



## Information Change Form

### 資料更改表格

Please complete in BLOCK LETTERS. 請用英文正楷填寫。

Please tick the appropriate box. 請✓適用方格。

**Name of Policyholder:**

保單持有人姓名: \_\_\_\_\_

**Policy No.:**

保單編號: \_\_\_\_\_

#### A. Change of Policyholder Representative 更改第一保單持有人 (For VHIS Plan Only 只適用於自願醫保計劃)

Change to 更改為:

Mr. 先生  Mrs. 太太  Ms. 女士

Name in English

英文姓名 \_\_\_\_\_

Name in Chinese

中文姓名 \_\_\_\_\_

HKID.

香港身份證 \_\_\_\_\_

Correspondence Address

通訊地址 \_\_\_\_\_

Email address

電郵地址 \_\_\_\_\_

Mobile no.

手提電話號碼 \_\_\_\_\_

Relationship to the Insured Person

與受保人的關係 \_\_\_\_\_

#### B. Change of the Other Policyholder 更改保單持有人 (For VHIS Plan Only 只適用於自願醫保計劃)

**Addition of Policyholder 增加保單持有人**

Mr. 先生  Mrs. 太太  Ms. 女士

Name in English

英文姓名 \_\_\_\_\_

Name in Chinese

中文姓名 \_\_\_\_\_

HKID.

香港身份證 \_\_\_\_\_

Correspondence Address

通訊地址 \_\_\_\_\_

Email address

電郵地址 \_\_\_\_\_

Mobile no.

手提電話號碼 \_\_\_\_\_

Relationship to the Insured Person

與受保人的關係 \_\_\_\_\_

**Termination of Policyholder 移除保單持有人**

Name in Chinese/English

中文/英文姓名 \_\_\_\_\_

HKID.

香港身份證 \_\_\_\_\_

#### C. Change of Policyholder's Information 更改保單持有人資料 (For Other Individual/Group Plan Only 適用於個人/團體保單)

Change to 更改為:

Mr. 先生  Mrs. 太太  Ms. 女士  Co. 公司

Name in English

英文姓名 \_\_\_\_\_

Name in Chinese

中文姓名 \_\_\_\_\_

HKID/Business Registration no.

香港身份證 / 商業登記證號碼 \_\_\_\_\_

Correspondence Address

通訊地址 \_\_\_\_\_

Relationship to the Insured Person

與受保人的關係 \_\_\_\_\_

HR Department Contact Person

人力資源部門聯繫人姓名 \_\_\_\_\_

Email address

電郵地址 \_\_\_\_\_

Mobile / Office no.

手提 / 公司電話號碼 \_\_\_\_\_



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### 資料更改表格

Please complete in BLOCK LETTERS. 請用英文正楷填寫。

Please tick the appropriate box. 請✓適用方格。

#### D. Change of Payment Arrangement 更改繳付安排

Credit card type 信用卡類別  VISA 滙財卡  MasterCard 萬事達卡

Payment Method 付款方式  Monthly 月繳  Annual 年繳

I hereby authorize Asia Insurance Company Ltd to charge my credit card account below for the subsequent installments/full yearly payment of the abovementioned insurance plan. 本人授權亞洲保險有限公司從本人下述之信用卡賬戶支取上述保險計劃之各期 / 全年保費。

Cardholder's Name

持卡人名稱 \_\_\_\_\_

HKID

香港身份證號碼 \_\_\_\_\_

Credit Card no.

信用卡號碼 \_\_\_\_\_

Credit Card Expiry Date

信用卡有效日期至 \_\_\_\_\_

Issuing Bank

簽發銀行 \_\_\_\_\_

Cardholder's Signature

持卡人簽署 \_\_\_\_\_

Date

日期 \_\_\_\_\_

#### E. Declaration 聲明

- I/We agree to furnish Asia Insurance Company Limited the information in related to the eligible persons or insurance plan thereof;  
本人 / 我們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；
- 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. 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. Details of the Personal Information Collection Statement ("PICS"), please kindly refer to our website www.asiainsurance.hk. For any questions, please do not hesitate to call our Customer service hotline on 3606 9933. Requests for personal data access or correction may be addressed to the Data Protection Officer of Asia Insurance.  
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。本公司會遵守香港特別行政區法例第486章《個人資料（私隱）條例》。關於個人資料收集聲明，請瀏覽亞洲保險網頁www.asiainsurance.hk。如有任何疑問，敬請致電本公司之客戶服務熱線 3606 9933。若需查閱或更正以上之個人資料，請聯絡亞洲保險的資料保護主任。
- I/We agree that this form shall be the basis of the contract between me/us and Asia Insurance Company Ltd ("the Company") and shall be deemed to be incorporated in such contract, and any renewal thereof which may be agreed, subject to the terms and conditions of the policy issued by the Company.  
本人 / 我們謹此承認本表格為本人 / 我們與亞洲保險有限公司（「貴公司」）訂立此保險契約及以後續約之根據，並願意接受保單上所載一切條款。
- I/We confirm that all information provided by me/us in this form is true, correct and accurate. I/We further confirm my/our agreement to all sections in this form, including without limitation, the above Declaration and the Notice to customers relating to the Personal Data (Privacy) Ordinance ("Ordinance").  
本人 / 我們確認由本人 / 我們於此表格提供之所有資料均為事實正確無誤。本人 / 我們更確認同意本表格內之所有部分，包括但不限於上列之聲明及有關個人資料（私隱）條例（「私隱條例」）的客戶通知。

\_\_\_\_\_  
Name of Policyholder / Authorized Person  
保單持有人名稱 / 公司授權人

\_\_\_\_\_  
Signature of Policyholder / Authorized Person  
保單持有人簽署 / 公司授權人

\_\_\_\_\_  
Company Chop (If Applicable)  
公司蓋章 (如適用)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day日 / Month月 / Year年