

中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

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太平智康保危疾保險投保書
TAIPING SMARTCARE CRITICAL ILLNESS INSURANCE APPLICATION FORM

投保人請以大寫正楷英文填寫及在適當方格內加「✓」。所有申請必須通過本公司核保始能生效。

 The proposer has to complete the form in **English BLOCK LETTERS** and please put a "✓" in the box as appropriate. Applications are subject to underwriting.

(1) 投保人資料 Particulars of Proposer (投保人必須18歲或以上 Proposer must be aged 18 or above)

英文姓名 English Name	姓 Surname																			中文姓名 Chinese Name
	名 Given Name																			
證件類別及號碼 Document Type & No.	<input type="checkbox"/> 香港身份證 HKID Card									()	性別 Gender	<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female							
	<input type="checkbox"/> 往來港澳通行證 Exit/Entry Permit to/from Hong Kong and Macau									()										
出生日期 Date of Birth			日D			月M				年Y	職業 Occupation									
通訊地址 Correspondence Address																				
													大廈/屋邨/街道 Building/Estate/Street							
													地區 District							
<input type="checkbox"/> 電子保單 * E-Policy *	電郵地址 E-mail Address																			
* 如別選電子保單必須提供電郵地址 If you select to receive e-policy, you must provide your e-mail address. 投保人一旦選擇電子保單將不會收到本公司郵寄的紙質保單。 Proposer will not receive paper policy by mail if he/she selects to receive e-policy.																				

(2) 被保險人資料 Particulars of Insured Person

與投保人關係 Relationship with Proposer	<input type="checkbox"/> 本人 Self (如被保險人與投保人不同, 請填寫下列資料。 If the Insured Person is not the Proposer, please fill in the following information.) (僅適用於18歲以下的被保險人 Applicable to Insured Person aged 18 or below)																			
	<input type="checkbox"/> 子女 Child <input type="checkbox"/> 合法監護人 Legal Guardian																			
英文姓名 English Name	姓 Surname																			中文姓名 Chinese Name
	名 Given Name																			
證件類別及號碼 Document Type & No.	<input type="checkbox"/> 香港身份證 HKID Card										()	性別 Gender	<input type="checkbox"/> 男 Male							
	<input type="checkbox"/> 往來港澳通行證 Exit/Entry Permit to/from Hong Kong and Macau										()		<input type="checkbox"/> 女 Female							
出生日期 Date of Birth			日D			月M				年Y	職業 Occupation									
居住國家/城市 (每年居住超過 180 天) Country/City of Residence (stay more than 180 days per year)	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 其他 Others* _____											工作性質 Job Duties								
被保險人的職業是否涉及高空工作高於 20 米? (如是, 請提供其工作的最高高度) Would the insured's occupation involve working at height higher than 10 Meters? (If yes, please provide the maximum height during work)	是, 最高/Yes, Maximum height <input type="checkbox"/> _____											否/No <input type="checkbox"/>								
被保險人是否需要操作重型機械? (e.g. 挖掘機, 起重機, 基礎工程機械等) Would the insured's occupation involve heavy machine operation? (e.g. excavator, crane, basic construction machinery etc.)	是/Yes <input type="checkbox"/>											否/No <input type="checkbox"/>								

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(3) 保費金額及保障 Premium and Benefits

* 請參閱簡介。Please refer to the leaflet.

請根據被保險人於投保時的已屆年齡及性別所相對應的(B)「費率」,在下列表格填寫(C)「投保保額」及(D)「應繳保費金額」。請注意:

- 每保單的可投保保額為港幣二十萬圓整至一百萬圓整,並以每二十萬圓為單位;及
- 每被保險人只可受保於一份由中國太平保險(香港)有限公司所發出的危疾保險計劃。

Please fill in Column (C) "Sum Insured" and (D) "Premium Payable" in the below table with respect to the Column (B) "Premium Rate" according to the attained age and gender of insured person. Please note that:

- The Sum Insured per policy shall be within HKD 200,000 to HKD 1,000,000 and each HKD200,000 as a unit ; and
- Each insured person is allowed to be insured under one Critical Illness insurance policy issued by China Taiping Insurance (HK) Company Limited.

(A) 被保險人於投保時的已屆年齡 The attained age of insured person at application	(B) 保費費率 (每 200,000 港幣) Premium Rate (For every 200,000)		(C) 投保保額(港元) Sum Insured (HKD)	(D)=(C)/200,000x(B) 應繳保費金額 (港元) Premium Payable (HKD)
	男	女		
6 個月 months old -5	200	160		
6-10	100	100		
11-15	100	100		
16-20	140	140		
21-25	180	240		
26-30	300	420		
31-35	460	700		
36-40	800	1,220		
41-45	1,260	1,840		
46-50	2,200	2,400		
51-55 (只限續保 For renewal only)	3,600	2,900	Not applicable 不適用	
56-60 (只限續保 For renewal only)	5,400	3,300	Not applicable 不適用	
61-65 (只限續保 For renewal only)	7,700	4,400	Not applicable 不適用	
66-70 (只限續保 For renewal only)	11,300	7,500	Not applicable 不適用	
71-75 (只限續保 For renewal only)	16,400	10,900	Not applicable 不適用	
76-79 (只限續保 For renewal only)	21,700	15,200	Not applicable 不適用	

留意事項 Important Note:

- 所有保費及賠款均以港幣作出結算。如須貨幣轉換,該外幣折算為港幣的適當兌換率將由中國太平保險(香港)有限公司所釐訂。
All premium and claim payments will be made in Hong Kong dollars. If currency conversion is required, any foreign currency will be converted to Hong Kong Dollars at applicable rate as determined by China Taiping Insurance (HK) Company Limited.
- 如被保險人變換居住國家 / 城市或職業,必須即時以書面通知本公司。
The Insured Person must provide immediate written notice to the Company of any change of country / city of residence or occupation.
- 年齡組別是根據被保險人的實際已屆年齡及性別計算。
Age Group is calculated according to the Insured Person's attained age and sex.

(4) 被保險人問卷 Insured Person Questionnaire

1. 在過去十二個月內,被保險人是否: In the last 12 months, has the insured person:	是/Yes	否/No
(i) 體重減少 11 磅 (5 公斤) 或以上? 若「是」,請提供詳情。 lost weight of 11lb (5kg) or more? If yes, please state details.	<input type="checkbox"/>	<input type="checkbox"/>
(ii) 平均每天吸食任何煙草產品達 20 支或以上? smoked any tobacco products with daily average of 20 pieces or more?	<input type="checkbox"/>	<input type="checkbox"/>
(iii) 連續 5 天或以上每天平均飲用任何含酒精成份超過 10% 的酒精飲料超過 1,500 毫升? consumed any types of alcoholic beverage with 10% alcohol or more at a daily average of 1,500 ml consecutively for 5 days?	<input type="checkbox"/>	<input type="checkbox"/>
2. 在過去十二個月內,被保險人是否: In the last 12 months, has the insured person:	是/Yes	否/No
(i) 因病持續服藥或接受治療超過兩個月? taken any medication or drugs, or received treatment, due to sickness for more than two months?	<input type="checkbox"/>	<input type="checkbox"/>
(ii) 連續因病住院超過七天? been hospitalized due to sickness for seven days consecutively?	<input type="checkbox"/>	<input type="checkbox"/>
(iii) 曾有任何未被診斷的症狀,或現正因有關症狀進行醫療檢查或等待檢查結果? had any undiagnosed symptoms, or currently undergoing medical investigations or pending results for the said symptoms?	<input type="checkbox"/>	<input type="checkbox"/>

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<p>3. 被保險人是否患有; 或曾經患有; 或就以下狀況或病症被建議接受檢查; 或已呈現病徵? Has the insured person ever had; or have been diagnosed or treated; or have been recommended to undergo investigation; or shown sign or symptom for the below condition? If "Yes", please tick the appropriate box.</p>	是/Yes	否/No
<p>(i) 任何癌症、腫瘤、血管瘤、息肉、囊腫、腫塊、贅生物或腫瘤指標檢查異常 (甲胎蛋白 (AFP)、癌胚抗原 (CEA)、前列腺特异性抗原 (PSA)、癌抗原125 (CA125)、癌抗原19 (CA199)); 淋巴腺的疾病、貧血、白血病、其他與血有關的疾病; Any cancer, tumour, Hemangioma, polyp, cyst, lump, growth of any sort or abnormality of tumor markers level (e.g. AFP, CEA, PSA, CA125, CA199, etc.); disorder of lymph gland, anaemia, leukaemia, other disorder of blood;</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>(ii) 任何胸悶、胸痛、心悸、氣急、不能平臥、心臟病或其它血管病 (例如:風濕性熱、高血壓、膽固醇高、心絞痛、心律不整、心臟雜音、心臟病發作、中風等); Any chest discomfort, chest pain, palpitation, shortness of breath, unable to recline, heart disease or problems of the blood vessels (e.g. rheumatic fever, raised blood pressure, high blood cholesterol, angina, irregular heart beat, murmur, heart attack, stroke, etc.);</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>(iii) 任何呼吸系統問題 (例如: 哮喘、結核、咳血、肺氣腫、肺塵埃沉着病或其他呼吸器官疾病等); Any disease of respiratory system (e.g. asthma, tuberculosis, hemoptysis, pulmonary emphysema, pneumoconioses or other respiratory problems, etc.);</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>(iv) 任何消化系統問題 (例如: 任何肝區疼痛、肝炎、肝炎病毒帶菌者、肝功能異常、肝硬化、膽石、食道或胃或十二指腸潰瘍或任何潰瘍等); Any disease of the digestive system (e.g. right upper quadrant pain, any kind of Hepatitis, hepatitis carrier, abnormal liver function test, cirrhosis, gallstones, esophagus or gastric or duodenal ulcer or ulcer of any kind);</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>(v) 任何泌尿生殖系統問題 (例如:血尿、蛋白尿、腎石、腎炎或腎病、腎功能衰竭、前列腺疾病、卵巢囊腫、子宮內膜移位、宮頸疾病等); Any disease of the genital urinary system (e.g. blood or protein in urine, kidney stones, nephritis or nephropathy, renal failure, prostate disorders, ovarian cysts, endometriosis, problem of cervix etc.);</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>(vi) 任何內分泌疾病 (例如: 糖尿病、腦下垂體問題、甲狀腺或副甲狀腺問題); Any endocrine disorders (e.g. diabetes, pituitary gland disorder, thyroid or parathyroid disorder);</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>(vii) 任何神經或精神性疾病、心理或精神疾病、人格障礙或腦功能問題 (例如: 癲癇、癱瘓、多發性硬化、帕金遜症、老年癡呆症等); Any neurological or mental disorders, psychological or psychiatric conditions, personality disorder or brain function disorder (e.g. epilepsy, paralysis, multiple sclerosis, Parkinson's disease, Alzheimer's disease, etc.);</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>(viii) 慢性頸腰痛或脊椎病變、強直性脊椎炎、坐骨神經痛、肌肉關節病變、類風濕、紅斑狼瘡症、重肌無力症或其他免疫系統疾病 Chronic pain or other problem in your neck or back, ankylosing spondylitis, sciatica, muscle or joint disorders, rheumatism, systemic lupus erythematosus, myasthenia gravis or other autoimmune disorders;</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>(ix) 聽力、視力、語言、咀嚼障礙、智力障礙、脊柱、胸廓畸形、四肢、手、足指殘缺等身體殘障及眼、耳、鼻、喉、口腔等疾病 Any Physical disability (e.g. visual, hearing, speech, chewing, cognitive impairment, deformity of spinal, chest and four limbs, loss of fingers or toes, etc.) and any diseases of eye, ear, nose, throat or mouth</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>(x) 愛滋病、與愛滋病有關的疾病、HPV陽性、HIV感染或性傳播疾病。 AIDS, AIDS-related conditions, HIV infection or any Venereal disease.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>(xi) 最近六個月內是否出現下列身體不適症狀: 反復頭暈、反復頭痛、暈關、紫紺、不明原因皮下出血點、流鼻血、反復齒齦出血、嘔血、浮腫、腹痛、便血、黑便、眼睛脹痛、視力或聽力明顯下降、視物不清、不明原因的聲嘶、關節紅腫或關節酸痛 Have you suffered from the following signs and symptoms including recurrent dizziness, recurrent headache, fainting, cyanosis, idiopathic purpura, epistaxis, recurrent gum bleeding, hematemesis, oedema, abdominal pain, blood in stool, black stool, eye pain, impaired vision or hearing, blurring vision, idiopathic hoarseness, swelling joints, painful joints in the last six (6) months</p>	<input type="checkbox"/>	<input type="checkbox"/>

4. 詳情補充: 若以上問題 (2) 及 (3) 有任何回答為「是」, 請提供該疾病的詳細資料: (如空位不足, 請另頁書寫。)
If any of the above answer is "Yes" for question (2) and (3), please provide the details of medical condition(s): (Please use separate sheet if the space is insufficient.)

問題編號 No.	病症名稱 Diagnosis	第一次發病日期 Date of Onset	所接受檢查之詳情 (請註明日日期、檢查種類及其結果。) Full details of investigations received (including dates, type of investigations and their results.)	所接受之護理、治療或手術之詳情 Full details of care, treatment or surgery received	何時完成治療? When was the treatment completed?	現在情況 Present Status	主診醫生姓名 Name of the attending doctor

如您有任何醫療報告或醫療檢查報告, 請隨此表格同時附上, 並請於右方空格加「✓」號。 □另有附件 With attachment
If you have any medical reports or reports of investigations, please enclose them and put a tick in the box.

<p>5. (只適用於女性被保險人) (Applicable to female insured person only)</p>	是/Yes	否/No
<p>(i) 被保險人是否正在懷孕? 若「是」, 請產後兩個月後再投保。 Is the insured person now pregnant? If yes, please apply this insurance two months after delivery.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>(ii) 一位或多於一位直系親屬患有乳癌或卵巢癌時年齡少於 50 歲? 若「是」, 請提供(i)被保險人與該親屬關係; 及(ii)發病年齡。 Does the insured person has one or more first degree relatives with breast or ovarian cancer diagnosed before age 50? If "Yes", please provide (i) the relationship with insured person; and (ii) onset age.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>(iii) 是否患有子宮頸上皮內瘤病變或人類乳頭瘤病毒感染? 若「是」, 請提醫療報告或醫療檢查報告。 Has the insured person suffered from Cervical Intraepithelial Neoplasia (CIN) or Human Papillomavirus (HPV) infection? If "Yes", please provide medical reports or reports of investigations</p>	<input type="checkbox"/>	<input type="checkbox"/>

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<p>6. (i) 被保險人曾否投保任何人壽保險或其他重疾保險而被拒保、延擱、撤銷、被附加條款？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、取消、或被拒絕續保？若「是」，請提供詳情。 Has the insured person ever made an application for any life or critical illness insurance which has been declined, postponed, withdrawn, applied additional term(s) or premium loading; or has any policy or certificate of such insurance issued to you been modified, rated up, cancelled or renewal declined? If yes, please state details.</p>	<p>是/Yes <input type="checkbox"/></p>	<p>否/No <input type="checkbox"/></p>
<p>(ii) 被保險人已生效及現正申請的重疾保障總額（包括本公司及其他公司已承保的團體及個人重疾保障）是否超過： Has the insured person's total critical illness coverage (including group and individual critical illness insurance in force and being applied in other company and our company) exceeded: a. 港幣 400 萬? (適用於被保險人申報的職業為在職人士)；或 HKD4,000,000? (Applicable to insured person with occupation of gainfully employed); or b. 港幣 200 萬? (適用於被保險人申報的職業為家庭主婦/夫、幼童（未滿 18 歲）、全日制學生（年滿 18 歲）及退休人士） HKD2,000,000? (Applicable to insured person with occupation of housewife/househusband, juveniles (under age 18), full time student (above age 18) and retiree)</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>

(5) 與本公司關係 Relationship with the Company

<p>投保人及/或被保險人是否中國太平保險集團有限責任公司及中國太平保險控股有限公司集團公司(包括附屬公司)的董事長 / 總經理 / 董事 / 行政總裁 / 監事 / 控權人(指單獨或連同其他相聯控權人持股 5%及以上)或其親屬。 Are/Is the proposer and/or the insured person one of the following persons or relatives of the following persons: a chairman / general manager / director / CEO / supervisor / controller (holding 5% or more shareholding alone or together with associates who are controllers) of China Taiping Insurance Group Ltd and China Taiping Insurance Holdings Co. Ltd's Group (including their subsidiaries).</p>	<p>是/Yes <input type="checkbox"/></p>	<p>否/No <input type="checkbox"/></p>
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(6) 聲明 Declaration

本人/吾等，謹此聲明並同意：

- 本保險計劃的保單年期為一(1)年。
- 除以書面形式提交給中國太平保險(香港)有限公司(以下稱「貴公司」)及得到 貴公司的發表和批准外，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。
- 本人/吾等於此投保申請及與此投保申請有關經本人/吾等確認 貴公司鑄發的問卷或其他文件內申報的資料，及本人/吾等對 貴公司所作的陳述和答案，乃完全及真實。本人/吾等亦明白 貴公司以上述資料為依據，審核此投保申請。本人/吾等明白如本人/吾等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。假若本人/吾等的聲明不正確和/或不真實，而使相關保單變成非法、無效或失效， 貴公司將有權拒絕本人/吾等的保險申請，即使 貴公司已發出該保單。 貴公司概不負責對任何由此產生的或與之相關的損失或損害。
- 本人/吾等提供的任何資料及文件(如「3」所界定的)及有關之保單，將成為本人/吾等與 貴公司之間所確認之合約。
- 與本投保申請有關的任何付款，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。
- 貴公司不保證該保險申請、保險政策和相關安排符合香港以外的司法管轄區的法律和規定， 貴公司將不承擔任何本人/吾等可能遭受相關限制和/或要求而產生或引起的任何損失。
- 本人在保單生效超過21天保險冷靜期後需要終止保單，貴公司不會發還任何已繳保費。此保險計劃由 貴公司承保，本人/吾等需承擔 貴公司的信用風險。
- 貴公司保留根據本人/吾等於投保時所提供的資料而決定是否接受或拒絕有關投保本計劃申請的權利。
- 本人 / 吾等確認 貴公司有權要求提供更多有關本人及於本投保書內所列之被保險人之健康狀況及醫療報告，一切費用由本人 / 吾等支付。
- 本人/ 吾等授權任何為本人 / 被保險人觀察或治療的醫生、醫院、診所，或持有本人及 / 或被保險人健康或任何資料之保險公司或機構將本人及 / 或被保險人之全部資料(包括病歷) 呈交予 貴公司，本授權書之副本與正本具同等效力。
- 本人/吾等已收妥、閱讀並明白所有此保險產品的銷售文件。銷售人員已根據產品的銷售文件向本人/吾等解釋產品的特性及風險，本人/吾等確認本人/吾等完全明白及接受產品的特性及風險。
- 若此投保申請書中英文版本有任何差異，其英文版本即所有根據投保申請書鑄發的保單之基礎將為絕對及有約束力。

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

- The policy term of this plan is one (1) year.
- 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.
- All information declared by me/us in this application form and the issued questionnaires or other documents confirmed by me/us in connection with this application 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 application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application or the insurance policy void. If the information I/we provided in the declaration is incorrect and/or untrue which renders the arrangements contemplated under the application and the insurance policy to become illegal, invalid or ineffective, I/we acknowledge and understand that the Company shall be entitled to cancel the insurance policy even after it has been issued, the Company shall not be liable to any losses or damages I/we may suffer arising therefrom or in connection therewith.
- All information and documents provided by me/us (as defined under "(3)") together with the relevant policy issued shall constitute the entire contract between myself/ourselves and the Company.
- Any payment made in connection to this application does not guarantee immediate approval of the coverage applied. This insurance coverage applied for shall only take effect when the application 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 application for insurance in this application form is accepted by the Company.
- The Company provides no guarantee that the application, the insurance policy and the arrangements contemplated hereunder are in compliance with the laws and regulations of the jurisdictions outside Hong Kong and disclaims any liability in whatsoever losses I/we may suffer or incur arising out of the restrictions and/or requirements.
- If I/we terminate my/our policy after 21-day insurance cooling off period, any premium collected shall not be refunded. The Plan is underwritten by the Company and I/we are subject to the credit risks of the Company.
- According to the information provided by me/us whilst applying for the Plan, the Company reserves the right to decide whether to accept or reject the relevant application.
- I / We acknowledge that the Company reserves the right to ask for submission of more details of health status or medical reports of mine/ours and the insured person as listed in this Application at my / our own cost.
- I / We authorise any medical practitioner, hospital, clinic, by whom or where I / the insured person have / has been observed or treated or any insurance company or organisation that has any records or health information concerning me and / or the insured person for any reason, to give full particulars thereof including prior medical history to the Company. A copy of this authorisation shall be considered as effective and valid as the original.
- I / We have received, read and understood the full set of offering documents of the insurance product that I am / We are applying for. The sales associate has also explained to me/us the product features and risks according to the product offering. I / We declared that I / we fully understand and accept the features and risks of the product.
- In the event of difference arising in respect of the English and Chinese versions of this application form, the English version which is the basis of all policies issued pursuant to this application form is considered absolute and binding.

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

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

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，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、保單相關行政、財務工作、索償調查或分析及其它相關的服務)，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；
- (vi) 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閣下的個人資料予下列各方：

- (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)、或索償調查員/公司，或其他保險業務有關的服務提供者；
- (b) 本公司的關連公司(以《公司條例》內的定義為準)；
- (c) 政府及市場認可的保險業監管機構：保險索償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；
- (d) 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，地址為香港銅鑼灣新寧道8號中國太平大廈19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。

China Taiping Insurance (HK) Company Limited (the “Company”) understands its responsibilities in relation to the collection, retention, processing or use of personal data under the Personal Data (Privacy) Ordinance.

You are under an obligation to provide all of the personal data requested in this form, which is collected to enable us 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, providing administration, financing, claim investigation or analysis work 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 your personal data for the above purposes to the following classes of transferees:

- (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) the Company's related companies (as that term is defined in the Companies Ordinance);
- (c) Government and industry recognized insurance regulatory bodies: the Insurance Claims Complaints Bureau and similar insurance industry bodies, the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; and
- (d) 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 information 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 19/F., China Taiping Tower, 8 Sunning Road, Causeway Bay, 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/吾等反對貴公司使用和轉移本人/吾等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/our personal data for direct marketing purposes, and do not wish to receive any promotional and direct marketing materials.

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

(8) 重要事項 Important Notes

1. 本計劃由中國太平保險(香港)有限公司(「本公司」)承保。
2. 本計劃是保險產品，繳付之保費是用作支付保險及相關費用。
3. 保障將在本公司收妥保費或申請人同意任何附加約定(如有)後生效，並以本公司審核為準。
1. This Plan is underwritten by China Taiping Insurance (HK) Company Limited (the "Company").
2. This Plan is an insurance plan. Part of the premium pays for the insurance and related costs.
3. The benefit shall be in force when the premium is received by the company or when the applicant has accepted any special provision(if applicable), is subject to the Company's underwriting acceptance.

申請人明白、確知及同意，中國太平保險(香港)有限公司會就申請人購買及接受其簽發的保單，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。假如申請人為法人團體，代表申請人簽署的獲授權人員須向中國太平保險(香港)有限公司確認他/她已獲該法人團體授權。

申請人亦明白中國太平保險(香港)有限公司必須取得申請人的同意，才可以處理其保險申請。

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by CHINA TAIPING INSURANCE (HK) COMPANY LIMITED, CHINA TAIPING INSURANCE (HK) COMPANY LIMITED will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to CHINA TAIPING INSURANCE (HK) COMPANY LIMITED that he or she is authorized to do so.

The applicant further understands that the above agreement is necessary for CHINA TAIPING INSURANCE (HK) COMPANY LIMITED to proceed with the application.

(9) 投保人簽署 Signature of the Proposer

I/We confirm that all information provided by me/us in this Application Form is true, correct and accurate. I/We further confirm my/our agreement to all sections in this Application Form, including without limitation, the above Declaration, Personal Information Collection Statement and Important Notes.

本人/吾等確認由本人/吾等於此投保表格提供之所有資料均為事實正確無誤。本人/吾等更確認同意本投保表格內之所有部分，包括但不限於上列之聲明、收集個人資料聲明及重要事項的客戶通知。

香港簽署日期(日/月/年) Date of Signature at Hong Kong (dd/mm/yyyy)	投保人簽署 Signature of the Proposer	營業員簽署 Signature of Agent
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The Chinese version of this application form is for reference only. In case of any discrepancy between the Chinese and English versions, the English version shall prevail. 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。

溫馨提示 Reminder

我們想更快地助您完成申請，因此請您在遞交申請表時謹記：

- 填妥本申請表的所有問題並簽署和填寫申報日期
- 根據申請表要求遞交所有有關的檢查報告的副本
- 於任何更改之處簽署作實

To help us process the Application quickly, please ensure that you have:

- duly completed all questions in the application form with signature and date
- enclosed copy(ies) of all relevant report(s) as required
- initialed any amendments on this application form

由本公司填寫 FOR OFFICE USE ONLY

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CC:		CC:				
AT:		AC:				
DI:	M	201: %	202: %	203: %	204: %	213: %
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