

中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

香港北角京華道18號15樓

15/F., 18 King Wah Road, North Point, Hong Kong

Tel: (852) 2815 1551 Fax: (852) 2541 6567 E-mail: info@hk.cntaiping.com Website: www.hk.cntaiping.com Customer Service Hotline: (852) 3716 1616

住院現金保險 - 金計劃投保書
HOSPITAL CASH PROTECTION - GOLD PLAN PROPOSAL FORM

請以英文正楷填報以下項目資料，並在適當的空格填上☑，如有變更必須通知保險公司。

Please answer items below in ENGLISH AND BLOCK LETTERS and tick the boxes where appropriate ☑ and inform Co. if any of them has been altered.

(I) 投保人資料 PARTICULARS OF PROPOSER			
英文姓名(姓氏): Name in English (Surname):	英文姓名(名字): Name in English (Given Name):	中文姓名: Name in Chinese:	
出生日期:(日/月/年) Date of Birth: (dd/mm/yyyy)	香港身份證號碼: HKID Card No.:	性別: Sex:	
職業: Occupation:	身高(厘米): Height(cm):	體重(千克): Weight(kg):	原居地: ¹ 香港 Place of Residence: ¹ Hong Kong
通訊地址: Correspondence Address:			
電郵地址: E-mail Address:		聯絡電話: Contact Tel. No.:	
現職僱主名稱: Name of Employer:			
業務性質: Business Nature:			
領取賠償銀行自動轉賬戶口號碼: ² Medical Claim Autopay Bank A/C No.:	銀行編號 Bank Code	分行編號 Branch Code	賬戶號碼 Account No.
銀行賬戶持有人名稱: ³ Name of Bank Account Holder:			
銀行名稱: Bank Name:			
分行名稱: Branch Name:			
(II) 配偶資料 PARTICULARS OF SPOUSE			
* 如一同投保，請填寫以下資料。If also apply, please answer items below.			
英文姓名(姓氏): Name in English (Surname):	英文姓名(名字): Name in English (Given Name):	中文姓名: Name in Chinese:	
出生日期:(日/月/年) Date of Birth: (dd/mm/yyyy)	香港身份證號碼: HKID Card No.:	性別: Sex:	
職業: Occupation:	身高(厘米): Height(cm):	體重(千克): Weight(kg):	原居地: ¹ 香港 Place of Residence: ¹ Hong Kong
電郵地址: E-mail Address:		聯絡電話: Contact Tel. No.:	
現職僱主名稱: Name of Employer:			
業務性質: Business Nature:			
(III) 保障計劃 PLAN DETAILS			
被保險人 Insured Person	住院現金保障 ⁴ Hospital Cash Benefits ⁴		每年保費 ⁵ Annual Premium ⁵ (港幣 HKD)
	精選計劃 Classic Plan	特級計劃 Platinum Plan	
1. 投保人 Proposer	<input type="checkbox"/>	<input type="checkbox"/>	
2. 配偶 Spouse	<input type="checkbox"/>	<input type="checkbox"/>	
總保費 TOTAL PREMIUM			

¹ 24小時緊急支援服務乃於原居地以外地方有效，除於投保書上加列明並得到本公司在保單上特別註明外，「原居地」將該指香港。

24-hour Worldwide Emergency Assistance Service is effective outside the place of residence. Place of residence will be regarded as Hong Kong unless otherwise specifically mentioned on the Proposal Form and specifically endorsed by the Company.

² 所有被保險人必須以同一自動轉賬戶口作為賠償過數之用，只接受十五位數字或以下之戶口。如未能提供自動轉賬戶口號碼，賠償款項將會以支票方式賠付。

The autopay A/C No. shall apply to all Insured Person(s). Only bank account with 15 digits or below is acceptable. Claims payment shall be reimbursed by cheque, if no autopay A/C No. is provided.

³ 請提供載有銀行賬戶持有人姓名、賬號和銀行名稱/銀行代碼的銀行存摺首頁或月結單影印本。銀行賬戶持有人必須為投保人。

Please provide a copy of front page of Bank Passbook/Statement showing the Bank Account Holder's Name, A/C No and Bank Name/Bank Code. Bank Account Holder must be Proposer.

⁴ 投保人及其配偶必須投保同一保障計劃。

Proposer and his/her spouse should apply for the same plan.

⁵ 每年保費根據被保險人的實際年齡計算。

Annual premium is calculated according to the Insured Person's attained age.

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(IV) 保費付款方式 PREMIUM PAYMENT METHOD		
<input type="checkbox"/> 劃線支票 (抬頭請祈付:「中國太平保險(香港)有限公司」) Crossed Cheque made payable to "China Taiping Insurance (HK) Company Limited"		
<input type="checkbox"/> 信用卡 Credit Card 本人茲授權「中國太平保險(香港)有限公司」直接從本人下列之信用卡帳號支付保險費,扣除港幣_____元正。 I hereby authorize "China Taiping Insurance (HK) Company Limited" to withdraw HKD_____ being payment of the Premium direct from my credit card account.		
持卡人姓名(姓氏/名字): Name of Cardholder(Surname/Given Name):		
<input type="radio"/> VISA <input type="radio"/> MASTER	信用卡號碼: Credit Card No.: - - -	信用卡到期日(月/年): Expiry Date(mm/yy):
聲明 Declaration		
(一) 本人茲授權 貴公司從本人所指定之信用卡戶口內提取保單應繳之保費、續保費及賠償差額 (如適用),直至本人另行發出書面通知為止。 (二) 本人明白本人可隨時通知 貴公司取消此授權,並同意該取消或更改本授權書之通知,須於取消/更改生效日最少一個月之前交予 貴公司及信用卡中心。 (三) 本人明白 貴公司收集或持有的資料,均可供 貴公司使用或向在香港境內或境外之任何人或機構披露並用作評核此項申請及辦理信用卡付款。 如有任何查閱及要求更正由 貴公司持有有關本人的個人資料,應以書面向 貴公司的總經理辦公室經理提出。		
1. I hereby authorize the Company to debit the required premium, subsequent renewal premiums and charge back ineligible claim amounts (if applicable) from my credit card account specified herewith for the insurance policy, until further written notice is given. 2. I understand that I have the right to cancel this authorization at any time and agree that any notice of cancellation or variation of this authorization shall be given to the Company and Credit Card Centre at least 1 month prior to the effective date of such cancellation/variation. 3. I understand that all the personal information collected or held by the Company may be used by or disclosed to any individual or organization within or outside Hong Kong for the purposes of assessing and servicing this proposal and authorizing direct debit payment or credit card payment. Any request(s) for access to and correction of my personal information held by the Company can be made in writing to our Manager of the Office of the General Manager.		
日期: Date: _____ <small>(日/月/年 dd/mm/yyyy)</small>	持卡人簽署: Signature of Cardholder: _____ <small>(簽署式樣須與信用卡上之簽署式樣相同) (Signature should correspond to the specimen signature of your credit card)</small>	

(V) 被保險人健康及保險問卷 HEALTH & INSURANCE DETAILS OF ALL INSURED PERSONS		
* 若空位不足,請以另頁詳加說明並由投保人及/或有關被保險人簽署。 If the space provided is insufficient, please use a separate sheet and signed by proposer and / or respective Insured Person.		
(1) 閣下或其受保配偶有否或曾被告知患有以下毛病:心臟、肺、神經系統、腎及泌尿系統、高血壓、癌、腫瘤、糖尿病、胸部痛楚、呼吸系統疾病或因性接觸傳染之疾病? Have you or has your spouse ever had or been told of having any of the following illnesses:- heart, lung, nervous system, kidney or urinary disorder, high blood pressure, cancer, tumor, diabetes, chest pain, respiratory disease or sexually transmitted disease?	<input type="checkbox"/> 是/有 Yes <input type="checkbox"/> 否 No	
(2) 在過去五年內,閣下或其受保配偶曾否因任何原因而需要到醫生、專科醫生或醫院進行任何身體測試(如心電圖、照X光、血液檢查...等)? During the last five years, have you or has your spouse consulted any doctor, specialist or hospital for any reason or required any investigations or special tests.(eg. ECG, X-Ray, blood test.....etc)?	<input type="checkbox"/> 是/有 Yes <input type="checkbox"/> 否 No	
(3) 閣下或其受保配偶是否現時或準備接受任何醫藥治療、外科手術或服食任何藥物? Are you or is your spouse now receiving or contemplating any medical attention or surgical treatment or taking any medicine?	<input type="checkbox"/> 是/有 Yes <input type="checkbox"/> 否 No	
(4) 閣下或其受保配偶是否意欲或正參與任何危險運動?如(惟不局限於):跳傘、配備水肺潛水、駕駛電單車、滑雪、任何形式之速度比賽(賽跑除外)、爬山、欖球或其他有身體接觸之運動? Do you or does your spouse intend to or engage in any hazardous avocations such as but not necessarily limited to : sky diving, scuba diving, motor cycling, skiing, racing of any kind except foot racing, mountain climbing, rugby, or other contact sports?	<input type="checkbox"/> 是/有 Yes <input type="checkbox"/> 否 No	
若「是/有」,請詳述於下列空格內。If "Yes", please provide full details in the following table.		
被保險人姓名(姓氏/名字) Name of Insured (Surname/Given Name)	危險運動 Hazardous Avocations	
(5) 閣下或其受保配偶現時有否投保任何醫療及/或住院現金保障計劃? Do you or does your spouse currently have/has any medical insurance and/or hospital income cover?	<input type="checkbox"/> 是/有 Yes <input type="checkbox"/> 否 No	
(6) 閣下或其受保配偶有否曾申請投保任何人壽、意外、疾病或醫療保險而被拒絕、推辭、附加特別條款或要求提高保費? Have you or has your spouse ever had an application for Life, Accident, Sickness or Medical Insurance declined, postponed, modified or rated up?	<input type="checkbox"/> 是/有 Yes <input type="checkbox"/> 否 No	

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如上述問題(1)至(3)之答案為「是/有」, 請詳述於下列表格內。

If the answer to the above question(s) No. (1) to (3) is/are "Yes", please provide full details in the following table.

被保險人姓名(姓氏/名字) Name of Insured(Surname/Given Name)		
問題號碼 Question No.		
診斷及治療方法 Diagnosis and Treatment		
病徵 Symptoms		
患病開始日期 Date Onset (日/月/年 dd/mm/yyyy)		
康復日期 Date Recovered (日/月/年 dd/mm/yyyy)		
主診醫生或醫院名稱及地址 Name & address of attending Physician/Hospital		
結果 Result		

※請附上有關醫療報告 Please enclose relevant medical reports

如上述問題(5)至(6)之答案為「是/有」, 請詳述於下列表格內。

If the answer to the above question(s) No. (5) to (6) is/are "Yes", please provide full details in the following table.

被保險人姓名(姓氏/名字) Name of Insured(Surname/Given Name)		
問題號碼 Question No.		
保險公司名稱 Name of Insurance Company		
保單號碼 Policy No.		
保障計劃及金額 Type & Amount of Benefit (港幣 HKD)		
核保結果 Underwriting Decision		

※請附上有關醫療報告 Please enclose relevant medical reports

投保書補充資料欄 SUPPLEMENT OF PROPOSAL FORM

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(VI) 收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

此保單權益人/持有人已通知閣下，中國太平保險(香港)有限公司(下稱“本公司”)明白其在《個人資料(私隱)條例》下就個人資料的收集、持有、處理或使用所負有的責任。閣下提供本申請表要求的個人資料(包括信用資料和以往申索記錄)，是為了本公司提供保險業務所需，本公司並可能使用閣下的個人資料作以下用途：

- (i) 任何與保險有關的產品或服務(包括處理及審批閣下的保險申請、索償、結清申索、保單相關行政、財務工作、索償調查或分析、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)及其它相關的服務)，或該等產品或服務的任何更改、變更、取消或續期；
- (ii) 本公司行使任何代位權；
- (iii) 就以上用途聯絡閣下；
- (iv) 其它與上述用途有直接關係的附帶用途；及
- (v) 遵循適用法律、條例及業內守則及指引。

本公司亦可因應上述用途披露/轉移閣下的個人資料予下列各方，而他們只能在有合理需要履行上述目的之情況下才可收集和使用這些資料：

- (a) 向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問，或任何從事與保險或再保險業務有關的公司，或閣下的保險中介人(若有)、保險理算人或索償調查員/公司，或其他保險業務有關的服務提供者；
- (b) 僱主；醫護專業人士；醫院；會計師；財務顧問；律師；整合保險業申索和承保資料的組織；防欺詐組織；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)；
- (c) 本公司的關連公司(以《公司條例》內的定義為準)；
- (d) 政府及市場認可的保險業監管機構：保險投訴局及同類的保險業機構、香港保險業聯會(或同類的保險公司聯會)及其會員；
- (e) 法例要求或許可的政府機關包括運輸署。

閣下的個人資料可能因上述用途提供給以上任何機構(在香港境內或境外)，而就此而言，閣下同意將閣下的資料移轉至香港境外。

直接促銷通訊：經閣下同意，本公司可能使用及/或提供閣下的個人資料給本公司的關連公司(其定義以《公司條例》內的定義為準)、關連公司之合作伙伴及第三方金融機構。本公司及/或獲取有關資料的公司可以通過書信、電郵、電話或短信與閣下聯絡，提供金融及/或保險產品或服務的直接促銷通訊。若閣下不欲接收有關直接促銷通訊及反對本公司將閣下個人資料提供給以上公司，請在以下的方格內填上「✓」。

閣下可有權隨時查閱及/或更正由本公司持有有關閣下的個人資料及/或撤回給予本公司有關使用閣下的個人資料及提供予第三方作直接促銷用途的同意。如有需要，請以書面形式向本公司的總經理辦公室提出，地址為香港北角京華道18號15樓或電郵info@hk.cntaiping.com。另本公司私隱政策的全文已上載於www.hk.cntaiping.com，歡迎查閱。

本聲明中英文版本如有任何歧異或不一致，概以英文版為準。

You have been informed by the owner / holder of this policy that China Taiping Insurance (HK) Company Limited (the “Company”) understands its responsibilities to the collection, retention processing or use personal data under the Personal Data (Privacy) Ordinance. The personal data you provided in this form (including credit information and claims history) is collected to enable the Company to carry on insurance business. The Company may also use your personal data for the following purposes:

- (i) any insurance related product or service (include processing and evaluating your insurance application, any claim, settling claims, providing administration, financing, claim investigation or analysis work, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application) and other services in relation to your insurance policy), or any alterations, variations, cancellation or renewal of such product or service;
- (ii) exercising any right of subrogation;
- (iii) contacting you for any of the above purposes;
- (iv) other ancillary purposes which are directly related to the above purposes; and
- (v) complying with applicable laws, regulations or any industry codes or guidelines.

The Company may disclose / transfer your personal data to the following persons who may collect and use this data only as reasonably necessary to carry out the purposes described above:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services, or any company carrying on insurance or reinsurance related business or your insurance intermediary (if you have one) or claim or investigation adjusters/companies, or other service provider providing services relevant to insurance business;
- (b) employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; 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;
- (c) the Company's related companies (as that term is defined in the Companies Ordinance);
- (d) Government and industry recognized insurance regulatory bodies: the Insurance Complaints Bureau and similar insurance industry bodies, the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; and
- (e) government agencies and authorities as required or permitted by law including the Transport Department.

Your personal data may be provided to any of the above organizations, located in Hong Kong or outside of Hong Kong, for the above purposes, and in this regard you consent to the transfer of your data outside of Hong Kong.

Direct Marketing Communications : With your consent, the Company may also use and/or provide your personal data to the Company's related companies (as that term is defined in the Companies Ordinance), partners of the Company's related companies and third party financial institutions. The Company and/or the companies who obtained related personal data can contact and/or send you with direct marketing communications regarding financial and insurance products or services by mail, email, telephone or SMS. Tick the box below if you do not wish to receive such direct marketing communications and do not consent to the Company providing your personal data to the above companies.

You have the right to access and/or request correction of any personal data concerning yourself held by the Company and/or withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time. Requests for such access can be made in writing to Office of the General Manager at 15/F., 18 King Wah Road, North Point, Hong Kong or email to info@hk.cntaiping.com. Moreover, the full version of the Company's Data Privacy Policy can be found at www.hk.cntaiping.com.

In the event of any discrepancy or inconsistency between the English and Chinese versions of this statement, the English version shall prevail.

本人/我們反對貴公司使用和轉移本人的個人資料作直接促銷用途，並不希望接收任何推廣及直接促銷通訊。

- I / We object to the use and provision of my personal data for direct marketing purposes, and do not wish to receive any promotional and direct marketing materials.

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(VII) 聲明 DECLARATION

本人/我們，作為投保人/被保險人，謹此聲明並同意：

1. 除以書面形式及經中國太平保險（香港）有限公司（以下稱「貴公司」）發表和批准外，任何其他人士所發表或收到的資料或陳述，貴公司無須負責。
2. 本人/我們於此投保申請書及與此投保申請書有關經本人/我們簽署 貴公司繕發的問卷或其他文件內填寫的資料，及本人/我們對 貴公司所作的陳述和答案，乃完全及真實。本人/我們亦明白 貴公司以上述資料為依據，審核此投保申請書。本人/我們明白如本人/我們未能提供真實及準確無誤之資料或通知 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。
3. 本人/我們提供的任何資料及文件（如「2」所界定的）及有關之保單，將成為本人/我們與 貴公司之間所簽署合約之全部。
4. 與本投保申請書有關的任何付款，並不保證此申請可即時生效，而所申請之保障將會在 貴公司收到並接納此投保申請書並在繳付應繳付的保費予 貴公司後始可生效，而一切之保險條款將詳列於保單內。本投保書在未被 貴公司同意受保前， 貴公司不負任何責任。
5. 本人/我們將有權就一切有關於被保險人的索償或按本申請所簽發之保單的相關事宜，與 貴公司進行交涉，並向其接收或索取與被保險人有關之資料。本人/我們並同意所有由 貴公司給予保單持有人或被保險人之賠償款項將會存入本投保書第一部份所指定之戶口內或於該戶口不存在時以支票支付，並完全解除 貴公司就該些索償之一切承保責任。
6. 本人/我們於此授權任何醫院或曾診治本人/我們的醫生向 貴公司提供病歷詳細資料。此授權書的副本或正本同時有效。
7. 本人/我們如變換原居地或職業，必須即時以書面通知 貴公司。
8. 若此投保申請書有任何差異，其英文版本即所有根據投保申請書繕發的保單之基礎將為絕對及有約束力。

I/WE, THE PROPOSER/INSURED PERSON(S), HEREBY DECLARE AND AGREE THAT:

1. No information or representation made or given by or to any person shall be binding on China Taiping Insurance (HK) Company Limited (hereafter called "the Company") unless it is in writing and is presented to and approved by the Company.
2. All written information provided by me/us in this proposal form and the issued questionnaires or other documents signed by me/us in connection with this proposal and statements and answers made to the Company are full, complete and true and I/we understand that the Company, believing them to be such, will rely and act on them. I/we understand that failure to supply true and accurate answers to this proposal or inform the Company of all material information about my/our proposal may render the Company unable to accept or process this proposal or the insurance policy void.
3. All information and documents provided by me/us (as defined under "(2)") together with the relevant policy issued shall constitute the entire contract between myself/ourselves and the Company.
4. Any payment made in connection to this proposal does not guarantee immediate approval of the coverage applied. This insurance coverage applied for shall only take effect when the proposal is received and accepted by the Company and the required premium has been paid to the Company and subject to the terms and conditions stipulated in this Policy. The Company has no liability whatsoever before the proposal for insurance in this Proposal Form is accepted by the Company.
5. I/We shall have the authority to deal with, receive or request for information from the Company concerning the Insured Person(s) in relation to any claims or matters arising from the policy issued pursuant to this proposal. I/We further agree that payment of any benefits hereunder to the Policyholder or Insured Person(s) by the Company in relation to all medical claims shall be credited to the bank account as specified in part (I) of this proposal or made by cheque in the absence of such an account, which shall constitute a full discharge on the part of the Company in relation to such claims.
6. I/We hereby authorize any hospital or doctor who has attended to me/us to release any information that may be required by the Company. A photocopy of the authorization shall be as effective and valid as the original.
7. If I/we change my/our place of residence or occupation, I/we must notify the Company in writing immediately.
8. In the event of difference arising in respect of this proposal form, the English version which is the basis of all policies issued pursuant to this proposal form is considered absolute and binding.

香港簽署日期#：

Date of Signature at Hong Kong : _____
 (日/月/年 dd/mm/yyyy)

投保人簽署：

Signature of Proposer : _____

香港簽署日期##：

Date of Signature at Hong Kong : _____
 (日/月/年 dd/mm/yyyy)

所有被保險人簽署##：

Signature of Insured Person(s) : _____

必須在香港簽署投保書。

The Proposal Form must be signed at Hong Kong.

18歲以下的被保險人請由父或母代為簽署。

Signature of Parent if Insured Person(s) aged under 18.

本投保書的中文譯本只供參考之用，如有爭議，請以英文本為準。

The Chinese version of this proposal form is for reference only. In case of any discrepancy between the Chinese and English versions, the English version shall prevail.

由本公司填寫 FOR OFFICE USE ONLY

PC:		IT:	
CC:		CC:	
AT:		AC:	
DI:	M	201: %	202: %
	S	201: %	
	O	R: %	
SC:			
REMARK:			