

# BOC Worldwide Medical Insurance Plan Proposal Form



中銀集團保險有限公司  
BANK OF CHINA GROUP INSURANCE COMPANY LIMITED

香港中環德輔道中71號永安集團大廈9樓 9/F, Wing On House, 71 Des Voeux Road Central, Hong Kong.

電話 Tel: 3187 5100

**客戶注意事項 Important Notes to the Customer:**

1. 投保人請以英文正楷填寫及在適當方格內加「✓」號。任何答案如有更改，敬請在旁簽署。The Proposed Insured has to complete the form in English BLOCK LETTERS and please put a "✓" in the box as appropriate. Any changes to be made should be signed by the Proposed Insured.
2. \*請刪去不適用者。\*Please delete whichever is inappropriate or non-applicable. #個人客戶適用。\*Applicable for Individual. ##公司客戶適用。##Applicable for Company.
3. 若不清楚此投保書需要透露的資料內容，請致電中銀集團保險有限公司（下稱“中銀集團保險”）熱線(852) 3187 5100查詢。讓保險公司了解實況，有助保障投保人及/或受保人的利益，若未能充份透露實情，將會使投保人及/或受保人得不到所需求的保障，甚至使保單失效。If you have any doubt on what should be disclosed in this proposal form, please call Bank of China Group Insurance Company Limited (named below as "BOCG Insurance") Hotline (852) 3187 5100. It is advantageous to the Proposed Insured and/or Insured Person(s) to fully disclose all material facts to the insurance company. Failure to disclose may mean that the policy will not provide the Proposed Insured and/or Insured Person(s) with the coverage required, or may invalidate the policy.
4. 此投保書申請一經被接納後，您的保單將會每年自動續保。Once the application for this proposal form is accepted, your policy will be automatically renewable each year.
5. 若此投保書所含的內容與保單條款有任何歧異，概以保單為準。In the event that the information contained in this proposal form does not conform to the terms in any policy issued, the policy terms shall prevail.
6. 「中銀環球醫療保障計劃」（下稱“本計劃”）由中銀集團保險承保。BOC Worldwide Medical Insurance Plan (named below as "this Plan") is underwritten by BOCG Insurance.
7. 中國銀行（香港）有限公司及其他代理銀行（各稱為“代理銀行/代理”）以中銀集團保險的委任保險代理身份分銷本計劃，本計劃為中銀集團保險的產品，而非代理銀行/代理的產品。Bank of China (Hong Kong) Limited and other Agent Banks (each an "Agent Bank/Agent") are the appointed insurance agents of BOCG Insurance for distribution of this Plan. This Plan is a product of BOCG Insurance but not the Agent Bank/Agent.
8. 對於代理銀行/代理與客戶之間因銷售過程或處理有關交易而產生的合資格爭議（定義見金融糾紛調解計劃的金融糾紛調解中心職權範圍），代理銀行/代理須與客戶進行金融糾紛調解計劃程序；而有關本計劃的合約條款的任何爭議，應由中銀集團保險與客戶直接解決。In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between the Agent Bank/Agent and the customer out of the selling process or processing of the related transaction, the Agent Bank/Agent is required to enter into a Financial Dispute Resolution Scheme process with the customer; however any dispute over the contractual terms of this Plan should be resolved between directly BOCG Insurance and the customer.

**投保人資料 Details of the Proposed Insured**

1. <input type="checkbox"/> 先生 Mr <input type="checkbox"/> 小姐 Miss <input type="checkbox"/> 公司 Company <input type="checkbox"/> 女士 Ms <input type="checkbox"/> 太太 Mrs		*2. #香港身份證 / #護照號碼 / ##商業登記證號碼 #HKID Card No. / #Passport No. / ##Business Registration No.	
3. 英文姓名或公司名稱 Name or Company Name in English (請先填寫姓氏 Surname first)		4. 中文姓名或公司名稱 Name or Company Name in Chinese	
5. #出生日期 #Date of Birth (日D / 月M / 年Y)		6. #出生地點 #Place of Birth	
7. 國籍 Nationality		8. 電子郵箱 Email	
9. 行業 / 業務性質 Industry / Business Nature		10. 職位 Position	
11. ##公司聯絡人姓名 ##Name of Company Contact Person			
12. 通訊地址 Correspondence Address 室 Room / Flat _____ 層數 Floor _____ 座數 Block / Tower _____ 大廈/屋苑名稱 Name of Building / Estate _____ 街道號數及名稱 Number and Name of Street/Road _____ 地區 District _____ 地域 Region <input type="checkbox"/> 香港Hong Kong <input type="checkbox"/> 其他 Others _____ 郵區編號Postal Code (只適用於海外地址For Overseas Address Only) _____ 國家號碼 (例如: 香港852, 中國內地86) Country Code (e.g.: Hong Kong 852, Mainland China 86)			
13. 聯絡電話 (住宅) Contact No.(Home) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           _____            國家號碼      地區號碼 (如有)            Country Code      Area Code (if any)         </div> <div style="width: 50%;">           _____            國家號碼            Country Code         </div> </div>		14. 聯絡電話 (手提) Contact No.(Mobile) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           _____            國家號碼      地區號碼 (如有)            Country Code      Area Code (if any)         </div> <div style="width: 50%;">           _____            國家號碼            Country Code         </div> </div>	
15. #賠償入賬戶口 #Bank Account for Claim Reimbursement <sup>†</sup> 本人之銀行及分行名稱 My Bank Name and Branch _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           _____            自動轉賬戶口號碼 Autopay A/C No. _____         </div> <div style="width: 50%;">           _____            自動轉賬戶口號碼 Autopay A/C No. _____         </div> </div>			

<sup>†</sup> 所有受保人必須以同一銀行轉賬戶口作為賠償過數之用。如未能提供銀行戶口，賠償將以支票支付予投保人。For the purpose of claim payment. The Autopay A/C No. for claim payment shall apply to all Insured Person(s). If no bank account is provided, the claim payment will be settled to the Proposed Insured by cheque.

**投保限制 Limitation :**

1. 投保人可與家人一同投保。家人是指投保人及/或其父母、合法配偶、合法配偶父母、子女。The Proposed Insured can enroll the plan together with family. "Family" refers to the Proposed Insured and/or parents and/or legal spouse and/or parents-in-law and/or child(ren) of the Proposed Insured.
2. 投保公司必須為受保員工之僱主。Proposed Insured Company must be the employer of the Insured Employee.
3. 投保人投保時年齡必須為18歲或以上。The Proposed Insured must be aged 18 years or above at the time of application.
4. 所有受保人於申請這份保險時須為年齡介乎 15 天至 70 歲。子女年齡介乎 15 日至 5 歲必須連同成人一同投保。Upon application, all Insured Person(s) must be aged between 15 days and 70 years. Child(ren) aged from 15 days to 5 years old must enroll together with adult.
5. 除獲中銀集團保險批准外，在保單年度內受保人必須居住於香港或澳門 6 個月或以上。Except the approval of BOCG Insurance, the Place of Residence of the Insured Person(s) must be in Hong Kong or Macau whereby the Insured Person(s) will live for 6 months or above within the policy year.

保單生效日期 Effective Date of Insurance Cover							
日D / 月M / 年Y _____ (必須完成所有核保程序，本保險方可生效。The insurance is effective which is subject to all underwriting procedures are completed.)							
受保人資料 Details of Insured Person(s) (如有更多受保人，請另紙填上 Use separate sheet if more Insured Persons to be insured)							
另有附頁 with attachment <input type="checkbox"/>	受保人1 Insured Person 1 年齡Age:_____	受保人2 Insured Person 2 年齡Age:_____	受保人3 Insured Person 3 年齡Age:_____	受保人4 Insured Person 4 年齡Age:_____	受保人5 Insured Person 5 年齡Age:_____	受保人6 Insured Person 6 年齡Age:_____	
1. 姓氏 Surname							
2. 名字 Given Name							
3. 香港身份證號碼 / 護照號碼 / 出生證件號碼 (11歲以下) HKID Card No. / Passport No. / Birth Cert. No. (for aged below 11)							
4. 性別 Sex							
5. 出生日期 (日/月/年) Date of Birth (DD/MM/YY)	/ /	/ /	/ /	/ /	/ /	/ /	
6. 國籍 Nationality							
7. 居住地 <sup>1</sup> Place of Residence <sup>1</sup>	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 澳門 Macau <input type="checkbox"/> 中國內地 Mainland China 城市名稱: _____ Name of City: _____  <input type="checkbox"/> 其他Others 國家名稱: _____ Name of Country: _____  城市名稱: _____ Name of City: _____	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 澳門 Macau <input type="checkbox"/> 中國內地 Mainland China 城市名稱: _____ Name of City: _____  <input type="checkbox"/> 其他Others 國家名稱: _____ Name of Country: _____  城市名稱: _____ Name of City: _____	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 澳門 Macau <input type="checkbox"/> 中國內地 Mainland China 城市名稱: _____ Name of City: _____  <input type="checkbox"/> 其他Others 國家名稱: _____ Name of Country: _____  城市名稱: _____ Name of City: _____	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 澳門 Macau <input type="checkbox"/> 中國內地 Mainland China 城市名稱: _____ Name of City: _____  <input type="checkbox"/> 其他Others 國家名稱: _____ Name of Country: _____  城市名稱: _____ Name of City: _____	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 澳門 Macau <input type="checkbox"/> 中國內地 Mainland China 城市名稱: _____ Name of City: _____  <input type="checkbox"/> 其他Others 國家名稱: _____ Name of Country: _____  城市名稱: _____ Name of City: _____	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 澳門 Macau <input type="checkbox"/> 中國內地 Mainland China 城市名稱: _____ Name of City: _____  <input type="checkbox"/> 其他Others 國家名稱: _____ Name of Country: _____  城市名稱: _____ Name of City: _____	
8. 與投保人/受保員工關係 Relationship with Proposed Insured/Insured Employee	<input type="checkbox"/> 本人 Self	<input type="checkbox"/> 配偶 Spouse	<input type="checkbox"/> 父 Father <input type="checkbox"/> 配偶父 Father-in-Law	<input type="checkbox"/> 母 Mother <input type="checkbox"/> 配偶母 Mother-in-Law	<input type="checkbox"/> 子女 <sup>2</sup> Child <sup>2</sup>	<input type="checkbox"/> 子女 <sup>2</sup> Child <sup>2</sup>	
9. 職業及職位 Occupation and Position							
10. 身高 <sup>3</sup> Height <sup>3</sup> (米/m)							
11. 體重 <sup>3</sup> Weight <sup>3</sup> (千克/kg)							
12. 身體質量指數 <sup>4</sup> Body Mass Index (BMI) <sup>4</sup>							
13. 身體質量指數 <sup>4</sup> 是否符合標準? Does BMI <sup>4</sup> fall within standard level?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
保障計劃 <sup>5</sup> 類別及總保費 Category of Benefits Plan <sup>5</sup> & Total Premium (HK\$)							
基本保障 Basic Benefits							
14. 計劃級別及保障地區 Plan Level and Coverage Area	<input type="checkbox"/> 尊貴計劃 (環球) Noble Plan (Worldwide)  <input type="checkbox"/> 卓越計劃 (環球-美國除外) Elite Plan (Worldwide Excl. USA)  <input type="checkbox"/> 精選計劃 (亞洲 <sup>6</sup> ) Essential Plan(Asia <sup>6</sup> )	<input type="checkbox"/> 尊貴計劃 (環球) Noble Plan (Worldwide)  <input type="checkbox"/> 卓越計劃 (環球-美國除外) Elite Plan (Worldwide Excl. USA)  <input type="checkbox"/> 精選計劃 (亞洲 <sup>6</sup> ) Essential Plan(Asia <sup>6</sup> )	<input type="checkbox"/> 尊貴計劃 (環球) Noble Plan (Worldwide)  <input type="checkbox"/> 卓越計劃 (環球-美國除外) Elite Plan (Worldwide Excl. USA)  <input type="checkbox"/> 精選計劃 (亞洲 <sup>6</sup> ) Essential Plan(Asia <sup>6</sup> )	<input type="checkbox"/> 尊貴計劃 (環球) Noble Plan (Worldwide)  <input type="checkbox"/> 卓越計劃 (環球-美國除外) Elite Plan (Worldwide Excl. USA)  <input type="checkbox"/> 精選計劃 (亞洲 <sup>6</sup> ) Essential Plan(Asia <sup>6</sup> )	<input type="checkbox"/> 尊貴計劃 (環球) Noble Plan (Worldwide)  <input type="checkbox"/> 卓越計劃 (環球-美國除外) Elite Plan (Worldwide Excl. USA)  <input type="checkbox"/> 精選計劃 (亞洲 <sup>6</sup> ) Essential Plan(Asia <sup>6</sup> )	<input type="checkbox"/> 尊貴計劃 (環球) Noble Plan (Worldwide)  <input type="checkbox"/> 卓越計劃 (環球-美國除外) Elite Plan (Worldwide Excl. USA)  <input type="checkbox"/> 精選計劃 (亞洲 <sup>6</sup> ) Essential Plan(Asia <sup>6</sup> )	<input type="checkbox"/> 尊貴計劃 (環球) Noble Plan (Worldwide)  <input type="checkbox"/> 卓越計劃 (環球-美國除外) Elite Plan (Worldwide Excl. USA)  <input type="checkbox"/> 精選計劃 (亞洲 <sup>6</sup> ) Essential Plan(Asia <sup>6</sup> )
15. 自選每年度自負額 Annual Deductible Option	<input type="checkbox"/> HK\$0 <input type="checkbox"/> HK\$25,000 <input type="checkbox"/> HK\$80,000	<input type="checkbox"/> HK\$0 <input type="checkbox"/> HK\$25,000 <input type="checkbox"/> HK\$80,000	<input type="checkbox"/> HK\$0 <input type="checkbox"/> HK\$25,000 <input type="checkbox"/> HK\$80,000	<input type="checkbox"/> HK\$0 <input type="checkbox"/> HK\$25,000 <input type="checkbox"/> HK\$80,000	<input type="checkbox"/> HK\$0 <input type="checkbox"/> HK\$25,000 <input type="checkbox"/> HK\$80,000	<input type="checkbox"/> HK\$0 <input type="checkbox"/> HK\$25,000 <input type="checkbox"/> HK\$80,000	<input type="checkbox"/> HK\$0 <input type="checkbox"/> HK\$25,000 <input type="checkbox"/> HK\$80,000
自選保障 Optional Benefit(s) (只適用於尊貴計劃或卓越計劃 Applicable to Noble Plan or Elite Plan only)							
16. 牙科 Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. 門診 Out-patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
全年保費 Annual Premium (HK\$)							
此欄只供2個或以上受保人填寫 This part is applicable for 2 or more Insured Persons to complete							
所有受保人 (基本 + 自選保障) All Insured Person(s) (Basic + Optional Benefits)			全年總保費 Total Annual Premium (HK\$):				

**註 Remarks :**

1. 居住地是指受保人在保單年度內居住於同一地區6個月或以上，並於投保書或書面更改通知內作出相關聲明。Place of Residence means the place whereby the Insured Person(s) will live for 6 months or above in the same place within the policy year and as declared in the proposal form or written notice of change.
2. 子女指投保人的合法子女，包括繼子女、領養子女、或監護兒童。Child(ren) mean(s) the legal child(ren) of the Proposed Insured, including step child(ren), adopted child(ren), or guardian child(ren).
3. 1 inch 吋 = 2.54厘米cm ; 1 米m = 100厘米cm ; 1 千克kg = 2.2磅 lbs
4. 身體質量指數 (BMI) 計算方式 “Body Mass Index” (BMI) assessment method : 請參考以下BMI計算程式或使用設於中銀集團保險網頁 (<http://www.bocgins.com>) 的BMI網上計算機，以便於投保書內申報您及/或受保人的BMI指數。Please specify you and/or Insured Person(s)' BMI index in the proposal form by referring the below BMI formula or the online BMI calculator in BOCG Insurance website (<http://www.bocgins.com>).

$$\text{BMI} = \frac{\text{體重Weight}}{\text{身高Height}^2} \quad \begin{array}{l} \text{(單位：千克kg)} \\ \text{(單位：米m)} \end{array}$$

身體質量指數分類 BMI Category	標準 standard level	不符合標準 falls outside standard level
成人Adult (18歲或以上aged 18 or above)	18-26	<18 或 >26
子女Child (18歲以下 aged below 18)	10-26	<10 或 >26

例子 example : 成人 — 年齡25歲、身高173厘米及體重68 千克 Adult - 25 years old, 173cm height and 68 kg weight

$$\text{BMI} = \frac{(68 \text{ kg})}{(1.73\text{m})^2} = 22.72 \quad \text{(其身體質量指數符合標準 BMI falls within standard level)}$$

例子 example : 子女 — 年齡1歲、身高75厘米及體重4 千克 Child - 1 year old, 75cm height and 4 kg weight

$$\text{BMI} = \frac{(4 \text{ kg})}{(0.75\text{m})^2} = 7.105 \quad \text{(其身體質量指數不符合標準 BMI falls outside standard level)}$$

5. 受保人須投保基本保障，方可申請附加自選保障及其自選保障必須與其基本保障的級別相同。不同受保人於同一保單可申請不同基本保障及自選保障，而基本保障與自選保障的計劃級別必須相同。The Insured Person(s) should enroll in the Basic Benefits coverage prior to the application for Optional Benefit(s) and such Optional Benefit(s) should be same as the level of the Basic Benefits. The Insured Person(s) under the same policy can apply for different Basic Benefits and Optional Benefit(s). The plan level of Basic Benefits and Optional Benefit(s) must be the same.
6. 亞洲是指阿富汗、澳洲、孟加拉、不丹、汶萊、柬埔寨、中國、香港、印度、印尼、日本、哈薩克、吉爾吉斯、老撾、澳門、馬來西亞、馬爾代夫、蒙古、緬甸、尼泊爾、新西蘭、北韓、巴基斯坦、菲律賓、新加坡、南韓、斯里蘭卡、台灣、塔吉克、泰國、東帝汶、土庫曼、烏茲別克及越南。Asia means Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan, and Vietnam.

## 投保書陳述項目 Stated Information for this Proposal Form

請就受保人的健康狀況回答下列問題。若答案為「是」，請詳述於第6頁「陳述項目說明」。Please answer each of the following questions on the health of the Insured Person(s). For each "Yes" answer, please explain and provide details in "Illustration of Stated Information" in page 6.

### I. 一般資料 General Information

	是YES	否NO
1. 是否吸煙或曾吸煙？若「是」，請註明每天數量（支）及吸煙年期。若現已停止吸煙，請說明日期及原因。 Do you smoke or have you ever smoked? If yes, please specify daily consumption (piece) and year of smoking. If you have ceased smoking, please state the date and reason.	<input type="checkbox"/>	<input type="checkbox"/>
2. 是否有飲酒的習慣？若「是」，請註明飲品種類（例如啤酒、葡萄酒、烈酒等）及每週飲用量（毫升）。 Do you drink alcohol regularly? If yes, please specify type of drink (e.g. beer, wine, spirit etc.) and weekly consumption (ml).	<input type="checkbox"/>	<input type="checkbox"/>
3. 在過去12個月內體重曾否增加或減少10磅（4.5公斤）或以上？若「是」，請說明確實增加或減少之重量及原因。 Have you gained/lost weight of 10lb (4.5kg) or more in the last 12 months? If yes, please give exact figure and reason.	<input type="checkbox"/>	<input type="checkbox"/>
4. 是否參與或計劃參與任何危險運動或活動（例如：駕駛私人航空工具、賽車、任何類型的潛水或攀山等）？若「是」，請說明詳情。 Do you participate or are you planning to participate in any hazardous sport or activity (e.g. private aviation, motor car or motor-cycle racing, diving of any kinds or mountaineering, etc.)? If yes, please state details.	<input type="checkbox"/>	<input type="checkbox"/>
5. 是否或將於香港或澳門以外地區居住或工作？若「是」，請註明城市及國家名稱、居留目的及停留次數。Do you or do you intend to live or work outside Hong Kong or Macau? If yes, please specify name of country and city, purpose of stay and duration of stay.	<input type="checkbox"/>	<input type="checkbox"/>

### II. 投保記錄 Insurance History

	是YES	否NO
6. i. 目前是否已購買或正在申請其他個人意外、個人醫療、住院現金或危疾保險？若「是」，請提供保險公司名稱、計劃名稱、保險金額、保單生效日期。 Have you purchased/been applying other personal accident insurance, individual medical insurance, hospital cash insurance or critical illness insurances? If yes, please state the name of insurer, name of plan, amount of coverage, and effective date of policy.	<input type="checkbox"/>	<input type="checkbox"/>
ii. 是否曾被保險公司取消保單或申請個人意外、個人醫療、住院現金、危疾或人壽保險而被拒絕、延期或附加保費或條件承保？若「是」，請提供有關原因及詳情。 Have your personal accident insurance, individual medical insurance, hospital cash insurance, critical illness insurance or life insurance policies ever been cancelled or applications ever been declined, postponed, accepted with extra premium or modified term by the insurer? If yes, please provide reason and details.	<input type="checkbox"/>	<input type="checkbox"/>
iii. 過去有否就上述保險計劃向保險公司申請索賠？若「是」，請提供詳情。 Have you submitted claims applications of the above mentioned insurance plan to the insurers? If yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>

### III. 病歷 Medical History

	是YES	否NO
7. 曾否/正在服用任何藥物超過14天（一般傷風、感冒除外）？ Have you ever been or are you currently taking/prescribed any medication or drugs for more than 14 days (apart from common flu and colds)?	<input type="checkbox"/>	<input type="checkbox"/>
8. 親生父母或兄弟姐妹曾否患上任何心臟病、中風、高血壓、糖尿病、腎病、精神失常、肝炎（或肝炎帶菌者）、癌症或任何遺傳病？ Have any of your natural parents, brothers or sisters suffered from heart disease, stroke, hypertension, diabetes, kidney disease, mental disorder, hepatitis (or is a hepatitis carrier), cancer or any hereditary disease?	<input type="checkbox"/>	<input type="checkbox"/>
9. 除了僱主或保險公司指定之醫療檢查外，曾否進行或被醫生建議進行任何醫療檢查，包括血液測試、X光、心電圖、超聲波、電腦斷層掃描、活組織檢驗或其他檢驗？ Other than medical test(s) required by an employer or insurer, have you ever undergone or been recommended any medical/diagnostic test, such as blood test(s), x-ray, electrocardiogram, ultrasonogram, CT scan, biopsy or other investigations?	<input type="checkbox"/>	<input type="checkbox"/>
10. 過去5年曾否患上任何疾病（一般傷風、感冒除外）或因意外受傷超過14天？ Have you suffered from any illness (apart from common flu or colds) or effects of any accident which lasted for more than 14 days in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
11. 曾否就性病、愛滋病或人類免疫力缺乏症而接受或將接受任何醫療意見、諮詢、診治或測試？ Have you ever received or do you expect to receive any medical advice, counseling, treatment or any test(s) in connection with venereal disease, AIDS, HIV infection?	<input type="checkbox"/>	<input type="checkbox"/>
12. 曾否患上下列疾病或就有關疾病曾接受治療？ Have you ever suffered from or been treated for any of the following disorders/disease?		
i. 呼吸系統疾病包括哮喘、支氣管炎、結核病、肺氣腫、鼻中隔/鼻甲骨偏側或其他呼吸系統疾病？ <b>The Respiratory Diseases</b> including asthma, bronchitis, tuberculosis, emphysema, deviated nasal septum/turbinate or others respiratory diseases?	<input type="checkbox"/>	<input type="checkbox"/>
ii. 心臟血管或循環系統或血液疾病包括胸痛/心絞痛、心悸、高血壓、風濕熱、心雜音、心臟病、貧血、靜脈曲張或其他有關之疾病？ <b>The Cardiovascular or Circulatory Diseases or Blood Disorders</b> including chest pain/angina pectoris, palpitation, hypertension, rheumatic fever, heart murmur, heart attack, anaemia, varicose veins or other related diseases/disorders?	<input type="checkbox"/>	<input type="checkbox"/>

	是YES	否NO
iii. 消化系統疾病包括各類型的肝炎、肝病、各類型的潰瘍症、痔瘡、疝氣、肛瘻或其他食道／腸胃及膽囊疾病？ <b>The Digestive Diseases</b> including hepatitis of any kind, liver disease, ulcer of any kind, haemorrhoid, hernia, anal fistula or other diseases/disorders of esophagus/gastrointestinal and gallbladder?	<input type="checkbox"/>	<input type="checkbox"/>
iv. 泌尿系統疾病包括腎、膀胱、尿道疾病或結石或生殖器官疾病包括子宮塗片檢查異常、月經失調、前列腺疾病、性病或其他有關之疾病？ <b>Genitor Urinary Diseases</b> including kidney, bladder, urinary disorders and stones or <b>any Disorder of Reproductive Organs</b> including abnormal smear test(s), menstrual disorder, prostate disorder, venereal disease or other related diseases/disorders?	<input type="checkbox"/>	<input type="checkbox"/>
v. 內分泌系統疾病包括糖尿病、甲狀腺病或其他有關的疾病？ <b>Endocrine Diseases</b> including diabetes, thyroid disorder or other related diseases/disorders?	<input type="checkbox"/>	<input type="checkbox"/>
vi. 神經系統疾病、精神失常、精神病及腦部疾病包括腦癇症、癱瘓、暈眩、中風、頭痛、焦慮、抑鬱或任何有關神經系統疾病及眼或耳的損傷包括失明、視力／聽力／說話能力受損或其他有關之疾病？ <b>The Nervous Diseases, Mental Disorders or Psychiatric Problem/Diseases and Brain Diseases/Disorders</b> including epilepsy, paralysis, dizziness, stroke, headache, anxiety, depression or any other neurological disorders and <b>impairment of the eyes or ears</b> including blindness, conditions affecting sight/hearing/speech or other related diseases/disorders?	<input type="checkbox"/>	<input type="checkbox"/>
vii. 脊椎或肌肉及骨骼疾病包括類風濕關節炎、關節炎、痛風、坐骨神經痛、姆指外翻或其他有關之疾病？ <b>Spinal or Musculoskeletal Conditions/Diseases</b> including rheumatoid arthritis, arthritis, gout, sciatica, hallux valgus or other related diseases/disorders?	<input type="checkbox"/>	<input type="checkbox"/>
viii. 乳房疾病包括乳腺炎、乳房脹痛、乳房腫塊、腺瘤、囊狀纖維症、乳腺纖維腺瘤、膿腫及其他有關之乳房疾病？ <b>Breast Disorder</b> including mastitis, breast pain, breast lump or mass, adenoma, fibrocystic, fibroadenoma, abscess and other related breast disorders?	<input type="checkbox"/>	<input type="checkbox"/>
ix. 皮膚問題包括痤瘡、濕疹、皮膚炎、風疹、皮膚角化、牛皮癬、灰甲、疣或其他有關之皮膚情況？ <b>Skin Problem</b> including acne, eczema, dermatitis, urticaria, keratosis, psoriasis, onychomycosis, wart or other related skin conditions?	<input type="checkbox"/>	<input type="checkbox"/>
x. 癌症、腫瘤、囊腫、息肉或任何類型異常增生？ <b>Cancer, Tumour, Cyst, Polyp or Abnormal growth of any kind?</b>	<input type="checkbox"/>	<input type="checkbox"/>
13. 過去5年曾否有任何以上未提及而影響你的健康或身體狀況？ Are there any health or physical conditions in the last 5 years not mentioned above which may affect your well being?	<input type="checkbox"/>	<input type="checkbox"/>

#### IV. 女性適用For Female Only:

	是YES	否NO
14. i. 現在是否懷孕？若「是」，請註明預產期。 Are you now pregnant? If yes, please state the expected delivery date.  預產期為The expected delivery date _____	<input type="checkbox"/>	<input type="checkbox"/>
ii. 曾否因懷孕或生產而患上任何併發症（如宮外孕、妊娠糖尿、高血壓、蛋白尿等）？ Have you ever had any complications during pregnancy or delivery (e.g. ectopic pregnancy, gestational diabetes, hypertension, protein in urine etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

**陳述項目說明 Illustration of Stated Information**

就上述「投保書陳述項目」1-14項問題，若任何一題答「是」，請於下列空格內提供全部詳情。如需另頁詳加說明，請在右格內加“✓”並連同附頁一併遞交，而附頁需由有關受保人簽署確認。If any answer to above “Stated information for this Proposal Form” question 1-14 is “YES”, please provide full details in the following table. If you need to provide details on separate sheet, please tick the box at the right hand side and attach the sheet(s). The sheet(s) should be duly signed by the related Insured Person(s).

另有附頁  
with  
attachment  
☐

**I. 一般資料 General Information / II. 投保記錄 Insurance History****問題 Questions 1 – 6**

受保人姓名 Name of Insured Person(s)	問題號碼 Question No.	詳情 Details

**III. 病歷 Medical History****問題 Question 7**

受保人姓名 Name of Insured Person(s)	疾病性質/ 病症名稱 Nature of Disorder/Diagnosis	藥物名稱 Name of Medication or Drug	每日劑量 Daily Dosage	持續日期 Duration and Date (From - To)	現在的情況 Current Condition	主診醫生名稱及地址 Name and Address of the Medical Attendant(s)

**問題 Question 8**

受保人姓名 Name of Insured Person(s)	與受保人關係 Relationship with the Insured Person(s)	疾病性質/ 病症名稱 Nature of Disorder/ Diagnosis	發病日期及年齡 Date & Age of Onset	現在的情況，如已歿請提供死因 Current Condition, or if Died, Please State Cause of Death

**問題 Question 9 (請附上有關醫療報告 PLEASE ENCLOSE RELATED MEDICAL REPORT(S))**

受保人姓名 Name of Insured Person(s)	疾病性質/ 病症名稱 Nature of Disorder/Diagnosis	測試日期 Date of Test(s)	測試項目詳情 Details of Tested Item(s)	檢驗結果 Test Result	現在的情況 Current Condition	主診醫生名稱及地址 Name and Address of the Medical Attendant(s)

**問題 Questions 10-14 (請附上有關醫療報告 PLEASE ENCLOSE RELATED MEDICAL REPORT(S))**

受保人姓名 Name of Insured Person(s)	問題號碼 Question No.	病症名稱/疾病性質 及影響位置 Diagnosis /Details of Disorder, please specify the location of affected where are applicable	所接受之 護理及治療 Care and Treatment Received	發病日期 Onset Date	上一次 求診日期 Last Consultation Date	結果及 現時情況 Result and Current Condition	有沒有醫療報告 提供? 有/否 Any Medical Report(s) Provided? Yes/ No	主診醫生名稱及地址 Name and Address of the Medical Attendant(s)



## 受保員工聲明 (只適用於公司投保) Declaration of Insured Employee (Applicable for Company Enrollment only)

1. 本人在此授權任何醫生、醫院、診所、保險公司及其他人士，均可向「中銀集團保險有限公司」提供本人及/或上述家屬健康情況及病歷詳細資料。此授權書之影印本與正本有同等效力。I hereby authorise any doctor, hospital, clinic, insurance company or any other person to provide either myself and/or the above mentioned family members' health condition or detail medical history to "Bank of China Group Insurance Company Limited". Copy of this authorisation form will have same effect as of the original copy.
2. 本人已向所有家屬取得授權，本人謹此聲明以上陳述乃真確無訛，可作為簽發保單之根據，亦明白如資料錯誤或不詳盡，本人及/或家屬之保障有失效之虞。I have obtained the necessary authorisation from my dependent(s). I declare that the information stated in the above is true and complete and will form the basis of this insurance. I also understand that if any information stated is untrue or incomplete, the cover for me and my dependent(s) may be invalidated.
3. 本人授權投保公司向中銀集團保險提供本人及/或受保人的個人資料。I hereby authorise Proposed Insured Company to provide myself and/or Insured Person(s)' personal information to BOCG Insurance.
4. 賠款收取方式 Receive claim payment method

☐ **銀行戶口自動轉賬 Bank Account Autopay**

銀行名稱 Bank Name: \_\_\_\_\_ 受保員工銀行戶口號碼 Insured Employee's Bank Account No: \_\_\_\_\_

☐ **支票 Cheque**

☐ 賠付予受保員工 Pay to Insured Employee ☐ 賠付予投保公司 Pay to Proposed Insured Company

受保員工簽署  
Signature of Insured Employee

電子郵箱 (處理賠償之用)  
E-mail (For the purpose of claim payment)

日期 (日/月/年)  
Date (DD/MM/YY)

## 繳付保費方法 Payment Method

☐ **1. 以銀行戶口自動轉賬 Bank Account Autopay\***

請填妥第11頁的「直接付款授權書」，連同首年保費之現金或劃線支票抬頭寫「中銀集團保險有限公司」一併交回。 Please pay cash or attach a crossed cheque for the 1<sup>st</sup> year premium made payable to "Bank of China Group Insurance Company Limited" with a completed Direct Debit Authorisation Form in page 11.

銀行名稱 Bank Name: \_\_\_\_\_ 支票號碼 Cheque No.: \_\_\_\_\_

\*請注意個別銀行可能會向客戶收取設立自動轉賬之服務費用。 Please note that some banks may charge their customers service fees for setting up the auto-pay facility.

5,000中銀信用卡獎賞  
積分 5,000 BOC Credit  
Card Reward Gift Points

(只適用於個人投保 Applicable for Individual Enrollment Only)

由即日起至2018年12月31日期間(「推廣期」)，投保人於推廣期內以中銀信用卡成功登記直接付款授權服務以支付「中銀環球醫療保障計劃」首個保單年度及續保保費，可額外獲享一次過5,000中銀信用卡獎賞積分。 From now to 31 December 2018 ("Promotion Period"), Proposed Insured may enjoy a one-off extra 5,000 BOC Credit Card Reward Gift Points upon successful registration for BOC Credit Card Direct Debit Authorization Service for premium payment of first policy year and renewal of "BOC Worldwide Medical Insurance Plan".

提示：借定唔借？還得到先好借！ Reminder: To borrow or not to borrow? Borrow only if you can repay!

☐ **2. 以信用卡付款 Payment Made by Credit Card (只適用於個人投保 Applicable for Individual Enrollment Only)**

- i. ☐ 請填妥第10頁的「信用卡付款授權書」交回。 Please attach a completed Credit Card Authorisation Form in page 10.
- ii. ☐ 若以「中銀信用卡12個月免息分期月繳」支付保費，請填妥第12頁的「免息分期計劃直接付款授權書」。 If payment is made by using "BOC Credit Card 12-Month Interest-free Monthly Installment", please attach with a completed Interest-free Installment Direct Debit Authorisation Form in page 12.

☐ **3. 以商務信用卡付款 Payment Made by Business Credit Card (只適用於公司投保 Applicable for Company Enrollment Only)**

請填妥第10頁的「信用卡付款授權書」交回。 Please attach a completed Credit Card Authorisation Form in page 10.

☐ **4. 以支票付款 Payment Made by Cheque**

請以劃線支票抬頭寫「中銀集團保險有限公司」並交回。 Please make a crossed cheque payable to "Bank of China Group Insurance Company Limited".

銀行名稱 Bank Name: \_\_\_\_\_ 支票號碼 Cheque No.: \_\_\_\_\_

本人/吾等明白此投保書一經批核，在每個保單年度期滿前，若未有接獲中銀集團保險有關修改任何條款的續保通知，本人/吾等只須繳交下個保單年度所須的保費，此保單便會每年自動續保。現授權中銀集團保險從本人/吾等之銀行/信用卡戶口轉賬繳交「中銀環球醫療保障計劃」應繳付的保費，包括其後背書所更改的保費以及每個新保單年度續保保費。 I/We understand that once this application is accepted, if no notice of amendment of renewal terms is sent to me/us from BOCG Insurance prior to the expiration of each policy year, the policy will be automatically renewed simply by my/our settling of the required premium for the upcoming policy year. I/We hereby authorise BOCG Insurance to effect payment transfer from my/our bank/credit card account for payment of premium under the "BOC Worldwide Medical Insurance Plan", including subsequent revised premium by endorsement(s) and all renewal premiums for each new policy year.

## 聲明 Declaration

1. 本人/本公司接納根據「中銀環球醫療保障計劃」規定，凡在保單起保日前因已患之疾病、損傷或其他病況而引致之醫療需要，一律不予賠償，除非本人/本公司及/或受保人已在投保書內已詳細列明並獲中銀集團保險接納。I/ Our company acknowledge that benefits are not payable under the "BOC Worldwide Medical Insurance Plan" for any costs of treatment arising from any existing illnesses, injuries or other conditions unless complete details are fully disclosed by me/ our company and/or the Insured Person(s) in the Proposal Form and accepted by BOCG Insurance.
2. 本人/本公司謹此聲明受保人於申請這份保險時為年齡介乎15日至70歲的人士，除獲中銀集團保險批准外，在保單年度內受保人必須居住於香港或澳門6個月或以上，並於投保書或書面更改通知內作出相關聲明。I/ Our company declare that upon application, the Insured Person(s) is/are aged between 15 days and 70 years old and except the approval of BOCG Insurance, the Place of Residence of the Insured Person must be in Hong Kong or Macau whereby the Insured Person(s) will live for 6 months or above within the policy year and as declared in the proposal form or written notice of change.
3. 本人/本公司謹此聲明，本人/本公司已向所有家屬/員工家屬取得授權，於本投保書之陳述乃真確無訛，可作為簽發保單之根據。本人/本公司亦明白如資料錯誤或不詳盡，本人/本公司及/或受保人之保障有失效之虞。I/ Our company declare that I/our company have obtained the necessary authorisation from my dependent(s)/ employee dependent(s), the information stated in this Proposal Form is true and complete and will form the basis of this insurance. I/ Our company also understand that if any information stated is untrue or incomplete, the cover for me and/or for the Insured Person(s) may be invalidated.
4. 本人/本公司謹此聲明，**本投保書是在香港特別行政區內簽署**，如有任何訛騙或資料失實，本人/本公司及/或受保人之保障有失效之虞。I/ Our company declare that **this Proposal Form is applied and signed at the HKSAR**, in case of fraud or factual misrepresentation, the cover for me/ our company and/or for the Insured Person(s) may be invalidated.
5. 本人/本公司在此授權任何醫生、醫院、診所、保險公司及其他人士，均可向中銀集團保險提供本人/本公司及/或上述家屬健康情況及病歷詳細資料。此授權書之影印本與正本有同等效力。I/ Our company hereby authorise any doctor, hospital, clinic, insurance company or any other person to provide either myself / our company and/or the above mentioned family members' health condition or detail medical history to BOCG Insurance. Copy of this authorisation form will have same effect as of the original copy.
6. 本人/本公司同意中銀集團保險保留一切有關投保書接納與否之權利。I/ Our company agree BOCG Insurance reserves the right to accept or decline this application.
7. 本人/本公司明白必須繳付全額保費與生效後，中銀集團保險對本人/本公司及/或受保人之保險責任始行生效。I/ Our company understand that BOCG Insurance's insurance liability for myself / our company and/or for the Insured Person(s) will only take effect provided that premium has been fully paid and the policy was put in-force.
8. 本人/本公司明白此投保申請一經批核，在每個保單年度期滿前，若未有接獲中銀集團保險有關修改任何條款的續保通知，本人/本公司只須繳交下個保單年度所須的保費，此保單便會每年自動續保。I/ Our company agree that once this application for insurance is accepted, if no notice of amendment of renewal terms is sent to me/ our company from BOCG Insurance prior to the expiration of each policy year, the policy will be automatically renewable by my/our settling of the required premium for the upcoming policy year.

## 收集個人資料聲明 Personal Information Collection Statement

本人/本公司明白本人/本公司提供的資料為中銀集團保險提供保險業務所需，並可能使用於下列目的：I/ Our company understand that the information provided by me/ our company to BOCG Insurance is collected to enable BOCG Insurance to carry on insurance business and may be used for the purpose of:

1. 處理及審批本人/本公司的保險申請或本人/本公司將來提交的保險申請 processing and evaluating my/our insurance application and any future insurance application I/ Our company may make;
2. 執行本人/本公司保單的行政工作及提供與本人/本公司保單相關的服務 administering my/our insurance policy and providing services in relation to my/our insurance policy;
3. 分析或調查、處理及支付本人/本公司保單有關的索償 analysis or investigating, processing and paying claims made under my/our insurance policy;
4. 發出繳交保費通知及向本人/本公司收取保費及欠款 invoicing and collecting premiums and outstanding amounts from me/ our company;
5. 任何與保險有關的產品或服務的任何更改、變更、取消或續期 any alterations, variations, cancellation or renewal of any insurance related product or service;
6. 就以上用途聯絡本人/本公司 contacting me/ our company for any of the above purposes;
7. 中銀集團保險行使任何代位權 exercising any right of subrogation by BOCG Insurance;
8. 其它與上述用途有直接關係的附帶用途 other ancillary purposes which are directly related to the above purposes;及and
9. 遵循適用法律、條例及業內守則及指引 complying with applicable laws, regulations or any industry codes or guidelines.

中銀集團保險亦可因應上述用途將本人/本公司及/或受保人的個人資料移轉予下列各方BOCG Insurance may disclose my/ our company and/or the Insured Person(s)' personal data for the above purposes to the following classes of transferees:

- a. 就上述用途，向中銀集團保險提供行政、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 (包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist BOCG Insurance to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- b. 處理索賠個案的理賠師、理賠調查員及醫療顧問 in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- c. 追討欠款的收數公司或索償代理 in the event of default, debt collectors and recovery agents;
- d. 保險資料服務公司及信貸資料服務公司 insurance reference bureaus or credit reference bureaus;
- e. 再保公司及再保經紀 reinsurers and reinsurance brokers;
- f. 本人/本公司的保險經紀 (若有) my/ our company's insurance broker (if I have one);
- g. 中銀集團保險的法律及專業業務顧問 BOCG Insurance's legal and professional advisors;
- h. 中銀集團保險的關連公司(以《公司條例》內的定義為準) BOCG Insurance's related companies (as that term is defined in the Companies Ordinance);
- i. 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」)及其會員，以達到任何上述或有關目的，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 any association, federation or similar organization of insurance companies ("Federation") and its members 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;
- j. 透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的 any member(s) of the "Federation" by the "Federation" for any of the above or related purposes;
- k. 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的 any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
- l. 保險索償投訴局及同類的保險業機構 the Insurance Claims Complaints Bureau and similar industry bodies;及and
- m. 法例要求或許可的政府機關 government agencies and authorities as required or permitted by law.



本人/本公司在此授權中銀集團保險可向「聯會」從保險業內收集的資料中查閱及/或核對本人及/或受保人任何資料 BOCG Insurance is hereby authorised to obtain access to and/or to verify any of my/ our company and/or the Insured Person(s)' data with the information collected by the Federation from the insurance industry. 此外，經本人/本公司同意，中銀集團保險可能會以其它方式使用及披露本人/本公司及/或受保人的個人資料 Moreover, BOCG Insurance may also use and disclose my/ our company and/or the Insured Person(s)'s personal data otherwise with my/ our consent.

本人/本公司有權查閱及要求更正由中銀集團保險持有有關本人/本公司及/或受保人的個人資料。如有需要，可向中銀集團保險法律與合規部提出（電話：2867 0888・傳真：3906 9939） I/ Our company have/has the right to obtain access to and to request correction of any personal information concerning myself / our company and/or the Insured Person(s) held by BOCG Insurance. Requests for such access can be made to BOCG Insurance's Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).

#### 接收推廣訊息指示 Receive Direct Marketing Materials Instruction

本人**不欲**中銀集團保險使用本人的個人資料經以下渠道作直銷推廣（請以“✓”選擇渠道） I **do not wish** BOCG Insurance to use my personal data in direct marketing via the following channel(s) (please use “✓” to select the channel(s)):

☐ 電子推廣郵件 Promotion Email ☐ 電話短訊 SMS ☐ 直銷郵件 Direct Mailing ☐ 電話直銷 Telephone Call

如您遞交此投保書而沒有在以上任何方格內以“✓”號顯示您的選擇，即代表您並不拒絕中銀集團保險任何形式的直銷推廣。If you return this Proposal Form without ticking any of the above boxes, it means that you do not wish to opt-out from any form of direct marketing of BOCG Insurance.

以上代表您現在對是否接收直銷推廣資料的選擇，亦取代任何您之前已告知中銀集團保險的選擇。請注意，您以上的選擇適用於根據中銀集團保險的「資料政策通告」上所載的產品、服務及/或標的。請您參考該通告上有關中銀集團保險擬用於直銷推廣的個人資料種類。The above represents your present choice whether or not to receive direct marketing materials and replaces any choice communicated by you to BOCG Insurance prior to this application. Please note that your above choice applies to the direct marketing of the classes of products, services and/or subjects as set out in the Data Policy Notice of BOCG Insurance. Please also refer to the said Notice on the kinds of personal data which may be used in direct marketing.

#### 將個人資料披露給本集團公司作直接促銷指示 Instruction to disclose personal data to the Group companies for direct marketing

☐ 為改善及提供更全面的服務予中銀集團保險的客戶，中銀集團保險可能會將您的個人資料提供予「本集團」\*其他成員及其他人作其包括財務、保險、信用卡、證券、商品、投資、銀行及相關服務和產品及授信的直銷推廣(請您參考中銀集團保險的「資料政策通告」上有關中銀集團保險擬提供之直銷推廣的個人資料種類，該資料擬提供予甚麼類別的人士，以及該資料擬就甚麼類別的產品、服務及/或標的而使用。)若您**不欲**中銀集團保險提供您的個人資料予以上人士作以上用途，請您在這方格上以“✓”號表示。To improve and provide more comprehensive services to customers of BOCG Insurance, BOCG Insurance may provide your personal data to other members of the Group\* and any other persons for their use in direct marketing of financial, insurance, credit card, securities, commodities, investment, banking and related services and products and facilities and so forth. (Please refer to the Data Policy Notice of BOCG Insurance on the kinds of personal data which may be transferred to in direct marketing, the classes of persons to which your personal data may be provided to, and the classes of products, services and/or subjects in relation to which the data is to be used.) Please tick “✓” this box if you **do not wish** BOCG Insurance to provide your personal data to the above persons for the above purposes.

\*「本集團」指中銀集團保險及其控股公司、分行、附屬公司、代表辦事處及附屬成員，不論其所在地。附屬成員包括中銀集團保險的控股公司之分行、附屬公司、代表辦事處及附屬成員，不論其所在地。The “Group” means BOCG Insurance and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated. Affiliates include branches, subsidiaries, representative offices and affiliates of BOCG Insurance holding's companies, wherever situated.

本人/本公司確認同意本投保書內之所有部份，包括但不限於上列之聲明及收集個人資料聲明。 I/Our Company confirm my agreement to all sections in this Proposal Form, including but not limited to the above Declaration and Personal Information Collection Statement.

投保人/投保公司負責人簽署(連公司的印鑑)  
Signature of Proposed Insured /Responsible Person of the Proposed Insured Company  
(Including Company Chop)

簽署地: 香港及日期(日/月/年)  
Signed Place: Hong Kong and Date (DD/MM/YY)

**本投保書在未被同意受保前，中銀集團保險不負任何責任。  
The BOCG Insurance has no liability whatsoever before the application for insurance in this Proposal Form is accepted.**

#### 銀行代理必須填寫以下欄位 (Bank must complete the below box)

銀行代理專用 For Bank use only			
經辦編號 Staff No.	保險中介人編號 Agent No.	轉介單位編號 Transfer Unit No.	
經辦姓名 Staff Name	經辦單位編號 Unit No.	轉介人編號 Transfer Staff No.	
經辦聯絡電話 Staff Contact No.	CIN號碼 CIN No.	申請編號 TX No.	
客戶填妥及簽署此投保書後，請銀行代理向中銀集團保險遞交以下文件 The Bank staff should submit the following documents to BOCG Insurance:			
<b>信用卡付款 Payment Made by Credit Card</b> 1. 於第10頁已簽署正本「信用卡付款授權書」(只適用於個人投保)或「商務信用卡付款授權書」(只適用於公司投保)。The original copy of the duly signed “Credit Card Authorisation Form” (Applicable for Individual Enrollment only) or “Business Credit Card Authorisation Form (Application for Company Enrollment only) in page 10 ; 2. 銀行/商戶存根正本或影印本 The original copy or photo copy of the Bank/Merchant Copy ; 3. 此投保書 This proposal form.	<b>中銀信用卡12個月免息分期月繳BOCCreditCard 12-Month Interest-free Monthly Installment (只適用於個人投保 Applicable for Individual Enrollment only)</b> 1. 於第12頁已簽署的「免息分期直接付款授權書」正本 The original copy of the duly signed “Interest-Free Installment Direct Debit Authorisation Form” in page 12 ; 2. 銀行/商戶存根正本或影印本 The original copy or photo copy of the Bank/Merchant Copy ; 3. 此投保書 This proposal form.	<b>銀行戶口自動轉賬 Bank Account Autopay</b> 1. 專用保險費收款單正本或影印本 The original copy or photo copy of Dedicated Premium Deposit Form ; 2. 於第11頁已簽署的「直接付款授權書」正本 The original copy of the duly signed “Direct Debit Authorisation Form” in page 11 ; 3. 此投保書 This proposal form.	<b>其他付款方式 Other Payment Methods</b> 1. 保險費收款單正本或影印本 The original copy or photocopy of Premium Deposit Form; 2. 此投保書 This proposal form.
<input type="checkbox"/> 如客戶未有於分行刷卡確認，請於左格內加“✓”。If the customer has not completed the credit card payment confirmation at the branch, please add a “✓” in the left hand side box.			

#### 保險公司專用 For Office use only

保單編號 Policy No.	經辦人 Handled By	覆核人 Checked By
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## 直接付款授權書 Direct Debit Authorisation Form

請依次填寫並將此授權書交給 貴戶之往來銀行 Please complete and return this form to your banker

收款之一方 (受益人) Name of Party to be Credited ("The Beneficiary")	銀行編號 Bank No.	分行編號 Branch No.	收款賬戶號碼 Account No. to be Credited
<b>Bank of China Group Insurance Company Limited</b>	<b>0 3 0</b>	<b>5 5 0</b>	<b>1 0 2 8 2 1 0 8</b>

- 本人/吾等現授權本人/吾等之下述銀行·(根據受益人及/或代理行不時給予本人/吾等銀行之指示)自本人/吾等之賬戶內轉賬至上述賬戶。惟每次轉賬金額不得超過以下指定之限額。I/We hereby authorise my/our below named Bank to effect transfers from my/our account to the above account in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker and/or its banker's correspondent from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.
- 本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.
- 如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加)·本人/吾等願共同及各別承擔全部責任。I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as result of any such transfer(s).
- 本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬·本人/吾等之銀行有權不予轉賬·且銀行可收取慣常之收費·並可隨時以一星期書面通知取消本授權書。I/We agree that should there be insufficient funds in my/our Bank account to meet any transfer hereby authorised, my/our Bank shall be entitled, in its discretion, not to affect such transfer in which event the Bank may make the usual service charge and that it may cancel this authorisation at any time on one week's written notice.
- 本授權書將繼續生效直至另行通知為止或直至下列到期日為止 (以兩者中最早之日期為準)。This authorisation shall have effect until further notice or until the expiry date written below (whichever shall first occur).
- 本人/吾等同意·本人/吾等取消或更改本授權書之任何通知·須於取消/更改生效日最少兩個工作天 (但不包括星期六) 之前交予本人/吾等之銀行。I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to my/our Bank shall be given at least two working days (except Saturdays) prior to the date on which such cancellation/variation is to take effect.

本人/吾等之銀行及分行之名稱 My/Our Bank Name and Branch	銀行編號 Bank No.	分行編號 Branch No.	本人/吾等之賬戶號碼 My/Our Account No.
本人/吾等在結單/存摺上所紀錄之名稱 My/Our Name(s) as record on Statement/Passbook	*每次/月付款之限額 *Limit for Each Payment/Month		到期日 (參閱下列附註各點) Expiry Date (See Notes Below) Day 日 Month 月 Year 年
債務人之姓名 (若非賬戶持有人) Name of Debtor (if other than Account Holder)	債務人參考 (必填之欄 — 請參閱下列附註各點) Debtors' Reference (Compulsory Field-See Notes Below)		
本人/吾等在結單/存摺上所紀錄之地址 My/Our Address as record on Statement / Passbook	聯絡電話 Telephone No.		本人/吾等之簽名 My/Our Signature(s)  日期 Date
以下由銀行填寫 For Bank Use Only	核對印鑑 Signature(s) Verified		

\* 請刪去不適用者。Please delete whichever is not appropriate.

# 請以英文正楷填寫。Please write in block letters.

### 附註 NOTES:

- 如 台端付款之數額每次可能不相同·則請將最高者定為每次付款之最高限額。If the amount of your payments is likely to vary each time, set the Limit for Each Payment at the maximum amount you would expect to pay at any one time.
- 本直接付款授權書將於「到期日」一欄中所填寫之日期自動撤銷。如 貴戶意欲直接付款授權書無限期有效(或直至 貴戶予以撤銷為止)·則請將該欄留空。The Direct Debit Authorisation will be cancelled automatically on the date included in the box marked "Expiry Date". If you wish the Direct Debit Authorisation to have effect indefinitely (or until cancelled by you) please leave box blank.
- 請保證 貴戶在此授權書內之簽名·與銀行賬戶所簽者完全相同。Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
- 在債務人之參考欄內·請將 貴戶與受款人一方之關係·略予說明·例如學生編號、抵押合約號碼等。In the box marked "Debtor's Reference" enters the identifying reference between you and the party to be credited i.e. Student No., Mortgage Agreement No., Rental Agreement No., etc.
- 當 "每次/月付款之限額" 一欄未有填上時·債務銀行可酌權就轉賬金額設下一個限額。The debtors' bank may set an internal limit when the "Limit for Each Payment/Month" is not specified.
- 如果轉賬金額超過債務銀行所定限額·除預先安排外·債務銀行會保留權利不予以轉賬。The debtor's bank reserves the right to reject the payment exceeding the maximum limit specified by the debtor's bank unless prior arrangements have been made.

由現在起，您只須填妥以下授權書便可透過中銀信用卡繳交保費，除可享12個月免息分期及長達56天免息還款期外，更可享**HK\$1=1分的積分獎賞**。查詢詳情請致電**中銀信用卡24小時推廣熱線：2108 3288**。

### 致：中銀信用卡(國際)有限公司

- 本人為以下所指的信用卡持卡人，現向 貴公司申請以免息分期支付中銀集團保險有限公司(「中銀集團保險」)以下所指之保險產品(「保單」)之年保費的免息分期計劃(「分期計劃」)。有關保險產品、年保費金額、還款期數及每次還款金額的資料將於以下詳列。
- 本人現授權 貴公司可向中銀集團保險透露、使用或交換任何有關本人就分期計劃、獎賞積分或保單的資料。
- 本人已審閱及明白以下的分期計劃及獎賞積分的條款及細則，並同意遵守有關條款及細則。

由以下人士確認及同意：

填寫免息分期資料請按此 ☐ 取消 ☐

保險產品： <b>中銀環球醫療保障計劃</b>		
年保費：(港幣)	<b>12 期</b> 還款期數	每期還款金額*：(港幣)
持卡人簽署：(須與中銀信用卡上簽名一致)	日期：	
中銀信用卡號碼：	有效日期：	月/ 年
持卡人姓名：	香港身份證號碼：	

\* 每期供款將計算至小數點後兩個位並於供款期內平均分配，餘數則連同第一個月的分期款項一起扣除。

### 致：中銀集團保險有限公司

本人授權 貴公司從本人上述中銀信用卡戶口號碼扣取上述保險產品應繳付的保費，包括每個新保單年度自動續保保費，除非本人有進一步的書面通知。本人明白/同意 貴公司可向中銀信用卡(國際)有限公司傳送本人所遞交的相關資料。

(只適用於以中銀信用卡免息分期月繳保費)

持卡人姓名	持卡人簽署 (須與中銀信用卡上簽名一致)	日期
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### 免息分期及積分獎賞推廣條款及細則：

1. 卡戶須以中銀信用卡在代理銀行分行辦理新保單投保付款或續保付款手續，方可享有以上優惠。此優惠不適用於長城國際卡、美金卡、澳門地區發行的信用卡、採購卡、Intown網上卡、中銀「易達錢」及參與「現金回贈」的卡戶。2. 積分獎賞只適用於已誌帳的保費簽帳，並以獨立卡號計算。簽帳積分獎賞以簽帳交易日計算，附屬卡的簽帳積分將合併於主卡帳戶內。3. 有關帳戶必須正常，方可獲取積分獎賞。任何虛假、未經許可、未誌帳、已取消或已退款的交易，均不可獲簽帳積分。另簽帳積分獎賞亦不適用於違反持卡人合約條款、已取消帳戶或尚有逾期欠款的卡戶。4. 卡戶的全年保費須達HK\$500或以上，並填妥免息分期計劃直接授權書，方可享免息分期優惠。如需查詢有關條款及細則，請參閱免息分期計劃直接授權書。5. 保費的交易上限為卡戶可用的分期信用額，中銀信用卡(國際)有限公司保留接納或拒絕有關交易的最終決定權。6. 中銀信用卡(國際)有限公司對中銀集團保險有限公司所提供的產品及服務質素概不承擔任何責任。7. 中銀信用卡(國際)有限公司及中銀集團保險有限公司保留隨時修訂或取消上述優惠內容及條款細則的酌情權，毋須事先通知。8. 如有任何爭議，中銀信用卡(國際)有限公司及中銀集團保險有限公司保留最終決定權。

### 由中銀集團保險有限公司所提供就合資格的保險產品之信用卡分期付款條款及細則：

1. 除任何中銀易達錢、商務卡、採購卡及任何卡公司不是指定的信用卡外，持有有效信用卡(「信用卡」)的持卡人(「申請人」)可根據本條款及細則向卡公司申請以免息分期支付中銀集團保險有限公司(「中銀集團保險」)之保險產品(「保單」)之年保費(「年保費」)的分期計劃(「分期計劃」)。本條款及細則將納入規限閣下信用卡帳戶的持卡人合約(「持卡人合約」)，並成為持卡人合約的一部份。兩者如有任何不相符之處，在該不相符之處，則以本條款及細則所載為準。除非文意另有所指，本條款及細則所用的詞語應與持卡人合約所用的有關詞語具有相同涵義。2. 卡公司可絕對酌情決定接受或拒絕任何有關申請而毋須提供任何理由。卡公司不會就申請人因其申請被拒絕而產生的任何損失或責任負責。卡公司可通知中銀集團保險有關申請是否獲得批准。申請一經批准，將不能取消或更改，但並不表示中銀集團保險接受申請人就保單之申請。若於任何原因的情況下中銀集團保險不接受保單申請，所有年保費的退款將根據本條款及細則的第9條退還給申請人。3. 年保費將以卡公司在絕對酌情的情况下批准批核的還款期及每次還款金額每月償還(「每月還款」)。有關的還款期及每次還款金額將以書面通知申請人。4. 於申請獲批准後，卡公司將於帳戶內記入第一個每月還款。其餘的每月還款將於隨後的下一結單日的第1個工作日內記入，或如該日並不是卡公司之工作日或該有關每月還款因卡公司不能控制之情況下而不能記入帳戶內，卡公司將按慣例處理有關記帳。5. 於申請獲批准後，帳戶內可動用的信用限額將按尚未支付的每月還款金額相應減低，並在每次支付每月還款後相應提升。6. 所有每月還款將視為零售消費交易處理。所有持卡人合約中有關零售消費的利息、財務費用及其它收費(如有)的條款均適用。7. 申請人現不可撤銷並授權卡公司將所有每月還款及收費(如有)記入帳戶內。為此，申請人需在帳戶內預留足夠的信用限額。卡公司有權於帳戶內記入任何款項，儘管有關信用額度可能因此被超越。申請人需對所有結欠負責，並需按收費表支付超越信用限額的費用。8. 申請人可向卡公司以書面申請提前償還全部而非部分尚未償還之每月還款。申請獲得批准後，卡公司會即時將所有尚未償還之每月還款記入帳戶內。卡公司或會就提前償還每月還款收取手續費，並記入帳戶內。9. 申請人確認，如因任何理由由下保單被取消，所有退還的年保費將根據有關保單的條款及細則內計算，並直接由中銀集團保險退還至卡公司。在卡公司收妥由中銀集團保險退回的有關款項後，該款項將記入帳戶內，而所有尚未記入帳戶內的每月還款將同時記入帳戶內。有關記入帳戶內的退款將依據持卡人合約內有關償還帳戶結欠的先後次序的條款處理。申請人確認卡公司毋須與中銀集團保險核對有關退款金額。10. 儘管本文另有規定，如帳戶有任何欠繳紀錄或帳戶因任何原因遭終止或暫停，或卡公司合理地認為需保障其利益時，卡公司可隨時記入所有尚未償還之每月還款於帳戶內而毋須事先通知申請人。11. 申請人現確認若中銀集團保險通知卡公司任何有關保單之續保事宜，卡公司有權就中銀集團保險的通知視為申請人向卡公司透過分期計劃申請以過往分期計劃中的還款期數分期支付有關年保費。在作出所有適用的修改後，本條款及細則將適用於該申請。12. 所有有關保單之爭議，包括但不限於有關年保費的退款金額，申請人將直接與中銀集團保險處理。卡公司在任何情況下均不會就保單處理任何爭議。13. 申請人向卡公司保證所有就申請分期計劃而向卡公司提供之資料及文件均為真實及正確，並承諾在上述資料及/或文件有任何更改時通知卡公司。14. 卡公司可絕對酌情決定任何與分期計劃有關的事項，而所有有關決定為最終的並對申請人有約束力的(除有明顯的錯誤外)。15. 申請人現授權卡公司就分期計劃或與分期計劃有關的情況下向中銀集團保險收取及保留任何有關的佣金、回扣、利益及/或其他益處。16. 申請人現授權卡公司可向中銀集團保險透露、使用或交換任何有關申請人就分期計劃及/或保單的資料。17. 卡公司有權向申請人發出不少於30天的書面通知更改本條款及細則。18. 本條款及細則如中英文本有任何分歧，則以英文版為準。

Should you need an English version of this sheet, please call BOC Credit Card 24-hour Customer Service Hotline at 2853 8828.



\_\_\_\_\_ 先生/小姐啟：

多謝投保中銀集團保險的「中銀環球醫療保障計劃」，為您及/或您的家人提供一站式及保障全面的醫療保障。

**即時批核**

現正式確認您的上述保障計劃投保申請已獲即時批核。您的臨時保單編號及保障生效日期為

臨時保單編號：\_\_\_\_\_

保障生效日期：\_\_\_\_\_

全套保單文件包括保單條款、承保表及醫療卡等，將於中銀集團保險收到您的投保申請書後約10日內寄上。

**15日保單審閱期**

在保障生效的首15日為保單審閱期，敬請於中銀集團保險網頁 (<http://www.bocgins.com>) 下載及細閱保單內裡條款及不受保項目。在審閱期內您可隨時以書面通知中銀集團保險終止投保（若已收到保單文件，必須一併送回中銀集團保險）。如受保人在審閱期內未有提出任何索償要求，已繳付的保費均可獲全數奉還。

如有任何查詢，歡迎致電您的代理銀行分行或中銀集團保險熱線 **(852) 3187 5100**。祝安好！

中銀集團保險有限公司

Dear Mr. / Ms. \_\_\_\_\_,

Thank you for enrollment in the "BOC Worldwide Medical Insurance Plan" to protect you and/or your family against all-in-one medical cover.

**Instant Approval**

We are pleased to confirm that your application for the above mentioned insurance has been accepted. Your temporary policy number and the effective date are

Temporary Policy No. \_\_\_\_\_

Policy Effective Date \_\_\_\_\_

The full set of policy include terms of the policy, schedule and medical card etc. will be sent to you within approximately 10 days from the receipt of your proposal form by BOCG Insurance.

**15 Days Policy Review Period**

There is a 15 days policy review period from the policy effective date. We highly recommend you to download the policy wordings from BOCG Insurance's website (<http://www.bocgins.com>) and read all benefits, terms and limitations therein. During the review period you may terminate this policy by giving written notice to BOCG Insurance (If you have already received the policy, please return the full set to BOCG Insurance). If no claim has been made by the Insured Person(s) during the review period, all premium paid will be refunded.

For enquiries, please contact any branches of the agent banks or BOCG Insurance Hotline **(852) 3187 5100**.

Yours sincerely,

**Bank of China Group Insurance Company Limited**