姓名	
I hereby authorise Asia Insurance Company Limited to charge the above credit card for the required premiums of this insurance policy and Levy (including payments upon policy renewal) collected by the Insurance Authority. 本人授權亞洲保險有限公司從本人上述的信用卡賬戶支取有關保險保單的保費及保險業監管局收取的徵費 (包括續保費用)。	
Signature of Cardholder 信用卡持有人簽署	Signature Date (DD/MM/YYYY) 簽署日期 (日 / 月 / 年)
(Signature must be matched with the bank's record) (簽名必須與所屬銀行紀錄相同)	

(VI) Claim Settlement Mode 索償處理方式	
Payable to 收款人 <input type="checkbox"/> Representative Policy Holder 保單持有人 <input type="checkbox"/> Insured Person 受保人	
<input type="checkbox"/> Autopay 自動轉賬 <input type="checkbox"/> Cheque (for Mail Claims Statements only) 支票 (只適用於郵寄索償報告單)	
<b>For selection of autopay, please provide the following bank account information:</b> 如選擇自動轉賬，請於下表提供銀行戶口資料。	
Account No. 賬戶號碼	Bank No. 銀行編號      Branch No. 分行編號      Account No. 賬戶編號
Full Name of Account Holder 戶口持有人姓名	
Claims Statement Services (please select one) 賠償表服務 (請選擇一項)	<input type="checkbox"/> E-claims Statements 電子賠償表 <input type="checkbox"/> Mail Claims Statements 郵寄賠償表

Medical On-line Enquiry Services is included. 已包括網上醫療查詢服務

## Part B 乙部

Lifestyle Information of the Proposed Insured Person 準受保人生活習慣資料	
The proposed Insured Person in this application must answer the following questions: 準受保人必須回答下列問題：	
<p>1. <u>Smoking habit 吸煙習慣</u> Do you smoke or have you smoked in the last 5 years? 您有沒有吸煙或在過去五年內曾否吸煙？</p> <p>For the purpose of this question, the meaning of "smoking" includes but is not limited to cigarettes, cigars, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e- cigarettes). 「吸煙」在此問題的含義包括但並不限於香煙、雪茄、煙斗、嚼煙及使用尼古丁補充劑產品 (例如電子煙)。</p>	<input type="checkbox"/> Yes是 <input type="checkbox"/> No 否
<p>2. <u>Alcohol consumption 飲酒</u> In the last 12 months, on average do you drink alcoholic beverage for more than 3 times in a week? 在過去十二個月內，您是否平均每週飲用酒精飲品超過三次？</p>	<input type="checkbox"/> Yes是 <input type="checkbox"/> No 否
<p>3. <u>Taking of drugs not prescribed by doctors 服用未經醫生處方之藥物</u> In the last 5 years, have you used any drugs (excluding dietary supplements) which are not prescribed by doctors (including habit-forming or recreational drugs such as cocaine, ecstasy, heroin, methadone, anabolic steroids) for a continuous period of more than one (1) month? 在過去五年內，您曾否持續超過一個月使用未經醫生處方之藥物 (包括成癮性或消遣性藥物，例如可卡因、興奮劑、海洛英、美沙酮、同化性類固醇；惟不包括營養補充品)？</p>	<input type="checkbox"/> Yes是 <input type="checkbox"/> No 否
<p>4. Have you engaged in the following activities within the last 12 months or will you engage / intend to engage in the following activities within the next 12 months? 您曾否在過去十二個月內或會否在未來十二個月內參與以下活動？</p> <p>(a) any hazardous sports or activities (such as diving, motor racing, mountaineering or rock climbing, parachuting, sky diving, hang gliding). 任何危險性運動或活動 (例如：潛水、賽車、攀山或攀石、跳傘、高空跳傘、懸掛滑翔飛行)？</p> <p>(b) flying activities other than as a fare-paying passenger of a licensed air service operating within recognised scheduled routes. 飛行活動 (不包括以付費乘客身份乘搭由商業性民航客機提供並獲認可的定期航班服務)</p>	<input type="checkbox"/> Yes是 <input type="checkbox"/> No 否
<p>If your answer is "Yes" for any of the above question 1-4 in Part B, please proceed to answer the relevant follow-up questions in Part D. 若上述乙部問題1-4的答案為「是」者，請於丁部回答相關的跟進問題。</p>	

## Part C 丙部

### Health Statement of the Proposed Insured Person 準受保人健康資料

The proposed Insured Person in this application must answer the following questions: 準受保人必須回答下列問題：

Note for applicant(s): Questions of Part C do not require the applicant(s) to disclose information regarding the medical conditions or treatments below –

申請人須知：無需於丙部問題披露以下健康狀況或治療 –

Cold / flu / sore throat, gastroenteritis / food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan / blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia / hyperopia / astigmatism / presbyopia.

傷風 / 感冒 / 喉嚨痛、腸胃炎 / 食物中毒（已痊癒）、消化不良（無需檢查）、痙攣、肌肉扭傷（已痊癒）、鵝口瘡、常規產前掃描 / 血液檢驗（檢驗結果正常）、常規子宮頸細胞塗片檢驗（檢驗結果正常）、常規健康檢查（檢查結果正常）、預防疫苗、荷爾蒙補充治療（更年期）、不育治療或胎兒生長情況正常的懷孕、近視 / 遠視 / 散光 / 老花。

5. Have you ever been diagnosed with any of the following diseases or medical conditions?

您是否曾被確診下列疾病或健康狀況？

Yes 是	No 否		Yes 是	No 否	
<input type="checkbox"/>	<input type="checkbox"/>	Cancer or carcinoma in situ 癌症或原位癌	<input type="checkbox"/>	<input type="checkbox"/>	Human immunodeficiency virus ("HIV") infection 人體免疫力缺乏病毒（愛滋病病毒）感染
<input type="checkbox"/>	<input type="checkbox"/>	Brain tumor 腦部腫瘤	<input type="checkbox"/>	<input type="checkbox"/>	Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth) 先天性疾病（指於出生時或之前已存在的醫學、生理或精神上的異常）
<input type="checkbox"/>	<input type="checkbox"/>	Heart disease 心臟疾病	<input type="checkbox"/>	<input type="checkbox"/>	Physical defects, impairments, deformities, and / or conditions affecting mobility, sight, speech or hearing 身體缺陷、不健全、畸形、及 / 或影響活動能力、視力、說話能力或聽力的狀況
<input type="checkbox"/>	<input type="checkbox"/>	Stroke (including transient ischemic attack (TIA)) 中風（包括短暫性腦缺血，俗稱「小中風」）	<input type="checkbox"/>	<input type="checkbox"/>	Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders, or bipolar disorders) 精神健康狀況（例如抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症）
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension 高血壓	<input type="checkbox"/>	<input type="checkbox"/>	Hypercholesterolemia or Hyperlipidemia 高膽固醇症或高血脂症
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes mellitus or impaired glucose tolerance 糖尿病或葡萄糖耐量異常	<input type="checkbox"/>	<input type="checkbox"/>	Liver disorder (such as hepatitis B or hepatitis C (including tested positive), fatty liver or cirrhosis of liver) 肝臟疾病（例如乙型或丙型肝炎（包括測試呈陽性反應）、脂肪肝或肝硬化）
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease 腎病	<input type="checkbox"/>	<input type="checkbox"/>	Multiple sclerosis 多發性硬化症
<input type="checkbox"/>	<input type="checkbox"/>	Prolapsed intervertebral disc or degenerative spine conditions 椎間盤突出或脊椎退化性疾病			
<input type="checkbox"/>	<input type="checkbox"/>	Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body 需要植入醫療儀器或義肢的疾病或健康狀況			

6. Do you currently have any of the following diseases or medical conditions?

您目前是否患有下列疾病或健康狀況？

Yes 是	No 否		Yes 是	No 否	
<input type="checkbox"/>	<input type="checkbox"/>	Hernia 疝氣（俗稱「小腸氣」）	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder stone or urinary stone (renal stone, ureteric stones or urinary bladder stone) 膽結石或泌尿道結石（腎結石、輸尿管結石或膀胱結石）
<input type="checkbox"/>	<input type="checkbox"/>	Breast lesion (tumour / mass / lump / cyst / nodule / growth) 乳房病變（腫瘤 / 硬塊 / 腫塊 / 囊腫 / 結節 / 增生）	<input type="checkbox"/>	<input type="checkbox"/>	Cataract, glaucoma or retinopathy 白內障、青光眼或視網膜病變
<input type="checkbox"/>	<input type="checkbox"/>	Uterine or ovarian lesion (tumour / mass / lump / cyst / polyp / nodule / growth) 子宮或卵巢病變（腫瘤 / 硬塊 / 腫塊 / 囊腫 / 息肉 / 結節 / 增生）	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis or other joint disorder 關節炎或其他關節疾病
<input type="checkbox"/>	<input type="checkbox"/>	Benign prostatic hypertrophy 良性前列腺肥大			

7. In the last 5 years, have you ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or medical condition?  
在過去五年內，您是否曾經或被建議定期或持續（例如每月、每兩個月、每半年、每年）為任何疾病或健康狀況接受專業醫護人員（例如專科醫生、物理治療師、精神科醫生）的跟進診治或醫療護理？

☐ Yes 是 ☐ No 否

8. In the last 5 years, have you been advised by your doctor to take any medications (such as to be taken daily / once per week / as needed as directed by doctor) for a continuous period of more than one (1) month?  
在過去五年內，您是否曾被醫生建議定期（例如按醫生指示每日 / 每週一次 / 有需要時）服用為期超過一個月的處方藥物？

☐ Yes 是 ☐ No 否

9. In the last 1 year, have you been admitted into a hospital?  
在過去一年內，您是否曾入住院醫院？

☐ Yes 是 ☐ No 否

10. In the last 1 year, have you undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital?  
在過去一年內，您是否曾在非住院情況下接受外科程序（包括內窺鏡檢查或活組織化驗）？

☐ Yes 是 ☐ No 否

11. In the last 1 year, have you ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B test, Hepatitis C test)? 在過去一年內，您是否曾接受或曾被建議接受檢查（例如驗血、驗尿、心電圖、X光、超聲波、電腦掃描、磁力共振、正電子掃描、愛滋病測試、乙型肝炎測試、丙型肝炎測試）？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
<p>If the answer is "Yes", do your investigation result(s) include the followings?  如果答案屬「是」，您的檢查結果是否包括下列情況？</p> <p>Yes    No  是    否</p> <p><input type="checkbox"/> <input type="checkbox"/> Normal test result is advised 檢驗結果正常</p> <p><input type="checkbox"/> <input type="checkbox"/> Abnormal test result is advised 檢驗結果異常</p> <p><input type="checkbox"/> <input type="checkbox"/> You are still awaiting test / test result 您正等候檢驗或檢驗結果</p> <p><input type="checkbox"/> <input type="checkbox"/> Test result is inconclusive or uncertain (retesting or follow up test is required) 檢驗結果為無定論或不確定（需要重新或進一步檢驗）</p> <p><input type="checkbox"/> <input type="checkbox"/> Medical advice has been sought or treatment is required for the test result (such as liver cyst / brain cyst / joint degeneration or calcification / lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment)  就檢驗結果已尋求醫療意見或需要接受治療（例如一些未必需要即時治療的情況如肝囊腫 / 腦囊腫 / 關節退化或鈣化 / 於成像檢測中發現肺部或乳房或甲狀腺出現鈣化）</p>	
12. Apart from anything you have already disclosed in Questions 5 - 11, do you have any of the following conditions? 除了您在第 5 至 11 項問題中已披露的資料外，您是否有下列情況？ <p>Yes    No  是    否</p> <p><input type="checkbox"/> <input type="checkbox"/> Unintentional weight loss by more than 5 kg (11 lbs) over past 1 year  在過去一年內，體重無故地減少了5 公斤（11 磅）以上</p> <p><input type="checkbox"/> <input type="checkbox"/> Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one month  不正常出血（例如陰道出血、便血、流鼻血或咳血）至少一個月</p> <p><input type="checkbox"/> <input type="checkbox"/> In the last 1 year, you had or have been required to have follow-up consultation with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any medical condition or sign and symptom  在過去一年內，您有任何健康狀況或病徵及症狀曾經接受或需要接受專業醫護人員（例如專科醫生、物理治療師、精神科醫生）的跟進診治</p> <p><input type="checkbox"/> <input type="checkbox"/> Other medical conditions or sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that you are seeking or intend to seek medical advice  其他健康狀況或病徵及症狀（例如腫塊、頭痛、持續咳嗽、胸痛或上腹痛）而正在或打算尋求醫療意見</p>	
<p><b>If your answer is "Yes" for any of the above question 5-12, please proceed to answer the relevant follow-up questions in Part E.</b>  若上述丙部問題5-12的答案為「是」者，請於戊部回答相關的跟進問題。</p>	
13. <b>For female only 只適用於女性</b> Are you currently pregnant? If the answer is "Yes", please answer the following question. 您現時是否懷孕？若「是」，請回答以下問題。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Expected date of delivery (DD/MM/YYYY) 預產日期（日 / 月 / 年）	
14. <b>For insured children aged 6 or below only 只適用於六歲或以下之受保兒童</b> Was the insured child born before 37th week of pregnancy and / or born with body weight less than 2.5 kg (5.5 lbs)? If the answer is "Yes", please answer the following question. 受保兒童是否於懷孕第 37 週前出生，及 / 或出生時體重少於 2.5 公斤（5.5 磅）？若「是」，請回答以下問題。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
At which week of pregnancy was the insured child born? 受保兒童在孕期哪一週出生？	<input type="checkbox"/> More than 37 weeks 多於 37 週 <input type="checkbox"/> 32 to 37 weeks 32 至37 週 <input type="checkbox"/> 28 to 31 weeks 28 至31週 <input type="checkbox"/> Less than 28 weeks 少於 28 週
Body weight at birth 出生時體重	<input type="checkbox"/> more than 2.50 kg / 5.51 lbs 多於2.50公斤 / 5.51磅 <input type="checkbox"/> 1.51 - 2.50 kg / 3.32 - 5.51 lbs 1.51 - 2.50公斤 / 3.32 - 5.51 磅 <input type="checkbox"/> 1.00 - 1.50 kg / 2.20 - 3.31 lbs 1.00 - 1.50 公斤 / 2.20 - 3.31 磅 <input type="checkbox"/> Less than 1.00 kg / 2.20 lbs 少於 1.00 公斤 / 2.20 磅

<p>15. At your best knowledge, have any of your parents or siblings by blood been diagnosed with any of the following diseases or medical conditions at or before age 60.</p> <p>就您所知，您的親生父母或兄弟姊妹曾否於六十歲或以前被確診下列疾病或健康狀況？</p>			
Yes 是	No 否	Yes 是	No 否
<input type="checkbox"/>	<input type="checkbox"/> Cancer 癌症	<input type="checkbox"/>	<input type="checkbox"/> Stroke 中風
<input type="checkbox"/>	<input type="checkbox"/> Coronary heart disease 冠心病	<input type="checkbox"/>	<input type="checkbox"/> Parkinson's disease 帕金森症
<input type="checkbox"/>	<input type="checkbox"/> Diabetes mellitus 糖尿病	<input type="checkbox"/>	<input type="checkbox"/> Hereditary diseases - including cystic fibrosis, familial adenomatous polyposis, Alzheimer's disease, familial cardiomyopathy, inherited blood disorders (hemophilia, thalassemia, sickle cell disease), muscular dystrophy, polycystic kidney disease or Huntington's disease. 遺傳病 - 包括囊性纖維化、家族性大腸腺息肉病、亞茲海默氏症、家族性心肌病、遺傳性血病（血友病、地中海貧血、鐮刀型貧血）、肌肉萎縮症、多囊性腎病或亨丁頓舞蹈症。
<input type="checkbox"/>	<input type="checkbox"/> Motor neuron disease 運動神經元疾病		
<input type="checkbox"/>	<input type="checkbox"/> Multiple sclerosis 多發性硬化症		
a) Which family member? 哪個親屬？			
b) Which disease? 哪種疾病？			
c) Onset age of disease 病發年齡		<input type="checkbox"/> Age at or below 30歲或以下 <input type="checkbox"/> Age 31-40歲 <input type="checkbox"/> Age 41-50歲 <input type="checkbox"/> Age 51-60歲	

## Part D 丁部

Supplementary Information for Part B 乙部補充資料	
Follow-up question to Q1: 問題1之跟進問題：	
1. Type of tobacco product 煙草產品種類	<input type="checkbox"/> Cigarette 香煙 <input type="checkbox"/> Cigars 雪茄 <input type="checkbox"/> E-cigarette 電子煙 <input type="checkbox"/> Chewing tobacco 煙斗 <input type="checkbox"/> Others其他 (please specify請註明): _____
2. Duration of smoking habit 吸煙習慣的持續時間 average daily consumption of tobacco in the past 12 months 在過去12個月內，吸煙的頻密度及份量	Smoked for 已吸煙 _____ years 年 Quantity數量: _____/day天
3. If you no longer smoke now, 若您現時已沒有吸煙。 (a) date ceased 停止日期 (b) are you advised by doctor to quit smoking and for what reason? 是否醫生建議戒煙及原因為何？	Date ceased smoke 停止吸煙日期: _____ Advised by Doctor 是否醫生建議: Yes 是 / No 否 Reason原因: _____
Follow-up question to Q2: 問題2之跟進問題：	
1. Type of alcoholic beverage 酒精飲品種類	<input type="checkbox"/> Beer 啤酒 <input type="checkbox"/> Wine 餐酒 <input type="checkbox"/> Spirit 烈酒
2. Duration of drinking habit, and frequency and quantity of consumption 飲酒習慣的持續時間、頻密度及飲用份量	Beer啤酒 _____ Can罐 (330ml毫升) Wine餐酒 _____ Glasses杯 (100ml毫升) Spirit烈酒 _____ Tots杯 (30ml毫升)
3. If you no longer drink now, 若您現時已沒有飲酒。 (a) when did you quit drinking? 請問您是何時戒酒的？ (b) are you advised by doctor to quit drinking and for what reason? 是否醫生建議戒酒及原因為何？	Date ceased drink 停止飲酒日期: _____ Advised by Doctor 是否醫生建議: Yes 是 / No 否 Reason 原因: _____

<b>Follow-up question to Q3: 問題3之跟進問題：</b>	
1. Type of drugs 藥物種類	
2. Duration, frequency and quantity of consumption 用藥持續時間、頻密度及份量	
<b>Follow-up question to Q4: 問題4之跟進問題：</b>	
1. Type of activity 活動種類	<input type="checkbox"/> Private Flying私人飛行 _____hours (per annum) 小時 ( 每年 ) <input type="checkbox"/> Diving潛水 <input type="checkbox"/> Scuba diving水肺潛水 Max depth最深: _____M米 <input type="checkbox"/> Free diving自由潛水 <input type="checkbox"/> Snorkeling浮潛 <input type="checkbox"/> Hang-Gliding 懸掛滑翔飛行 <input type="checkbox"/> Mountain and climbing 攀山或攀石 <input type="checkbox"/> Parachuting 跳傘 <input type="checkbox"/> Others其他 (please specify) (請說明): _____
2. Frequency of engagement in the activity? 參與活動的頻率	<input type="checkbox"/> <=1 time/year 每年不多於一次 <input type="checkbox"/> 2-5 times/year 每年兩至五次 <input type="checkbox"/> 6-20 times/year 每年六至二十次 <input type="checkbox"/> >20 times/year每年多於二十次

## Part E 戊部

Supplementary Information for Part C 丙部補充資料	
Please provide information as detailed as possible (e.g. provide year and month if exact date could not be recalled) for the sake of fair assessment in underwriting. 請盡量提供齊全資料 (例如在未能回憶確實日期的情況下提供年份及月份) 以便作出公平核保決定。	
Follow-up questions to each of Q5-12 as applicable. 問題5-12 每題適用之跟進問題	
1. Disease / medical condition / sign and symptom 疾病 / 健康狀況 / 病徵及症狀	
2. Date of first occurrence of sign and symptom (DD/MM/YYYY) 首次出現病徵及症狀的日期 (日 / 月 / 年)	
3. (a) Treatment / investigations / tests / scans that have been performed 已進行的治療 / 檢查 / 測試 / 掃描  (b) Date of such treatment / investigation / tests / scan (DD/MM/YYYY) 有關治療 / 檢查 / 測試 / 掃描日期 (日 / 月 / 年)	
4. Present condition (such as whether fully recovered, follow up action / medication / next follow up date(DD/MM/YYYY)) 現況 (例如是否已完全康復、有否跟進/ 服用跟進藥物 / 下次覆診日期 (日 / 月 / 年) )	
5. Date of last follow-up medical consultation / treatment (DD/MM/YYYY) 最後覆診 / 治療日期 (日 / 月 / 年)	
6. Name of doctor who treated the disease / sickness / medical condition / sign and symptom 治療有關疾病 / 不適 / 健康狀況 / 病徵及症狀的醫生姓名	
7. Name of Hospital, where applicable 醫院名稱 (如適用)	



## (VII) Declaration 聲明

The Applicant understands this 申請人明白:

1. The applicant agrees to furnish Asia Insurance Company Limited the information in related to the eligible persons or insurance plan thereof;  
申請人同意提交包括合資格人士和保險計劃的資料給亞洲保險有限公司;
2. According to the new regulation of Insurance Authority (IA), Levy will be applied on all the medical/life policies with effective from 1 Jan 2018;  
根據保險業監管局新規條，由2018年1月1日開始，所有醫療及人壽的保單持有人，將需繳付一筆保費徵費；
3. Any personal information collected by the Company may be used, stored or disclosed to any individual or organisation to evaluate this application, to provide our services and products to you, including administering, maintaining, managing and operating such services and products, or to provide subsequent services. Requests for such access or correction can be made in writing to the Personal Data Protection Officer, Asia Insurance Company Limited, 8/F, 118 Connaught Road West, Sheung Wan, Hong Kong SAR;  
本公司所收集、儲藏或向任何個人或機構披露的任何個人資料，將用於核實申請、提供服務及產品包括管理、維持、處理及運作有關服務及產品，及提供售後服務的用途。有關查閱或更正的要求，可致函香港上環干諾道西一百一十八號八樓亞洲保險有限公司的個人資料保護主任提出；
4. It is our policy to comply with the requirement of the Personal Data (Privacy) Ordinance (Cap. 486) of the laws of the Hong Kong Special Administrative Region. The applicant read and agreed the Personal Information Collection Statement ("PICS") at Appendix I of this application form; and  
本公司會遵守「個人資料（私隱）條例」（香港法例第486章）。申請人已閱讀並同意附錄I中的個人資料收集聲明(PICS)；及
5. No cover will be payable under the Policy unless this application is approved and premium is received in full by Asia Insurance Company Limited.  
此申請表被亞洲保險有限公司批核及保費全額收妥後，保障方按保單支付。

The Applicant declare this 申請人聲明及確認:

1. On acceptance of this application by Asia Insurance Company Limited, the policy is to be issued to the Policy Holder(s) named in accordance with the information shown on this application.  
亞洲保險有限公司一旦接受此申請，保險將根據保單持有人的名義並以本申請表內的資料發行。
2. I agree that the foregoing answers shall form part of my proposal to the Asia Insurance Company Limited, and that the foregoing answer shall also become part of any policy that may be issued on the strength thereof.  
本人同意上述聲明為已呈交於亞洲保險有限公司之投保書及保單契約法律效力之一部份。
3. Any other facts known to the Insured Person which are likely to affect acceptance or assessment of this insurance cover must be disclosed. Failure to disclose such information may mean that the policy will not provide the insured person with the cover the Policy Holder(s) require and may even invalidate the policy altogether.  
受保人必須盡其所知提供所有可能影響於接納或釐定此保單條文的資料。受保人應如實呈報有關資料，否則保單將可能無法提供閣下所需的保障，甚至可能導致此保單無效。
4. I hereby authorise any hospital, physician, insurance company or organisation that has any records or knowledge of me or my health, to furnish to Asia Insurance Company Limited or its authorised representative, any and all information with respect to any illness or injury, medical history, consultation prescriptions or treatment and copies of all hospital or medical records for application and underwriting purpose. A photostat copy of this authorisation shall be considered as effective and valid as the original.  
本人授權持有本人健康或任何資料之醫院、醫生、保險公司或機構，可以將部份或全部有關本人傷患之病歷、診斷報告及藥方等資料給予亞洲保險有限公司或其代理人作申請及核保之用。此授權書之影印本與正本具同等效力。

## (VIII) Commission Disclosure Statement 佣金披露聲明

The applicant understands, acknowledges and agrees that, upon taking up this Policy, Asia Insurance Company Limited will pay the authorised insurance broker commission(s) during the continuance of the Policy including renewals. The applicant further understands that this agreement is necessary for Asia Insurance Company Limited to proceed with the application.

申請人明白、確知及同意，亞洲保險有限公司會就申請人接受其簽發的保單，於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支付佣金。申請人亦明白亞洲保險有限公司必須取得申請人以上的同意，才可以處理其保險申請。

## (IX) Cancellation Rights and Refund of Premium(s) 取消保單權益及發還保費

I understand that I have the right to cancel and obtain a refund of any premium(s) paid and any Levy by returning policy (if applicable) and giving written notice. Such notice must be signed by Policy Holder and received directly by office of Asia Insurance Company Limited at 8/F, 118 Connaught Road West, Sheung Wan, Hong Kong within 21 days immediately following the delivery of the policy or the cooling-off notice to me or my nominated representative, whichever is the earlier.

本人明白本人有權以親筆簽署的書面通知要求取消保單及取回所有已繳保費及保費徵費；但必須連同保單一併退回(如適用)，並確保亞洲保險有限公司位於香港上環干諾道西一百一十八號八樓的辦事處於以下時段內直接收到該通知：緊接保單或冷靜期通知書交付予本人或本人的指定代表起計的21天內，以較先者為準。

## Signature 簽署

Name of Policy Holder(s) 保單持有人姓名	Name of proposed Insured Person* (Age 18 or above) 準受保人姓名* (18 歲或以上)	Name of Agent / Broker (Agent's / Broker's Code) 代理人 / 保險經紀姓名 (代理人 / 保險經紀編號)
Signature of Policy Holder(s) and Date 保單持有人簽署及日期	Signature of proposed Insured Person and Date* (Age 18 or above) 準受保人簽署及日期* (18 歲或以上)	Signature of Agent / Broker with Company chop and Date 代理人 / 保險經紀簽署及公司蓋章及日期

\* I, as the Policy Holder, understand that I declare and sign on behalf of the proposed Insured Person listed in the application under this plan who is under the Age of 18.

本人茲申請為保單持有人，明白本人代表此計劃申請表內列出之 18 歲以下準受保人作出聲明及簽署。

If you need any assistance, please contact our underwriter via hotline. 如需協助，請致電熱線聯繫我們的核保部同事。



### Statement for Collection of Information

The following statement has stated the purpose of collecting information on the questionnaire and the applicant is required to provide the complete and accurate information to the best of his/her knowledge and belief.

- (i) This questionnaire collects health-related information solely for the purpose of underwriting which is a process for the Company to evaluate the health risk of the applicants and decide the application results. The underwriting process that the Company adopts should be fair and reasonable, and the Company should explain the application results if requested by the customers.
- (ii) As the applicant, you are required to provide the Company with complete and accurate information requested in this questionnaire to the best of your knowledge and belief. Based on the information provided, the Company may have follow up questions or enquiries that require you to provide further information for underwriting purpose.
- (iii) If there are any changes to or updates of the information provided in this questionnaire after the time of submission of this application and before you receive the Policy, you are required to notify the Company in a timely manner.
- (iv) Even after an insurance policy has been issued upon successful application, the insurance coverage for you may be affected or the policy may be terminated, voided or rescinded, or claims may be repudiated by the Company, if you have not provided the Company with complete and accurate information to the best of your knowledge and belief according to (ii), or if you have not notified the Company on any changes to or updates of the information in time according to (iii).

### 資料收集聲明

以下聲明闡述核保問卷收集資料之目的，以及申請人須盡其所知所信提供完整及準確的資料。

- (i) 此問卷收集與健康相關的資料僅作為核保之用途，而核保是本公司評估申請人之健康風險及決定申請結果的程序。本公司採用的核保程序應為公平合理，並會因應客戶要求解釋申請結果。
- (ii) 作為申請人，閣下需要盡其所知所信，按本問卷中要求向本公司提供完整及準確的資料。本公司根據閣下提供的資料，可能會提出跟進問題或查詢而需要閣下進一步提供資料以作核保之用。
- (iii) 若閣下在提交本申請表後至閣下收到保單前的期間就本問卷中提供的資料有任何改變或更新，閣下需要及早通知本公司。
- (iv) 即使已成功投保並獲簽發保單，若閣下未按（ii）所述盡其所知所信向本公司提供完整及準確的資料，或未按（iii）所述就資料的任何改變或更新而及早通知本公司，閣下的保險保障可能會受到影響，本公司亦可能因此終止、作廢或撤銷有關保單，或拒絕賠償。

**PERSONAL INFORMATION COLLECTION STATEMENT ("PICS")**

1. Your personal information and particulars may be required by Asia Insurance Company Limited (the "Company") in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.
2. The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as "Your Personal Data".
3. "Your Personal Data" will also include personal data relating to your beneficiaries, dependents, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you confirm that you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.
4. As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, "the Group").
5. The Company may use the personal data the Company collect about you for the following purposes:
  - (a) processing and assessing of applications or requests for any insurance products and daily operation of the related services;
  - (b) administering your insurance policy and providing services in relation to your insurance policy;
  - (c) investigating, analyzing, processing and paying claims made under your insurance policy;
  - (d) exercising any right under the insurance policy including right of subrogation, if applicable;
  - (e) detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
  - (f) developing insurance and other financial services and products;
  - (g) developing and maintaining credit and risk related models;
  - (h) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
  - (i) for statistical or actuarial research undertaken by the Company or any member of the Group;
  - (j) complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies and court order;
  - (k) contacting you for any of the above purposes;
  - (l) other ancillary purposes which are directly related to the above purposes.
6. Your Personal Data may be transferred or disclosed to the following parties in Hong Kong or overseas for the purposes set out in the above paragraph:
  - (a) any insurance adjusters, agents and brokers, employers, healthcare professionals, hospitals, advisors, contractors or third party service providers who provide administrative, telecommunications, computer, payment, debt collection, security, data processing or storage or related services 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;
  - (b) organisations that consolidate claims and underwriting information for the insurance industry;
  - (c) fraud prevention organisations;
  - (d) other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information;
  - (e) 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;
  - (f) any members of the Federation by the Federation for any of the above or related purposes;
  - (g) regulators;
  - (h) lawyers;
  - (i) accountants, financial advisors, auditors;
  - (j) other members of the Group;
  - (k) any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business;

The Company undertakes to keep the information confidential and solely for the purposes set out in the above paragraph.
7. If you do not agree to the use of your personal data for above purposes, it would not be possible for the Company to process your policy and/or claim application and render the services.
8. You have the right to ascertain the Company policies and practices in relation to personal data, obtain access to and to request correction of any personal information concerning yourself held by the Company and the Company has the right to charge you a reasonable fee for processing your data access request. Requests for such access or correction can be made in writing to the Personal Data Protection Officer, Asia Insurance Company Limited, 8/F, 118 Connaught Road West, Sheung Wan, Hong Kong SAR.
9. In case of any discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
10. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.

## 個人資料收集聲明

1. 亞洲保險有限公司(「本公司」)可能會要求閣下就本公司提供的服務及產品提供個人資料及詳情。如未能提供所需資料及詳情，可能會導致本公司無法向閣下提供或繼續提供有關服務及產品。
2. 本公司亦可以利用閣下提供的資料及詳情製作及匯編額外的個人資料。本公司不時收集、製作及匯編的所有個人資料，以下統稱為「閣下的個人資料」。
3. 「閣下的個人資料」亦包括由閣下提供有關閣下的受益人、受養人、獲授權代表及其他人士的資料。如閣下代表他人提供個人資料，代表閣下確認閣下乃是該等人士之父母或監護人或閣下確認已取得該等人士同意提供其之個人資料予本公司作本聲明之用途。
4. 如本聲明所述，閣下的個人資料亦可能被本公司的附屬公司、控股公司、聯營或聯屬公司或本公司控制的公司或與本公司受共同控制的公司(統稱「本集團」)處理。
5. 本公司將所收集閣下的個人資料，可能用作下列的用途：
  - (a) 處理及評估任何保險產品之申請或要求，及有關服務之日常運作；
  - (b) 管理閣下的保單及為閣下的保單提供相關服務；
  - (c) 閣下保單索償的調查、分析、處理及賠償；
  - (d) 行使有關保險單賦予的任何權利包括代位權，如適用；
  - (e) 偵測和防止欺詐行為(無論是否與就此申請而發出的保單有關)所需的用途；
  - (f) 發展保險及其他金融服務及產品；
  - (g) 發展及維持本公司信貸及風險之相關模型；
  - (h) 就本公司之服務及產品作出資格、信貸、身體、醫療、擔保、承保及/或身份核証；
  - (i) 作本公司或本集團的任何成員的統計或精算研究；
  - (j) 遵守及符合任何法例及條例規定的要求、行業手則、指引、監管機構、相關行業認可機構、政府機構及法庭頒令的要求；
  - (k) 為上述任何用途與閣下聯絡；
  - (l) 與上述用途直接有關之其他附帶的目的。
6. 閣下的個人資料可能會轉移或披露予下列各方在香港或海外單位作前段所述的用途：
  - (a) 任何保險理算人、代理和經紀、僱主、醫護專業人士、醫院、顧問、諮詢人、承辦商或提供行政、電訊、電腦、付賬、債務追討、保安、數據處理或儲存或有關服務的第三者服務供應人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，或索償或調查或其他提供與保險業務有關的服務供應人，以達到任何上述或有關的用途；
  - (b) 整合保險業申索和承保資料的組織；
  - (c) 防欺詐組織；
  - (d) 其他保險公司(無論是直接地，或是通過防欺詐組織或本段中指名的其他人士)；警察；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)；
  - (e) 現存或不時成立的任何保險公司協會或聯會或類同組織(聯會)，以達到任何上述或有關的用途，或以便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；
  - (f) 或透過聯會提供予任何聯會的會員，以達到任何上述或有關的用途；
  - (g) 監管機構；
  - (h) 執業律師；
  - (i) 會計師、財務顧問、認可核數師；
  - (j) 本集團的其他成員；
  - (k) 任何承讓人、受讓人、本公司業務的任何實質部分的參與人或次參與人；
 本公司承諾將資料保密並純粹用作上述的用途。
7. 如果閣下不同意本公司使用閣下的個人資料於上述用途上，本公司可能不能處理閣下之保單及/或索償申請及為閣下提供服務。
8. 閣下有權查明本公司就個人資料的政策和實務，並有權要求查閱及更正由本公司持有有關閣下的個人資料，及本公司有權就處理閣下的查閱資料要求而收取合理費用。有關查閱或更正的要求，可致函香港上環干諾道西一百一十八號八樓亞洲保險有限公司的個人資料保護主任提出。
9. 中英文版本如有差異，將以英文版本為準。
10. 本公司保留隨時增補、更改、更新及修訂本聲明之權利，任何更改將於發出通知時起生效。