

Part A – Information of Policyholder 甲部 – 保單持有人資料

Name of Policyholder 保單持有人名稱：_____

Policyholder's Relationship to Proposed Insured(s) 保單持有人與準受保人關係：_____ HKID / Passport No. 香港身份證或護照號碼：_____

Marital Status 婚姻狀況：_____ Nationality 國籍*：_____ Home Phone No. 家居電話號碼：_____ Fax No. 傳真號碼：_____

Mobile No. 手提電話號碼：_____ Email Address 電郵地址：_____

(Email for receiving e-claims payment advice 提供電郵可以電郵收取賠償紀錄報告。)

Residential Address 居住地址：_____

Correspondence Address 通訊地址：_____

(Please complete **IF** different from residential address 如與居住地址不同方需填寫。)

Country of Residence 居住國家：_____ Occupation 職業：_____ Job Title 工作職位：_____

Name of Company 公司名稱：_____ Business Nature 公司業務性質：_____

Company Address 公司地址：_____

Company as Policyholder 公司為保單持有人： Yes 是 (If YES, please complete the fields in the below grey area. 如是，請填寫以下表格內所需資料。) No 否

(1) Business Registration No. [^] 商業登記證號碼 [^] ：_____	(2) Contact Person 聯絡人：_____
(3) Tel. No. 電話號碼：_____	(4) Fax. No. 傳真號碼：_____
(5) Email Address 電郵地址：_____	
[^] Please submit the copy of Business Registration. 請遞交商業登記證副本。	
No premium refund or replacement enrolment is allowed upon member termination for Company as Policyholder. 若公司為保單持有人，中途斷保將不被退回保費或更換新投保人。	

* Declared Nationality will be used to establish the Nationality of the Proposed Insured and his dependents. Please declare in accordance to the Nationality stated in your Passport.
 * 所填寫的國籍將會用作界定準受保人及其家屬的國籍。請根據護照上之國籍填寫。

Plan Name 投保計劃	Plan Cover 投保福利	Plan No. 計劃編號 (Tick as appropriate ✓ 如適用請✓)
	Basic Hospital Benefits 基本住院保障	<input type="checkbox"/> Plan 計劃_____
	Supplementary Major Medical Benefit 附加重症醫療保障	<input type="checkbox"/> Plan 計劃_____
	Outpatient Benefits 門診保障	<input type="checkbox"/> Plan 計劃_____
Total Premium 總保費		HKD\$

Part B – Information of Proposed Insured(s) 乙部 – 準受保人資料

Please complete the following details for all Proposed Insured(s). Please use separate sheet if the space is insufficient. 請填寫以下資料。如空位不足，請另頁書寫。

Surname / Other name 姓 / 名	Relationship 關係	HKID / Passport No. # 香港身份證 / 護照號碼 #	Sex 男/女	Date of Birth (M/D/Y) 出生日期(月/日/年)	Country of Residence 現居地	Height / Weight 身高 / 體重	Exact Duties 工作範圍
(1)	SELF 本人	()	M / F				
(2)	SPOUSE 配偶	()	M / F				
(3)	CHILD 子女 [^]	()	M / F				
(4)	CHILD 子女 [^]	()	M / F				
(5)	CHILD 子女 [^]	()	M / F				

Please submit the copy of HKID / Passport / Birth Certificate 請遞交香港身份證 / 護照 / 出生證明書副本。

[^] Child means the Proposed Insured(s) age from 15 days to 17. If the Proposed Insured(s) is age 18 to 23 and apply with parent together, full time education evidence will be required.
 子女的定义為出生後 15 日至 17 歲。如子女是 18 至 23 歲需出示全日制學生證明方可一同申請。

Part C – Health Statement of Proposed Insured(s) 丙部 – 準受保人病歷聲明

	Yes 是	No 否
1. Has (have) any Proposed Insured(s) and the Proposed Insured's natural parents, brothers or sisters died or suffered from heart disease, stroke, high blood pressure, diabetes, kidney disease, mental disorder, hepatitis (or is a hepatitis carrier), cancer or any hereditary disease, acquired physical defect or impairment? 各準受保人及其親生父母、兄弟、姐妹曾否患有或死於心臟疾病、中風、高血壓、糖尿、腎病、心智或精神功能失調、肝炎(或肝炎帶菌者)、癌病或任何遺傳病或任何先天或後天肢體缺損?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has (have) any Proposed Insured(s) ever been refused enrolment or renewal of life or medical insurance, or subject to special terms and conditions or additional premium? 各準受保人否於投保或續保任何人壽或醫療保險時被拒或附加條件或增加保費始被接納?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes 是	No 否
3. In the last three years , has (have) any Proposed Insured(s) had any medical investigation including routine health check or diagnostic laboratory tests, surgical operation, been confined or treated in hospital, sanatorium or other medical institution or do any of the Proposed Insured(s) know any circumstances for which hospital treatment may be necessary in the next twelve months? 在過去三年內 ，各準受保人曾否接受任何常規體檢或診斷測試、手術或曾經在醫院、療養院或其他醫療機構接受治療或可有準受保人知道在未來十二個月內需要進院接受任何治療?	<input type="checkbox"/>	<input type="checkbox"/>
4. In the last three years , has (have) any Proposed Insured(s) ever suffered from, aware of or been treated for any injuries, any degenerative change, strain, fainting, tuberculosis, diabetes mellitus, rheumatic fever, hepatitis, respiratory or lung disorder, varicose veins, heart disease, high blood pressure, hyperlipidaemia, disorder of thyroid gland, autoimmune disease, digestive disease, disorder of esophagus, gastrointestinal, liver or gall bladder, kidney, genito-urinary system or venereal disease, cancer or tumor, lump or fibroid, epilepsy, mental or psychiatric disorder, bone, joint, ligament, muscle, skin, hernia or gynaecological disorder? 在過去三年內 ，各準受保人曾否患有、已知道存在或曾經因為任何受傷、退化、勞損、昏厥、肺結核、糖尿、風濕性熱、肝炎、呼吸及肺功能不正常、靜脈曲張、心臟疾病、高血壓、高血脂、甲狀腺不正常、自體免疫性疾病、消化系統疾病、食道、腸胃、肝臟或膽囊、腎臟、生殖泌尿功能失調、性病、癌症或腫瘤、腫塊或纖維瘤、癲癇、心智或精神功能失調、骨骼、關節、韌帶、肌肉、皮膚、疝氣或婦科病而接受治療?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is (are) any Proposed Insured(s) now pregnant? If YES, please state the stage of pregnancy in terms of months or weeks and declared if there is any complication such as high blood sugar, high blood pressure or other pregnancy related complications. 準受保人是否正在懷孕中? 如是，請提供該準受保人的懷孕月數或周數。如該準受保人有任何妊娠併發症如高血糖、高血壓或其他因懷孕而導致的併發症，請詳述。	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the Question 1 – 5 is yes, please provide the details of medical condition(s) and a copy of the relevant medical report(s). Please use separate sheet if the space is insufficient. 如以上問題 1 – 5 之答案為是，請提供該疾病的詳細資料及相關醫療報告副本。(如空位不足，請另頁書寫。)

Question No. 問題題號	Name of Proposed Insured 準受保人姓名	Name of diagnosis 病症名稱	Medical History / Date of Occurrence 過往病歷紀錄 / 發生日期	Treatment Received 所需之治療	Present Condition 現時情況

Name and Address of Family physician of Proposed Insured(s): 準受保人的家庭常診醫生姓名和地址: _____

Tel 電話: _____

Part D — Method of Premium Payment

丁部 — 保費繳交方法

- Yearly by Cheque** 以支票年繳 (Bank Name 銀行名稱: _____ Cheque No. 支票號碼: _____)
Please make cheque payable to "Liberty International Insurance Limited". Post dated cheque will not be accepted. The cheque must be issued by the Proposed Insured named above.
請提供劃線支票，抬頭請註明「利寶國際保險有限公司」。期票不予接受。支票簽發人必須為上述準受保人之一。
- Yearly by Credit Card** 以信用卡年繳 (Credit Card holder must be the Proposed Insured named above 信用卡持有人必須為上述準受保人之一。)
I hereby authorize and request Liberty International Insurance Limited to debit the initial yearly premium and subsequent premiums from my VISA/Master Card Account for the premium stated on the proposal form and subsequent renewal invitation. This authorization shall be valid through the expiry of my credit card and with the issuance of a new card until further notice.
本人茲授權並要求利寶國際保險有限公司從本人下列之VISA/萬事達卡戶口內支付本申請表或續保通知書所註明之首年及其後應繳之保費。此授權在本人信用卡之有效期過後及獲發新卡後仍繼續生效，直至另行通知。
- Monthly by Credit Card** 以信用卡月繳 (Credit Card holder must be the Proposed Insured named above 信用卡持有人必須為上述準受保人之一。)
If choose the Monthly Payment, please ensure your completed Application Form is received by Liberty at least 10 working days prior to the effective date. We will debit the initial 3 months of premium at the first monthly payment.
如選擇月繳，請確保利寶在生效日期前 10 個工作天收到閣下的申請表。在第一個月供期，我們會在您的信用卡扣除首3個月的保費。
I hereby authorize and request Liberty International Insurance Limited to debit the monthly premiums and subsequent premiums from my VISA/Master Card Account for the premium stated on the proposal form and subsequent renewal invitation. This authorization shall be valid through the expiry of my credit card and with the issuance of a new card until further notice.
本人茲授權並要求利寶國際保險有限公司從本人下列之VISA/萬事達卡戶口內支付本申請表或續保通知書所註明之每月及其後應繳之保費。此授權在本人信用卡之有效期過後及獲發新卡後仍繼續生效，直至另行通知。

Name of Cardholder 信用卡持有人姓名: _____ Expiry Date 到期日: _____ (Month 月) / _____ (Year 年)

VISA / Master Credit Card No. **VISA / 萬事達卡** 戶口號碼: _____ - _____ - _____ - _____

Cardholder's Signature 持咭人簽署: _____ Date 日期: _____

1. **Declaration** : I/we hereby apply to be enrolled in the Plan together with the Proposed Insured(s) listed overleaf. I/we declare to the best of my/our knowledge and belief that the information given in this Application is true and complete. I/we acknowledge and agree that benefits will not apply to treatment arising from any existing diseases, injuries, ailments or conditions which have required medical treatment, including drugs, or knew about, or were aware existed or had symptoms of, prior to the first day of this insurance. It is agreed that this declaration and information given in this Application shall form the basis of the contract(s) between the Policyholder, Proposed Insured(s) and the Insurer. I/we have read and agreed to be bound by the Policy and I/we accept them to be part of the contract of insurance issued as a result of this Application. I/We have read and agreed to be bound by the Policy and I accept them to be part of the contract of insurance issued as a result of this application. I/we understand this insurance is unavailable to permanent residents outside Hong Kong. Purchase of this insurance by permanent residents outside Hong Kong will render the policy null and void.

聲明：保單持有人及各準受保人現向貴公司投購醫療保險。保單持有人及各準受保人謹此聲明已就實情完整地將資料填報於申請表內。準受保人明白及同意，現在患有或在保單生效日前曾接受治療、已知道、已察覺到、或已出現相關病徵之疾病和損傷而引起的醫療開支，一律不在保障範圍內。保單持有人及各準受保人已細讀並同意遵守本計劃之各項條款，亦同意這份聲明及申請表將被用作投保 / 受保雙方合約的基礎，及同意長期在香港以外居留之人仕，均不獲接受投購醫療計劃，上述人仕在本港購買後如離港定居海外，此單即屬無效。

2. **Authorization** : I/we authorize Liberty International Insurance Ltd to provide and collect information about me/us in connection with this Application and subsequent assessment of any insurance claim under the policy that may be issued pursuant to this Application from other organizations, institutions or other persons, including other insurance companies/medical service provider, and to compare such information with my/our personal data, and to use the results for taking of any actions that may be adverse to my/our interests (including declining this application). This authorization shall survive me/us and shall be irrevocable and photocopy of this authorization shall be as valid as original. I/we understand that the effective date shall be the date when this Application is accepted by Liberty International Insurance Ltd.

授權：保單持有人及各準受保人授權利寶國際保險有限公司向 / 從其他組織、人士或機構（包括其他保險公司/醫療提供者）收集關於投保時所需的必須資料及其後索償申請之資料並與保單持有人及各準受保人的個人資料作出比較，並利用比較結果採取任何行動，包括不符合保單持有人及各準受保人的利益（包括不接納此申請）；此授權不能推翻。即使保單持有人或準受保人去世，此授權仍然有效。此授權書之影印本與正本具同等效力。保單持有人及各準受保人明白生效日期須為利寶國際保險有限公司接受此申請之日期。

3. **Personal Data Collection Statement** : I/we have read and understand the Personal Data Collection Statement on the last page of this Application Form. I/we understand that I/we have the right to request Liberty to cease using my Personal Data for direct marketing purposes.

個人資料收集聲明：保單持有人及各準受保人已細閱並明白申請表最後一頁的**個人資料收集聲明**，亦明白有權要求利寶停止使用此申請表所列的保單持有人及各準受保人的個人資料作直接市場推廣用途。

Please TICK the box if you do not consent to receive the marketing communications.

如保單持有人及各準受保人不同意接受有關直銷的通訊，請標上 號。

4. **Commission Disclosure Declaration** : The Policyholder and Proposed Insured(s) understand, acknowledge and agree that, as a result of the Policyholder and Proposed Insured(s) purchasing and taking up the policy to be issued by Liberty International Insurance Limited, Liberty will pay the authorized insurance **Broker Commission** during the continuance of the Policy including renewals, for arranging the said Policy. Where the Policyholder is a body corporate, the Authorized Person who signs on behalf of the Policyholder further confirms to Liberty that he or she is authorized to do so. The Policyholder and Proposed Insured(s) further understand that the above agreement is necessary for Liberty to proceed with the Application.

佣金披露聲明：保單持有人及各準受保人明白、確知及同意，利寶國際保險有限公司會就其購買及接受保險公司簽發的保單，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顧問公司支付佣金**。假如保單持有人為法人團體，代表保單持有人簽署的獲授權人員須向保險公司確認他 / 她已獲法人團體授權簽署。保單持有人及各準受保人亦明白保險公司必須取得以上各準受保人的同意，才可以處理有關申請。

Yes, the Policyholder and Proposed Insured(s) have read and understood the above arrangement.

是，保單持有人及各準受保人已閱讀及明白上述有關佣金之安排。

Name of Policyholder 保單持有人姓名*	Signature of Policyholder 保單持有人簽署* <small>Note: If Company, Authorized Signature with Company chop is required 註：如公司為保單持有人，需要公司授權人簽署加公司蓋章</small>	Date 日期
* The Policyholder shall declare and sign on behalf of all Proposed Insured(s) at age below 18 保單持有人代表所有 18 歲以下申請人作出聲明及簽署。		
Name of Proposed Insured (1) 準受保人(1)姓名	Signature of Proposed Insured (1) 準受保人(1)簽署	Date 日期
Name of Proposed Insured (2) 準受保人(2)姓名	Signature of Proposed Insured (2) 準受保人(2)簽署	Date 日期
For the Proposed Insured (3) – (5), if the age is 18 to 23, please sign below. 如準受保人(3)–(5)年齡為 18 歲至 23 歲，請在以下簽署。		
Name of Proposed Insured (3) 準受保人(3)姓名	Signature of Proposed Insured (3) 準受保人(3)簽署	Date 日期
Name of Proposed Insured (4) 準受保人(4)姓名	Signature of Proposed Insured (4) 準受保人(4)簽署	Date 日期
Name of Proposed Insured (5) 準受保人(5)姓名	Signature of Proposed Insured (5) 準受保人(5)簽署	Date 日期
Name of Agent/Broker 保險顧問公司/代理人姓名	Signature of Agent/Broker with Company chop 保險顧問公司/代理人簽署及公司蓋章	Date 日期

Liberty International Insurance Limited (referred to hereinafter as the “Company”) recognizes its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (the “Ordinance”).

利寶國際保險有限公司（以下簡稱「本公司」）根據「個人資料（私隱）條例」（香港法例第 486 章）（以下簡稱「條例」）就收集、持有、處理、使用和/或轉移個人資料承擔有關責任。

Purpose 目的

The personal data of customers (including but not limited to policy owners, Insureds and beneficiaries) collected or held by the Company may be used, stored, processed, transferred or disclosed or shared for the following obligatory purposes :-

本公司所收集或持有的客戶個人資料（包括但不限於保單持有人，受保人及受益人），可能會使用、存儲、處理、轉移、或披露或分享致以下各強制性的目的：-

1. Processing and determining insurance applications, insurance claims and providing ongoing insurance services;
處理和確定保險申請表、理賠，及持續提供保險服務；
2. Processing requests for payment and for direct debit authorization;
處理付款事宜和直接付款授權書；
3. Managing, investigating and analyzing any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to subrogation rights;
管理、調查和分析任何索償事宜、訴訟和/或針對客戶的訴訟，以及行使本公司根據保險條款賦予的權利，包括但不限於代位權；
4. Compiling statistics or using for accounting purposes;
從事統計資料或用於會計事務；
5. Conducting research, insurance surveys and analysis for the purpose of product design and development;
從事研究、保險調查及開發產品和設計之分析；
6. Meeting disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company, its parent and affiliated companies (“Liberty Mutual Group of Companies”)
履行任何對本公司、母公司和附屬公司（「利寶互助保險集團公司」）具有約束力的本地或海外法律、法規、守則或指引之披露要求；
7. Complying with the legitimate requests or orders of the courts of Hong Kong Special Administrative Region and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and governmental-related establishments binding the Liberty Mutual Group of Companies;
遵守香港特別行政區的法院命令和包括但不限於保監處、香港保險業聯會、核數師、政府機構和政府成立之相關監管機構對利寶互助保險集團公司具有約束力的合法要求；
8. Enabling an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment;
協助本公司的實質或建議受讓人評估有關之轉讓交易；
9. Conducting identity and/or credit checks and/or debt collection;
從事核實身份和/或信貸審查和/或追收債務；
10. Conducting medical or health reference checks for relevant insurance products; and
為相關保險產品進行具參考用途之醫療或健康調查；及
11. Facilitating the Company's authorized service providers to provide services to the Company and/or customers for the above purposes.
協助本公司所授權之服務供應商向本公司和/或客戶提供上述目的之服務。

Please note that if you do not provide us with your personal data, we may not be able to issue your policy, process claims or provide insurance products or services to you or process your request.
如客戶不向我們提供個人資料，我們未必能夠簽訂保單、處理索償、提供保險產品、服務或處理客戶的要求。

Direct Marketing 直接營銷

Certain personal data of customers collected or held by the Company, in particular, names and contact information such as telephone number, email address and postal address may be used by the Company and/or the Liberty Mutual Group of Companies to provide marketing materials and conduct direct marketing activities (including but not limited to promoting, marketing or selling of the Company, Liberty Mutual Group of Companies or co-branded insurance or financial or investment related products or services by electronic or other means) in relation to insurance and/or financial products and services of the Company, the Liberty Mutual Group of Companies and/or other financial services providers. In the absence of any “opt-out” request from the customer, the Company shall treat the application and continuation of his/her policy(ies) held with the Company as an indication of no objection to the Company's use of such personal data for this voluntary marketing purpose.

本公司所收集或持有的客戶個人資料，特別是姓名和聯繫資料，如電話號碼、電子郵件地址和郵寄地址，可能會用以提供本公司和/或利寶互助保險集團的公司的營銷材料，並進行有關本公司、利寶互助保險集團公司的保險及/或金融產品及服務和/或其他金融服務供應商的直接營銷活動（包括但不限於通過電子或其他手段促銷，推廣或銷售本公司、利寶互助保險集團公司或聯營公司有關保險或財務或投資產品或服務）。如客戶沒有“選擇退出”的要求，其保險申請表及於本公司持有之保單持續生效將被視為不反對本公司將其個人資料使用於此自願性的營銷目的。

Transfer of personal data 個人資料之轉移

Your personal data held by the Company will be kept confidential but may be shared with the following parties, within or outside of Hong Kong :-
本公司所持有的個人資料將予以保密，但可能會與以下香港境內或境外人士分享：-

1. Any Liberty Mutual Group of Companies, or any other company carrying on insurance or reinsurance related business, or an intermediary;
任何利寶互助保險集團公司，或任何其他從事與保險或再保險業務有關的公司，或中介人；
2. Any agent, contractor, banker or third party service provider who provides administrative, telecommunications, computer, payment, banking or other services to the Company in connection with the operation of its business;
任何為本公司業務操作提供行政、電訊、電腦、付款、銀行或其他服務的代理人、承包商、銀行或第三方服務供應商；
3. Third party service providers including legal advisors, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, emergency assistance companies, medical doctor panel groups, medical advisory consultants, surveyors, specialists, repairers, accountants and data processors;
第三方服務供應商包括法律顧問、調查員、公証行、再保險公司、醫療和康復顧問、緊急救援公司、網絡醫生集團、醫療意見顧問、測量師、專家、維修人員、會計師和數據處理員；
4. Credit reference agencies, and in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
信貸資料服務機構，在違約情況下，任何債務追收機構或辦理索償理賠或調查服務公司；
5. Any person to whom the Company is under an obligation to make disclosure under the requirements of any law binding on the Company or any of its associated companies for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Company or any of its associated companies are expected to comply;
本公司或任何聯營公司在遵守由政府、監管機構或其他當權者推行的法規、守則或指引及履行法律責任時需要向其披露之任何人士；
6. Any person pursuant to any order of a court of competent jurisdiction;
根據有司法管轄權的法院命令受權之任何人士；
7. Any actual or proposed assignee of the Liberty Mutual Group of Companies or transferee of the Liberty Mutual Group of Companies' rights in respect of the policy owners;
利寶互助保險集團公司的實質或建議受讓人或利寶互助保險集團公司與保單持有人相關權利的承讓人；
8. Companies within the Liberty Mutual Group of Companies;
利寶互助保險集團公司旗下的公司；
9. Providers of risk intelligence for the purpose of customer due diligence or anti-money laundering screening;
為客戶盡職審查或打擊清洗黑錢的篩選之風險智能供應商；
10. Other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements for marketing communication if “no objection” is provided; and
如客戶沒有“選擇退出”的要求，與本公司保持業務轉介或其他安排上之其他銀行/金融機構、商業或慈善組織作為直銷通訊用途；及
11. Third party marketing service providers and insurance intermediaries for marketing communication if “no objection” is provided.
第三方營銷服務供應商和保險中介機構作為直銷通訊用途。

Access and correction of personal data 查閱及更正個人資料

According to the Ordinance, all Policyholders have the right to of access to, correct and/or change any of their own personal data held by the Company by contacting the Company's Personal Data Privacy Officer at:

根據條例的規定，所有保單持有人可聯絡本公司之個人資料私隱主任查閱、更正和/或更改其個人資料。地址如下：

Liberty International Insurance Limited, 13/F, Berkshire House, 25 Westlands Road, Quarry Bay, HK
香港鯉魚涌華蘭路 25 號柏克大廈 13 樓

In accordance with the Ordinance, a reasonable fee may be charged by the Company for the processing of any data access request.

根據條例的規定，本公司在處理個人資料查閱申請時可向客戶收取合理的費用。