



**STEPUP MEDICAL PROTECTION PLAN APPLICATION  
FORM 「友心意」醫療保障計劃投保申請書**  
FOR INTERNAL USE ONLY 只供內部使用

Policy Number 保單號碼	Agent Code 營業員號碼 <input type="text"/>	Agency Code 營業員組別編號 <input type="text"/>
	Agent Name 營業員名稱 <input type="text"/>	
<input type="checkbox"/> Agent <input type="checkbox"/> D Case		<input type="checkbox"/> CS Verified _____ <input type="checkbox"/> Normal Med UW



06502010

**IMPORTANT NOTES 重要指示**

- You have to disclose in this application ALL material facts, which shall form the basis of our contract, otherwise the policy issued may be void or voidable at the option of AIA International Limited (the "Company"). If you are in doubt whether a fact is material, please disclose it on the application.  
- You are advised to pay premium by crossed cheque payable to "AIA International Limited".  
- Application with Applicant other than Proposed Insured needs to complete question 1-14 only.

- 您必須在此申請書上填報一切有關之事實，因為您與友邦保險(國際)有限公司("公司")之合約將以這些事實為根據，否則本公司有權將所簽發之保單宣告無效。如您不清楚某一項是否重要，也請將其事實在此申請書上說明。  
- 建議您以劃線支票繳付保費，抬頭請註明「友邦保險(國際)有限公司」。  
- 當申請人並非準受保人，申請人亦須填寫問題1-14。

Please complete all relevant items carefully and mail to AIA Corporate Solutions, 12/F, AIA Financial Centre, 712 Prince Edward Road East, Kowloon, Hong Kong (Please mark "StepUp Medical Protection Plan" on the envelope)  
請小心填妥申請表並郵寄至香港九龍太子道東712號友邦九龍金融中心12樓友邦團體業務部 (信封面請註明「友心意」醫療保障計劃)

PERSONAL DETAILS 個人資料：	Proposed Insured 準受保人	Applicant (when the Applicant is not the Proposed Insured) 申請人 (倘申請人非準受保人)
1. Have you been insured by <i>StepUp Medical Protection Plan / Journey Protect Medical Plan</i> before? 您曾受保於「友心意」醫療保障計劃/「全程保醫療保障」嗎? (This Plan can only be purchased once per lifetime. Therefore, it is not suitable for clients who purchased <i>StepUp Medical Protection Plan/ Journey Protect Medical Plan</i> before) (此計劃終生只可購買一次。因此本計劃不適用於曾購買過「友心意」醫療保障計劃/「全程保醫療保障」之客戶)	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	This field is only applicable for Proposed Insured 此欄只適用於準受保人填寫
2. Enrolment Period: 投保時期: (If you are AIA group medical scheme member, please answer this question) (如您是友邦團體醫療保障計劃會員，請回答此欄)	<input type="checkbox"/> Within 30 days since joining AIA group medical scheme 於參加友邦團體醫療保障計劃起30天內  <input type="checkbox"/> Within 30 days since AIA group medical scheme anniversary date 於友邦團體醫療保障計劃保單週年日起30天內  <input type="checkbox"/> Within 30 days prior to the termination of the membership in AIA group medical scheme (End of AIA group medical scheme date: _____) 於友邦團體醫療保障計劃的會籍終止日前30天內 (團體醫療保障計劃終止日: _____)  <input type="checkbox"/> Within 30 days prior to the birthday of age 65 於65歲前30天內	

Policy Number 保單號碼

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3. Name of Company: 公司名稱:		
4. Group Policy No.: 團體保單編號:		
5. Member ID No. (10 digit number shown in the group medical card): 成員編號 (團體醫療卡上顯示的十位數字):		
6. Name in English: 英文姓名: <small>(As shown on HKID card, use BLOCK letters)</small> <small>(以香港身份證為準, 請用英文正楷填寫)</small>	_____	_____
7. Name in Chinese: 中文姓名:	_____	_____
8. Relationship with Proposed Insured: 與準受保人之關係:	Self / Spouse / Children 本人 / 配偶 / 子女	
9. Sex: 性別:	<input type="checkbox"/> Male 男性 <input type="checkbox"/> Female 女性	<input type="checkbox"/> Male 男性 <input type="checkbox"/> Female 女性
10. HKID Card No.: 香港身份證號碼:	_____	_____
11. Nationality: 國籍:		
12. Date of Birth: 出生日期:	MM 月    DD 日    YYYY 年	Age Last Birthday 已屆年齡
	MM 月    DD 日    YYYY 年	Age Last Birthday 已屆年齡
13. Marital Status: 婚姻狀況:	<input type="checkbox"/> Single 未婚 <input type="checkbox"/> Married 已婚  <input type="checkbox"/> Widowed 鰥寡 <input type="checkbox"/> Divorced 離婚	<input type="checkbox"/> Single 未婚 <input type="checkbox"/> Married 已婚  <input type="checkbox"/> Widowed 鰥寡 <input type="checkbox"/> Divorced 離婚
14. Applicant's Correspondence Address & Contacts Telephone Numbers: 申請人聯絡地址及電話號碼:	Flat / Room 室: ____ Floor 樓數: ____ Block 座數: ____ Building / Estate Name 大廈/屋邨名稱: _____ No. & Name of Street / Lot No. 街道名稱及號數/地段號數: _____ District / Country 地區/國家: _____	Telephone Numbers 電話號碼 Mobile 手提電話: _____ Office 公司: _____ Home 住宅: _____ <input type="checkbox"/> Apply for Internet Service "AIA e-Advice" 申請「友邦電子通知書」網上服務 Email Address 電郵地址: _____

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## DETAILS OF INSURANCE APPLIED FOR 投保申請資料：

15. Currency 貨幣:	<input checked="" type="checkbox"/> HK\$ 港元										
16. Mode of Payment 繳費方式:	<input type="checkbox"/> Annually 年繳 <input type="checkbox"/> Monthly 月繳* # <small>* Direct Debit Authorization Form or Credit Card Deduction Form must be completed and sent to the Cashier Office of the company. (Monthly mode autopay via bank account or Credit Card Account. Non-monthly mode autopay via bank account or company designated Credit Card# Account)  # Please visit www.aia.com.hk &gt; Customer Support &gt; Premium Payment Channels &gt; By Autopay for details.  # For monthly payment, Applicant is required to pay for the initial 3 months premium.  # 請填妥直接付款授權書或信用卡扣付表格並交回本公司繳費處。(月繳保費可選擇經由銀行戶口或信用卡戶口, 非月繳保費可選擇經由銀行戶口或公司指定之銀行信用卡#戶口)  # 請參閱 www.aia.com.hk &gt; 客戶支援 &gt; 保費繳付方式 &gt; 自動轉賬內的資料。  # 月繳者必須預繳首3個月之保費。</small>										
17. Plan Name: 計劃名稱: * For non new joiner of AIA group medical scheme applicant, higher plan selection than original group medical insurance scheme, simple underwriting is required (Please answer questions 20-34) * 非新參加友邦團體醫療保障計劃申請人如欲選擇比原有之團體醫療保險計劃較高的計劃, 需進行簡單核保(請回答第 20-34 條問題)	Basic Plan 基本保障* <input type="checkbox"/> Plan 1 計劃一 <input type="checkbox"/> Plan 2 計劃二 <input type="checkbox"/> Plan 3 計劃三										
18. Special Request: 特別要求:	<input type="checkbox"/> Policy Date Effective From 保單生效日期    MM 月    DD 日    YYYY 年 <input type="checkbox"/> English Contract 英文合約 <small>If applicant does not have special request, we will default to issue Chinese Contract.  如申請人並無特別要求, 則自動發出中文合約。</small> e-BankIn 電子入賬服務 To apply for e-BankIn to transfer policy benefits to a designated bank account, please submit "Request for Application/ Change of e-BankIn" form. 如申請「電子入賬服務」將保單利益轉入指定之銀行戶口, 請提交「電子入賬服務」申請/更改表。										
19. Owner Information 持有人資料 (For Juvenile Application Only 只適用於兒童之投保申請)											
<table border="1"> <thead> <tr> <th>Name in English 英文姓名</th> <th>Name in Chinese 中文姓名</th> <th>Relationship with Proposed Insured 與準受保人之關係</th> <th>Age 年齡</th> <th>ID Card No. / Passport No. 身份證號碼 / 護照號碼</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name in English 英文姓名	Name in Chinese 中文姓名	Relationship with Proposed Insured 與準受保人之關係	Age 年齡	ID Card No. / Passport No. 身份證號碼 / 護照號碼						
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SIMPLE UNDERWRITING 簡單核保		Proposed Insured 準受保人											
20. Has any application for or reinstatement of life, critical illness, accident, disability or medical health insurance on your life ever been declined, postponed, rated or in any way modified? 您是否曾於申請壽險、危疾、意外、傷殘或醫療保險或申請復保時被拒絕受保、擱置受保、須繳付額外保費或修改合約條款?	20.	YES 是 <input type="checkbox"/>	NO 否 <input type="checkbox"/>										
21. Do you fly other than as a fare-paying passenger of a licensed air service operating within recognised scheduled routes, engage in any hazardous sports or events (e.g. motor sports, climbing, scuba diving), reside (or have resided) overseas for more than 3 months in the past 5 years? If 'YES', please provide full details or complete a separate supplementary questionnaire. 您有否以非乘客身份乘搭民航客機、參與任何危險性運動或賽事(例如: 賽車、攀山、水肺潛水); 或於過去五年內在其它國家居住(或曾居住)超過三個月? 倘“是”, 請提供詳細資料或另外填寫有關之問卷。	21.	<input type="checkbox"/>	<input type="checkbox"/>										
22. Do you use or have you ever used any tobacco products (including but not limited to cigarettes, cigars, pipes and chewing tobacco)? If 'YES', please state details below. If you have stopped using any tobacco products, please state when and for what reason, e.g. doctor's advice, etc. 您是否或曾否吸用任何煙草產品(包括香煙、雪茄、煙斗及咀嚼煙草等)? 倘“是”, 請於下列註明詳情。倘您已停止吸用任何煙草產品, 請註明日期和原因, 例如: 經醫生建議等。	22.	<input type="checkbox"/>	<input type="checkbox"/>										
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Proposed Insured 準受保人:													
<small>Note: I / We hereby declare that my / our answer(s) to Question 22 is completely consistent with the information (if any) that I / we have previously disclosed to AIA International Limited.  附註: 本人 / 我們聲明有關問題22之答案與本人 / 我們過往向友邦保險(國際)有限公司披露的資料(如有)完全相符。</small>													



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<p>(iii) Any digestive system problem, liver (including hepatitis or hepatitis carrier status), stomach, bowel or rectal bleeding, any kidney, bladder or genitourinary disorder including renal stones, endocrine disease, diabetes or thyroid gland problem? 任何消化系統問題，肝（包括肝炎或肝炎帶菌者）、胃、腸或直腸出血；任何腎、膀胱或泌尿及生殖系統疾病，包括腎石、內分泌疾病、糖尿病或甲狀腺疾病？</p> <p>(iv) Any mental or brain disorder or problem affecting the nervous system including depression, schizophrenia, psychosis, anxiety, autism, learning disorder, epilepsy, paralysis, numbness, dizziness, prolonged headache, loss of balance or fits? 任何精神或腦部失常或問題而影響神經系統，包括抑鬱、精神分裂、思覺失調、焦慮、自閉、學習障礙、癲癇、癱瘓、痲痺、頭暈、長期頭痛、身體失去平衡或抽搐？</p> <p>(v) Cancer or tumour, cyst, lump or other growths of any kind? 癌症或腫瘤、囊腫、腫塊或其他任何贅生物？</p> <p>(vi) Pain or other problem in your back, spine, muscle or joint, gout or other physical disability or condition affecting sight, speech or hearing? 背部、脊椎、肌肉或關節疼痛或其他疾病，痛風或其他身體殘疾或任何影響視力、說話能力和聽覺的疾病？</p>	<p>(iii)</p> <p>(iv)</p> <p>(v)</p> <p>(vi)</p>	<p><b>YES</b> <b>是</b></p> <p><input type="checkbox"/></p>	<p><b>NO</b> <b>否</b></p> <p><input type="checkbox"/></p>		
<p>30. Do you plan to attend, or are you currently attending or have attended in the last 5 years any hospital, clinic or doctor for : 您是否打算或現正、或曾於過去五年內在任任何醫院、診所或醫務所接受：</p> <p>(i) Diagnostic tests such as X-ray, ultrasonogram, blood tests, CT scan, biopsy, ECG, urine or other investigations other than a general medical check-up or annual medical check-up, with a normal result and without any follow-up consultation or treatment? 一些診斷性之檢查如X光、超聲波、驗血、電腦掃描、活體檢視、心電圖、驗尿或其他身體檢查？（檢查結果正常並無需接受進一步諮詢或治療的例行身體檢查除外）</p> <p>(ii) Illness, operation or other medical advice or treatment not stated under any previous questions? 以上各題沒有提及的疾病、手術或其他醫療諮詢或治療？</p>	<p>30.</p> <p>(i)</p> <p>(ii)</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>		
<p>31. Have you ever received, or do you expect to receive, any counselling, medical advice, treatment or any test(s) in connection with AIDS, HIV infection or any sexually transmitted disease, or do / did you have any symptoms of fatigue, persistent diarrhoea or unusual skin lesions? 您是否曾接受、或打算接受與愛滋病、HIV抗體或任何由性接觸而傳染的疾病之有關輔導、醫療諮詢、治療或任何檢驗；或曾出現疲倦、長期腹瀉或不尋常之皮膚潰瘍的徵狀？</p>	<p>31.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>		
<p>32. Have you ever taken any habit forming drugs (including but not limited to opium derivatives, barbiturates, marijuana, amphetamines, hallucinogens and cocaine) or been treated or advised in connection with your alcohol consumption or the taking of drugs? 您是否曾服食導致上癮的藥品（包括但不止於鴉片衍生物、巴比妥酸鹽、大麻、安非他命、迷幻劑及可卡因）或曾因飲酒，吸毒或服用藥物而需接受治療或輔導？</p>	<p>32.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>		
<p>33. Are you left-handed? 您是否左手慣用者？</p>	<p>33.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>		
<p>34. For female only 女性適用：</p> <p>(i) Are you now pregnant? If 'YES', please state expected delivery date. 您現在是否懷孕？倘“是”，請填寫預產期。</p> <p>(ii) Have you ever had any consultation or treatment involving female organs, or had history of irregular, painful, or excessive menstruation or any other problems? 您是否就女性器官問題而求診或接受治療，或遇上月經出現異常情況、痛楚或過多，或其他有關問題？</p> <p>(iii) Have you ever had, or have been advised to have investigations and / or treatment of the cervix, uterus, fallopian tubes, vagina, ovaries or the breasts, such as ultrasound, mammogram or surgery, cone biopsy, colposcopy or been advised to have a repeated pap smear within 6 months? (If 'YES', please submit a copy of investigation report for review.) 您有否或被建議就子宮頸、子宮、輸卵管、陰道、卵巢或乳房接受檢查及/或治療，如超聲波、乳房造影檢查或手術、錐形活組織檢查、陰道窺鏡檢查、巴氏塗片檢查，或被建議在六個月重做巴氏塗片檢查？（倘“是”，請附上有關檢查報告副本以供審閱。）</p>	<p>34.</p> <p>(i)</p> <p>(ii)</p> <p>(iii)</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>		
<p>35. If any of the answer to question 20 to 34 is 'YES', please give full particulars below, noting the question number: 上述第20項至第34項問題中，如有任何答案“是”者，請在以下位置註明問題號碼並詳述之：</p>					
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>					
<p>Question 題號</p>	<p>Disease / Tests done 疾病/檢驗名稱 (attach reports if available 請附上檢驗報告，如有)</p>	<p>Onset Date / Date of Test Done 病發/檢驗日期</p>	<p>Details of Treatment/Result 詳細治療內容及結果</p>	<p>Date of Last Attack / Consultation 最後病發/覆診日期</p>	<p>Full name, address and phone number of doctor(s) or hospital 醫院或主診醫生姓名、地址及聯絡電話</p>

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**DECLARATION :**

I / We hereby declare and agree that:

- (a) No information or representation made or given by or to any person shall be binding on the Company unless it is in writing and is presented and approved by the Company.
- (b) All written information submitted by me / us in this application form and in the Company issued questionnaires or other documents submitted by me / us in connection with this application and statements and answers made to the Company's medical examiners are true, complete and correct. In respect of any information or answers that I / we did not provide personally, I / we have checked their contents to ensure that they are true, correct and complete. I / We understand that the Company, believing them to be such, will rely and act on them, otherwise any policy issued hereunder may be void.
- (c) All information and documents provided by me / us (as defined under (b)) together with the relevant policy issued shall constitute the entire contract between myself / ourselves and the Company.
- (d) Any payment made in connection to this application does not guarantee immediate approval of the coverage applied. The insurance coverage applied for shall only take effect where the relevant policies have been issued and delivered to me / us and the first premium duly paid during my / our life time and good health.
- (e) If this application is for a juvenile trust policy with "Ownership and Trust Provisions", I consent to act as Trustee in respect of the policy to be issued subject to the following terms and conditions:
- All benefits payable under the proposed policy shall belong to the Proposed Insured who shall constitute the irrevocable beneficiary and shall be paid through me while the Proposed Insured is under 18 years of age.
  - I shall, until the Proposed Insured attains 18 years of age, have the right to exercise every option, benefit and privilege under the proposed policy in my capacity as Trustee.
  - Upon reaching the age of 18, the Proposed Insured shall become the new Owner of the policy and all my rights, entitlements and powers shall automatically cease.
- (f) A person who is not a party to the policy (including but not limited to the insured or the beneficiary) has no right to enforce any of the terms of the policy.
- (g) I / We confirm and acknowledge that:
- I / We shall be responsible for observing and complying with any applicable law, regulatory policy and / or other statutory requirement of the country of my / our citizenship, residence or domicile.
  - If in doubt, I / we shall consult independent professional advisers concerning possible tax, legal or regulatory consequences of purchasing, holding, withdrawing, redeeming or otherwise disposing of the policy issued or exercising any rights of the policy. The Company has not provided any advice to me / us around tax or a person's citizenship status.
  - I / We may be required to redeem, surrender or withdraw from the policy if the Company becomes aware that the policy issued is owned directly or beneficially by any person in breach of any applicable law, regulatory policy and / or other statutory requirement of any country.
  - Should I / we be compelled by any applicable law or authority to redeem, surrender or withdraw from the policy, I / we shall bear any costs or loss incurred as a result of such redemption, surrender or withdrawal.
  - the Company shall be entitled to, insofar as necessary and to the extent permitted by laws, furnish the relevant governmental authorities, regulator(s), court(s), tribunal(s), administrative board(s) and / or law enforcement bodies (both local and overseas) with any of my / our personal data and other information relating to my / our policy(ies) or investments contained in this application or otherwise. The Company may also answer any question and / or inquiry from the said governmental authorities, regulator(s), court(s), tribunal(s), administrative board(s) and / or law enforcement bodies, and as it sees appropriate, make any report at its own initiative in order to comply with the relevant laws, regulations and code(s) of practice / conduct. I / We understand that the Company will not be able to sell any insurance product to me / us and provide any service if I / we refuse to give the said express consent.
- (h) I / We agree to indemnify the Company in respect of any false or misleading information regarding my / our nationality, residence or tax status.
- (i) By purchasing this policy, I / we confirm that I am / we are acting solely on my / our own behalf and not acting on behalf of others in respect of the policy to be issued. In the event that I am / we are acting on behalf of another person, without limitation, as trustee, nominee or agent, I / we agree to provide any documentation including but not limited to any copies of identification documents of the principal / beneficial owner and any documentary proof of my / our legal capacity and authority in so acting.
- (j) I / We hereby confirm and agree to suppress physical copies of the selected correspondences and view / download the softcopies via AIA Customer Corner for this policy, it is subject to and bound by the Terms and Conditions of "AIA e-Advice" and its details is available through the AIA Customer Corner ([www.aia.com.hk](http://www.aia.com.hk)).
- (k) By signing this application below, I / we confirm that the agent or any representative of the Company has solicited insurance business from me / us in Hong Kong S.A.R. and that the signing of this application form has taken place in Hong Kong S.A.R.
- (l) I / We confirm and understand that I am / we are required to provide valid documentation proofs (such as identity card and address proof) to the satisfaction of the Company for it to conduct due diligence from time to time on myself / ourselves, the Proposed Insured, the ultimate beneficial owner of this policy (if any) and my / our authorized signatory(ies) (if any) pursuant to the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance Cap 615 (and / or other applicable legislation). If I / we fail or refuse to do so, or if the due diligence cannot be completed within a reasonable time for any reason, the Company shall have the right to disprove the application and / or terminate the policy and / or the business relationship with me / us. In the event that the Company has to terminate the policy and / or its business relationship with me / us on this ground, it shall be entitled to deduct such applicable fees and charges. I / We also confirm and agree that in such event the Company shall not be liable to me / us for any loss, damage, reimbursement and / or compensation whatsoever caused by or in connection with the termination of the policy and / or the business relationship.
- (m) (If the Applicant is a body corporate)
- I / We undertake to advise the Company forthwith upon any change to (i) the Applicant (such as name, registered address and ownership structure); (ii) the Applicant's shareholder(s) holding not less than 10% of its shares / voting rights and his / her personal particulars; (iii) the Applicant's director(s) / authorized signatory(ies) or his / her personal particulars; and to provide documentary proof(s) of such change to the satisfaction of the Company forthwith upon its request.
- (n) (If the Applicant is a natural person)
- I / We undertake to advise the Company forthwith upon any change or update of the personal particulars / the identification information of Applicant; and to provide documentary proof(s) of such change or update to the satisfaction of the Company upon its request.
- I / We confirm receipt of the product brochure(s) of the product I / we selected; and I / we understood its (their) respective product features, including the fees and charges (where applicable), surrender penalties (if any) and its (their) associated risks and key exclusions.

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**聲明:**

本人/我們現聲明並同意:

- (a) 除以書面形式及經貴公司發表和批准外, 任何其他人士所發表或收到的資料或陳述, 貴公司毋須負責。
- (b) 所有由本人/我們填寫在此投保申請書上及由公司發出的問卷內的資料或由本人/我們就此投保申請書遞交的其他文件及向公司的醫生的陳述及回答均屬真實、完整及正確。任何並非由本人/我們提供的資料或回答, 本人/我們已檢視其內容以確保其均屬真實、正確及完整。本人/我們明白公司相信本人/我們的陳述及回答均屬真實、正確及完整, 並依據此作出相關的決定, 否則任何依據此而繕發的保單可能無效。
- (c) 本人/我們提供的任何資料及文件 (如(b)所界定的) 及有關之保單, 將成為本人/我們與貴公司之間所簽署合約之全部。
- (d) 與本申請書有關的任何付款, 並不保證此申請可即時生效。而所申請之保障將會在保單發出及已繳清首期保費後, 並於本人/我們身體健康之情況下遞交至本人/我們, 方為生效。
- (e) 若此申請書用於有「權益及信託條款」之兒童信託保單, 本人同意成為此保單之信託人, 並遵守以下各項條款:
- 準受保人乃此保單之不可更改受益人, 此保單賦予之所有利益均歸其所有, 唯於準受保人年滿 18 歲以前, 保單所有利益由本人代收。
  - 作為此保單的信託人, 本人在準受保人年滿 18 歲以前, 有權行使及享有信託人應有之選擇權、利益及特權。
  - 準受保人年滿 18 歲後, 會成為新的保單持有人, 而保單賦予本人之所有權利, 亦會自動終止。
- (f) 非保單合約一方 (包括但不限於受保人及受益人) 沒有權利執行任何保單條款。
- (g) 本人/我們確認及知悉:
- 本人/我們將有責任遵守就本人/我們為公民或居民或作為住所的國家之有關法律、監管政策及/或其他法例要求。
  - 本人/我們如有疑問, 本人/我們將徵詢獨立專業顧問有關購買、持有、提款、贖回或以其他方式處置所發保單或行使保單內的權利可能引致的稅務、法律或法規上的後果。貴公司沒有就有關本人/我們之稅務或個人之公民身份提供任何意見。
  - 如貴公司發現所發保單因由任何人仕直接或實益擁有而違反任何國家之適用法例、監管政策及/或其他法例要求, 本人/我們可被要求贖回或退保該保單或被要求作出提款。
  - 如本人/我們被有關法例或監管機構強制贖回或退保該保單或作出提款, 本人/我們願意承擔因此而引致的費用或損失。
  - 貴公司有權, 就如需要並在法律許可的範圍內, 提供有關本人/我們的個人資料和其他有關本人/我們的保單或於本申請書上所載之投資或以其他方式刊載的其他資料予政府部門、監管機構、法院、法庭、行政委員會及/或執法機構 (包括本地及海外)。貴公司也會就上述政府部門、監管機構、法院、法庭、行政委員會及/或執法機構所提出之任何問題及/或查詢作出回答, 及在適當的情況下, 會主動提供報告, 以符合有關法律, 法規和守則/行為。我/我們明白, 如果我/我們拒絕給予上述之明示同意予貴公司, 貴公司將無法出售任何保險產品, 及提供任何服務給我/我們。
- (h) 就有關本人/我們之國籍、居住地或稅務狀況, 如有任何虛假或誤導資料, 本人/我們同意對貴公司作出賠償。
- (i) 藉購買此保單, 本人/我們確認本人/我們是僅以按本人/我們的名義行事, 並不是代表他人購買此保單。倘若本人/我們是代表他人行事, 不論作為信託人、代名人或代理人, 本人/我們同意提供任何文件, 包括但不限於任何委託人/實益擁有人的身分證明文件副本及任何授予本人/我們具法律身分和授權的證明文件。
- (j) 本人/我們確實並同意根據「友邦電子通知書」之條款及條件使用及約束, 停止收取此保單之個別通知書函件, 並透過友邦客戶專頁閱覽或下載個別通知書。有關條款及條件之詳情, 請登入 [www.aia.com.hk](http://www.aia.com.hk) 之友邦客戶專頁參閱。
- (k) 就簽署此投保申請書, 本人/我們確認貴公司的保險營業員或其代表是在香港特別行政區向本人/我們推銷保險業務, 而此申請書亦是在香港特別行政區簽署。
- (l) 本人/我們確認及明白必須提供符合貴公司要求之有效文件 (如身份證及地址證明) 予貴公司, 讓貴公司能按照於「打擊洗錢及恐怖分子資金籌集(金融機構)條例」第 615 章所載及/或其它有關法律之要求, 不時對本人/我們、準受保人、保單之最終實益擁有人 (如有) 及所有於這保險申請之授權簽署人士 (如適用) 進行客戶盡職審查。如本人/我們未符合此要求, 或因任何理由客戶盡職審查未能在合理時間內完成, 貴公司有權不批核上述申請及/或終止此保單及/或與本人/我們的業務關係。如貴公司因此需要終止此保單及/或與本人/我們的業務關係, 貴公司有權扣除適當的費用及收費。本人/我們亦確認並同意, 在這情況下, 貴公司不需向本人/我們承擔任何因終止此保單及/或業務關係而招致之損失, 損害, 報銷和/或補償。
- (m) (如申請人為法人)
- 本人/我們保證會立刻通知貴公司任何有關(i)申請人的名字、註冊地址及架構的更改; 或(ii)擁有申請人不少於10%的股本或投票權的股東及其個人資料; 或(iii)申請人的董事/授權簽署人士的更改或其個人資料的更改, 及保證如貴公司提出要求, 會立刻向貴公司提交與該更改有關及令其滿意的文件證明。
- (n) (如申請人為自然人)
- 本人/我們保證會立刻通知貴公司任何有關申請人個人資料或其身份證明資料的更改或更新, 及保證如貴公司提出要求, 會立刻向貴公司提交與該更改或更新有關及令其滿意的文件證明。
- 本人/我們確認已收取本人/我們所選擇產品之產品小冊子; 同時, 本人/我們明白相關產品的特色, 包括費用及收費 (如適用)、退保費用 (如有) 及與產品相關連的風險及主要不受保事項。

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**AUTHORISATION :**

I / We, hereby irrevocably authorise

- (a) The Company to enter into arrangements with Panel Network Providers to provide specified medical services to me / us (if and as applicable).
- (b) Any organization, institution or individual that has any record or knowledge of my / the Proposed Insured's health and medical history or any treatment or advice and that has been or may hereafter be consulted to disclose to the Company such information. This authorisation shall bind my / the Proposed Insured's successors and assigns and remain valid notwithstanding my / the Proposed Insured's death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original.
- (c) The Company or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my / the Proposed Insured's health status in relation to this application and any claim arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorders or the presence of medications, drugs, nicotine or their metabolites.

**授權：**

本人/我們茲授權

- (a) 貴公司為本人/我們安排醫療網絡組織之服務提供者進行指定之醫療服務(如適用)。
- (b) 任何知悉或擁有本人/準受保人之健康狀況及病歷或任何治療或諮詢記錄及曾為或將為本人/準受保人診治之機構、組織或人士，向貴公司透露有關資料，不得撤回。即使本人/準受保人死亡或喪失能力，此授權書仍然存有法律效力，而本人/準受保人之繼承人及轉讓人亦會受此授權書約束。此授權書之正本與副本同屬有效。
- (c) 貴公司或任何其認可之驗身醫生或化驗所，替本人/準受保人進行所需之醫療評估及測試，並對本人/準受保人之健康狀況進行審核及評估，作為處理本申請及其後與之有關的賠償事宜不得撤回。此等化驗會包括，但並不限於膽固醇及有關之血脂肪、糖尿病、肝或腎功能失常、愛滋病或感染人體免疫力缺乏病毒、免疫系統失常或體內藥物、毒品、尼古丁及其代謝物之含量等化驗。

**PERSONAL DATA COLLECTION AND USE**

I / We confirm that I / we have read and understood the AIA Personal Information Collection Statement ("AIA PIC").

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this application or collected, obtained, compiled or held by the Company by any means from time to time may be collected and utilized in accordance with the AIA PIC. I / We acknowledge and consent to the transfer of my / our personal data outside of Hong Kong for the purposes and to the types of transferee as set out in the AIA PIC.

The updated version of AIA PIC is available for download from its website: [www.aia.com.hk](http://www.aia.com.hk), and is made available upon request.

**個人資料收集及使用**

本人/我們確認本人/我們已閱讀及明白 AIA 個人資料收集聲明（「AIA 個人資料收集聲明」）。

本人/我們聲明及同意在本申請所載或貴公司不時以任何方法收集所得、編製或持有的任何個人資料及關於本人/我們或本人/我們的保單或投資的其他資料，可根據AIA個人資料收集聲明收集及使用。本人/我們知悉及同意就AIA個人資料收集聲明所述目的轉讓本人/我們的個人資料至香港境外予 AIA 個人資料收集聲明所載的資料承讓人。

AIA 個人資料收集聲明的最新版本可於以下網址下載：[www.aia.com.hk](http://www.aia.com.hk)，及可向貴公司索取。



Policy Number 保單號碼

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**DIRECT PROMOTIONAL AND MARKETING MATERIALS**

I / We confirm that I / we have read and understood the AIA Personal Information Collection Statement ("AIA PIC"). I / We agree to the provision and use of my / our personal data for direct marketing purposes in accordance with the AIA PIC. I / We acknowledge and consent to the transfer of my / our personal data outside of Hong Kong for direct marketing purposes and to the types of transferee as set out in the AIA PIC.

[ ] Please tick the box on the left if you do not agree with the provision, use and transfer of your personal data for direct marketing purposes in accordance with the AIA PIC.

**宣傳及市場推廣資料**

本人/我們現確定本人/我們已閱讀及明白AIA個人資料收集聲明(「AIA個人資料收集聲明」)。本人/我們同意根據AIA個人資料收集聲明,提供本人/我們的個人資料用作直銷推廣用途。本人/我們確認及贊同把本人/我們的個人資料轉移至香港境外作直銷推廣用途,並把相關的個人資料轉移至AIA個人資料收集聲明中列明的資料承讓人。

[ ] 倘若不同意根據AIA個人資料收集聲明,提供、使用及轉移個人資料用作直銷推廣用途,請在左列[ ]一欄劃上✓。

**CANCELLATION RIGHT AND REFUND OF PREMIUM(S)**

I understand that I have the right to cancel and obtain a refund of any premium(s) paid by giving written notice. Such notice must be signed by me and received directly by the Customer Service Centre of AIA International Limited at 12/F, AIA Tower, 183 Electric Road, North Point, Hong Kong within 21 days after the delivery of the policy or issue of a Notice to me or my representative, whichever is earlier.

**撤銷保單及退還保費**

本人明白,本人有權以書面通知撤銷此保單並取回已繳保費。有關書面通知必須由本人簽署,並確保由交付新保單予本人或本人的代表後或發出通知書予本人或本人的代表後起計二十一天內(以較先者為準),呈交至香港北角電氣道一百八十三號友邦廣場十二樓之友邦保險(國際)有限公司客戶服務中心。

Signed at Hong Kong SAR 香港特別行政區 \_\_\_\_\_  
簽署於 \_\_\_\_\_ Place 地點 MM 月 DD 日 YYYY 年

I / We confirm and declare that the whole solicitation process of this application was done in Hong Kong SAR and this form was signed by the Proposed Insured / Applicant and witnessed by me / us in Hong Kong SAR.

本人/我們確認及聲稱有關此投保申請之整個銷售過程均在香港特別行政區內進行。而此申請書是由準受保人/申請人在香港特別行政區簽署及以本人/我們為見証。

I / We also confirm that Customer Due Diligence measures in respect of AML / CFT controls have been, and will continue to be, carried out in accordance with applicable legislative / regulatory requirements.

本人/我們確認已進行,並將會繼續完成有關此投保申請對客戶盡職審查之要求,以符合適用法律/法規要求。

\_\_\_\_\_  
Signature of the Agent(s) as Witness  
營業員(即見證人)簽署

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(Please do not sign on blank form 請勿在空白表格上簽署)

Signature of the Proposed Insured 準受保人簽署

(whose age is 18 or above 18歲或以上人士必須簽署)

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(Please do not sign on blank form 請勿在空白表格上簽署)

Signature of the Applicant, if other than the Proposed Insured

申請人簽署,倘非準受保人