



保單資料更改要求申請表

Policy Information Change Request Application Form

- 請以英文正楷填寫此保單資料更改要求申請表，並在適當空格內填上「✓」號。
Please complete this Policy Change Request Application Form in English and in BLOCK LETTERS, and check the applicable box.
- 請填妥有關部份，如有遺漏可能延誤有關申請。
Please complete all relevant sections; failure to do so may result in your request being delayed.
- 保單資料更改經招商永隆保險有限公司批核後始正式生效。
The policy information change will not become effective until approved by CMB Wing Lung Insurance Company Limited.

保戶資料 Policyholder Information	
保戶名稱 Name of Policyholder	電話號碼 Phone No.
電郵地址 (非必要填寫) Email Address (Optional)	
產品類別 Product Category	
<input type="checkbox"/> 「家居樂」保險 Sweet Home Insurance 保單號碼 Policy No. _____	<input type="checkbox"/> 個人意外保險計劃 Personal Accident (Plus) Insurance 保單號碼 Policy No. _____
<input type="checkbox"/> 「家傭保」保險 Helper Insurance 保單號碼 Policy No. _____	<input type="checkbox"/> 火險 Fire Insurance 保單號碼 Policy No. _____
<input type="checkbox"/> 旅遊綜合保險 2.0 Travel Insurance 2.0 保單號碼 Policy No. _____	<input type="checkbox"/> 其他 Others 保單號碼 Policy No. _____

更改詳情 Change Details
生效日期 Effective Date _____

A. 更改地址及個人資料 Change of Address and Personal Information		
更改 Change <input type="checkbox"/> 通訊地址 Correspondence Address <input type="checkbox"/> 受保地址 Situation of Risks		
室 Flat / Room	層數 Floor	座數 Block / Tower
大廈 / 屋苑名稱 Name of Building / Name of Estate		
街道號數及名稱 Number and Name of Street / Road		
地區 District	<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT	
以下資料只適用於家居保 / 家居樂 / 尚名居保險 Applicable to Family (Plus) / Sweet Home / Supreme Home Insurance		建築面積 Gross Floor Area (sq. ft.)
新受保單位的建築/實用面積 (平方呎) New Insured Address Gross Floor Area /Net Floor Area (sq. ft.)		實用面積 Net Floor Area (sq. ft.)

B. 選擇更改為自動續保 (必須同時填寫 C 部分) Change to Automatic Renewal (Must Also Fill in Part C)

保單類別 Policy Type

「家居樂」保險 Sweet Home Insurance
保單號碼 Policy No. _____

個人意外保險計劃 Personal Accident (Plus) Insurance
保單號碼 Policy No. _____

「家傭保」保險 Helper Insurance
保單號碼 Policy No. _____

「尚名居」尊尚家居保險 Supreme Home Insurance
保單號碼 Policy No. _____

旅遊綜合保險 2.0 (全年保障)
Travel Insurance 2.0 (Annual Cover)
保單號碼 Policy No. _____

「高球樂」保險 Golfers (Plus) Insurance
保單號碼 Policy No. _____

本人(等) / 本公司同意本保險在每個保單年度到期日自動續保, 並授權及要求招商永隆保險有限公司根據直接付款授權書指示從本人(等) / 本公司的招商永隆銀行賬戶 / 招商永隆信用卡 / 其他信用卡支取有關續保保單之保險費。

I / We agree that the insurance will be automatically renewed at the end of each policy year and hereby authorize and request CMB Wing Lung Insurance Company Limited to charge my / our CMB Wing Lung Bank Account / CMB Wing Lung Credit Card / other credit card for the payment of the renewal premium of this insurance policy as per the Debit Account Authorization.

C. 增加 / 取消 / 更改保費交付方法及付款授權書 Add / Cancel / Change Premium Payment Method and Debit Account Authorization

本人(等) / 本公司共同及個別授權招商永隆銀行有限公司或招商永隆保險有限公司隨時從本人(等) / 本公司以下招商永隆銀行賬戶 / 招商永隆信用卡 / 其他信用卡就本保單付款, 包括支付日後續保之保險費, 直至本人(等) / 本公司有進一步書面通知取消為止。

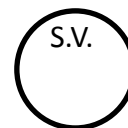
I / We hereby jointly and severally authorize CMB Wing Lung Bank Limited or CMB Wing Lung Insurance Company Limited to debit my / our under mentioned CMB Wing Lung Bank Account / CMB Wing Lung Credit Card / other credit card at any time for the payment of the Policy including payment for the subsequent renewal insurance premium until further written notice from me / us.

1. 從招商永隆銀行賬戶自動轉賬支付 Autopay by debiting from CMB Wing Lung Bank Account
銀行賬戶持有人姓名
Name of Bank Account Holder : _____
儲蓄或往來賬戶號碼
Savings or Current Account No. : _____

賬戶持有人 / 授權人 / 信用卡持有人簽署
Signature(s) of Account Holder(s) / Authorized Person(s) / Cardholder Signature(s)

2. 從招商永隆信用卡或其他信用卡支付
Debit CMB Wing Lung Credit Card or other credit card

Visa 卡 Visa Card 萬事達卡 Master Card
信用卡持有人姓名
Name of Cardholder : _____
信用卡號碼
Credit Card No. : _____
到期日
Expiry Date : _____



(簽署須與信用卡賬戶式樣相符)
(Signature should correspondent to the specimen signature of the credit card)

D. 取消保單 Cancellation of Policy

取消保單原因 Reason for Cancellation _____

取消日期 Cancellation Date _____

注意：保費退款將根據保單終止條款、保單最低保費金額和短期保費率計算。

Note: Computation of premium refund is subject to policy cancellation clause, policy minimum premium and short period rate.

E. 拒絕服務要求 Opt-Out Instruction

致 招商永隆保險有限公司 (「貴公司」)

To: CMB Wing Lung Insurance Company Limited ("the Company")

日期 Date:

選擇拒絕在直接促銷中使用個人資料 Opt-out from use of personal data in direct marketing

請以正楷填寫以下資料並在適當方格內加上剔號 ("✓")

Please complete the following information in BLOCK LETTERS and check the applicable box(es).

客戶姓名 Name of Customer:	保單編號 (如有) Policy Number (if any):	證件號碼 Identity Document No.	聯絡電話 Contact No.

(必須提供客戶全名及完整保單編號 (如有) , 否則可能因找不到相關客戶紀錄而未能處理此申請。)

(Please provide full name and policy number (if any), otherwise the Company may not find the relevant policy records for processing this application.)

直接促銷的方式 Means of communications in direct marketing

本人 不希望 貴公司以下列直接促銷途徑使用本人的個人資料：

I do not wish the Company to use my personal data in direct marketing through the following channels:

郵寄 電話 電郵 短訊 傳真 所有途徑 (包括郵寄、電話、電郵、短訊及傳真)

Mail Phone Email SMS Fax All channels (including mail, phone, email, SMS and fax)

以上代表本人目前就是否希望收到直接促銷聯繫或資訊的選擇，並取代本人於本申請前向 貴公司傳達的任何選擇。本人明白如申請資料不完整或欠準確，有關申請將無法進行。

The above represents my present choice whether or not to receive direct marketing contact or information. This replaces any choice communicated by me to the Company prior to this application. I understand the Company may not be able to process my request if any of the information is incomplete or incorrect.

本人以上的選擇適用於就貴公司《關於個人資料 (私隱) 條例致客戶的通知》(「該通知」) 中所列出的產品、服務及 / 或標的類別的直接促銷。本人亦可參閱該通知以得知在直接促銷中可使用的個人資料的種類，以及本人的個人資料可提供予什麼類別的人士以供該人等人士在促銷中使用。

My above choice applies to the direct marketing of the classes of products, services, and /or subjects as set out in the Company's Notice to Customers relating to *Personal Data (Privacy) Ordinance* ("the Notice"). I should also refer to the Notice on the kinds of personal data which may be used in direct marketing and the classes of persons to which my personal data may be provided for them to use in direct marketing.

F. 其他更改 Other Changes

請在此詳述 Please give details

聲明 Declaration

本人，並代表每位受保人，聲明：

I, and on behalf of the Insured Person(s), declare that :

1. 本人（等） / 本公司謹聲明

i) 上列各節均屬無訛；

ii) 更絕未作任何事實之隱瞞；

iii) 上述之資料及答案均屬本人（等） / 本公司填寫或經本人（等） / 本公司授意下填寫；

I / We declare that to the best of my / our knowledge and belief

i) the foregoing answers are true and complete in every respect;

ii) all material facts affecting in assessment of the risk have been disclosed;

iii) that the information and answers given on this form are filled in by me / us or by any other person under my / our full instructions;

2. 本人（等） / 本公司明白及同意如有任何重要事實隱瞞，即使保單已簽發，招商永隆保險有限公司仍可將本保單作廢。

I / We understand and agree that failure to disclose any material facts may cause CMB Wing Lung Insurance Company Limited to declare the policy void even after the policy has been issued.

3. 本人（等） / 本公司謹承認此申請表為本人（等） / 本公司與招商永隆保險有限公司訂立此保險契約及以後續約之根據。

I / We agree that this Application form and Declaration shall be the basis of and be deemed to be incorporated in the contract of insurance, including any renewal thereof, between me / us and CMB Wing Lung Insurance Company Limited.

4. 本人（等） / 本公司確認已閱讀並清楚明白招商永隆保險有限公司《關於個人資料（私隱）條例致客戶的通知》。

I / We confirm that I / We have read and understood the CMB Wing Lung Insurance Company Limited Notice to Customers relating to Personal Data (Privacy) Ordinance.

請填妥此申請表，以郵寄、電郵至招商永隆保險有限公司或可親身交回任何一間招商永隆銀行分行處理。

Please complete all fields and submit this Application Form, either by post or email to CMB Wing Lung Insurance Company Limited or submit to any branch of CMB Wing Lung Bank Limited in person.

郵寄地址 Mail Address : 香港中環德輔道中 45 號招商永隆銀行大廈 10 樓招商永隆保險有限公司
CMB Wing Lung Insurance Company Limited, 10/F CMB Wing Lung Bank Building, 45 Des Voeux Road Central, Hong Kong

電子郵件 Email Address : enquiry@cmbwinglunginsurance.com

簽署 Signature

申請人簽署 Signature of Policyholder

日期 Date

申請人全名 Full Name of Policyholder _____

(請勿於空白申請表上簽署 Please DO NOT sign a blank Application Form)

招商永隆保險有限公司
CMB Wing Lung Insurance Company Limited

EndF/202104