

## 中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

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### 意全保個人綜合保險投保書

### GLOBAL MIND PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

請填報以下項目資料，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 and tick the boxes where appropriate ☐ and inform Co. if any of them has been altered

投保人資料 PARTICULARS OF PROPOSER			
<input type="checkbox"/> 公司 Company	名稱： Name:	商業登記證號碼： B.R. No.:	
<input type="checkbox"/> 個人 Individual	姓名： Name:	性別： Sex:	香港身份證號碼： HKID Card No.:
通訊地址： Correspondence Address:			
電郵地址： E-mail Address:		聯絡電話： Contact Tel. No.:	傳真號碼： Fax No.:
與被保險人關係： Relationship with Insured:			
投保細則 INSURANCE COVER			
人身意外保險金額： Personal Accident Sum Insured: <input type="checkbox"/> 港幣 HKD 1,000,000 <input type="checkbox"/> 港幣 HKD 3,000,000 <input type="checkbox"/> 港幣 HKD 5,000,000			
承保日期：(日/月/年) 由 至 (起迄兩天均包括在內) Period of Insurance: (dd/mm/yyyy) From To (Both dates inclusive)			
被保險人資料 PARTICULARS OF INSURED			
中文姓名： Name in Chinese:		英文姓名： Name in English:	
出生日期：(日/月/年) Date of Birth: (dd/mm/yyyy)		性別： Sex:	香港身份證號碼： HKID Card No.:
通訊地址： Correspondence Address:			
聯絡電話： Contact Tel. No.:		電郵地址： E-mail Address:	
旅遊證件類別： Travel Document Type: <input type="checkbox"/> 回鄉證/卡 China Re-entry Permit <input type="checkbox"/> 外國護照 Foreign Passport <input type="checkbox"/> 台胞證 Permit for Taiwan Compatriot <input type="checkbox"/> 其他(請註明)： Others(Please state):			
旅遊證件號碼： Travel Document No.:		原居地： Place of Residence: 香港 Hong Kong	
(此證件號碼將列印在「意外急救醫療保險卡」上，為防錯漏，請提供影印副本) (This document number will be printed on the "Accidental Emergency Medical Card". In order to avoid omissions and errors, please provide a photocopy of the document.)		(24小時緊急支援服務乃於原居地以外地方有效，除非投保人於投保書上加以列明並得到本公司在保單上特別註明外，「原居地」將意指香港。) (24-hour Worldwide Emergency Assistance Service is effective outside the Place of Resident. Place of Residence will be regarded as Hong Kong unless otherwise specifically mentioned on the Proposal Form by the Proposer and specifically endorsed by the Company.)	
工作性質： Nature of Occupation:		職位： Job Title:	
受益人資料 PARTICULARS OF BENEFICIARY			
姓名： Name:		性別： Sex:	與被保險人關係： Relationship with Insured:
被保險人健康狀況及其它資料詳情 HEALTH DETAILS OF INSURED PERSON(S)			
(一) 請閣下將過往已投保或現正申請投保之人壽、人身意外及醫療賠償保險，列明如下： Please list out all life, personal accident and medical insurance that have been effected or are being applied for:			
保險公司名稱 Name of Insurer	保險單種類 Type of Policy	保險金額(港幣) Sum Insured(HKD)	保險單到期日 Policy Expiry Date (日/月/年 dd/mm/yyyy)

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(二) 閣下曾否投保人壽保險、醫療賠償保險或其他人身意外保險而被拒保、延擱或撤銷？或曾持有該種保險之保單或證書，而於事後曾被修正、增加保費、取銷、或被拒絕續保？ Have you ever made an application for life, medical or accident insurance which has/have been declined, postponed or withdrawn; or has any policy or certificate of such insurance issued to you been modified, rated up, cancelled or renewal declined? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 若“是”，請說明：If “Yes”，please elaborate:
(三) 在最近 5 年內曾否因疾病或遭受意外傷害而接受治療或接受外科手術？ Have you suffered any illness or accidental injury requiring treatment or surgical operation in the last 5 years? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 若“是”，請說明病症或傷害治療日期及結果：If “yes”，please state symptoms, injury, medical treatment date and result:
(四) 閣下現在身體功能包括四肢、視覺、聽覺或身體其他部份及健康狀況是否健全及良好？ Is your present bodily functionality, including four limbs, eyesight, hearing and other part of your body and health condition normal are in good order? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 若“否”，請說明：If “No”，please elaborate:
(五) 閣下之工作是否自雇性質？ <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No Are you self-employed?

**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。

本聲明的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;

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- (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 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.

**投保人聲明 DECLARATION**

- 本人謹此聲明本投保書所列全部資料乃就本人所知一切據實填報。本人明白本投保書及聲明將構成本人與中國太平保險(香港)有限公司之間的合約依據。  
I declare that to the best of my knowledge and belief the information given on this form is true and complete in every respect. I agree that this proposal and declaration will be the basis of the contract between me and CHINA TAIPING INSURANCE (HK) COMPANY LIMITED.
- 本人同意有關保險須在該公司接受本投保書後才生效。  
I agree that the insurance will not be in force until the proposal has been accepted by the Company.

日期 : \_\_\_\_\_ 投保人簽署及蓋章 : \_\_\_\_\_  
Date : \_\_\_\_\_ Signature of Proposer & Company Chop : \_\_\_\_\_  
(日/月/年 dd/mm/yyyy)

由本公司填寫 FOR OFFICE USE ONLY							
PC:				IT:			
CC:				CC:			
AT:				AC:			
DI:	M	201:	%	202:	%	203:	%
	S	201:	%			204:	%
	O	R:	%			213:	%
SC:							
REMARK:							