

請填妥此投保書，以郵寄、傳真、電子郵件或親身交回招商永隆銀行有限公司（「招商永隆銀行」）任何一間分行。

Please complete all fields and submit this Proposal Form, either by post, fax, email, or in person to any branches of CMB Wing Lung Bank Limited ("CMB Wing Lung Bank").

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

傳真號碼 Fax Number : 2899-2544

電子郵件 Email Address : enquiry@cmbwinglunginsurance.com

注意 Note:

- 此投保書及聲明是作為訂立保險合約的根據。此投保書在招商永隆保險有限公司（「本公司」）接納後，保險契約始正式生效。  
 This Proposal Form and Declaration shall be the basis of the insurance contract. The Insurance will not become effective until the Proposal Form has been accepted by CMB Wing Lung Insurance Company Limited ("the Company").
- 所有問題均必須回答並適用於申請人／所有受保人。  
 All questions must be answered in full and are applicable to the Proposer / all Insured Person(s).
- 請以英文正楷填寫此投保書，並在適當空格內填上 [✓] 號。  
 Please complete this Proposal Form in English and in BLOCK LETTERS, and check the applicable box.

<b>申請人資料 Details of Proposer (申請人必須為 18 歲或以上之人士 Proposer must be 18 years old or above)</b>			
申請人姓名 Name of Proposer	<input type="checkbox"/> 先生 Mr <input type="checkbox"/> 太太 Mrs <input type="checkbox"/> 小姐 Ms <input type="checkbox"/> 公司 Co	香港身份證／護照／商業登記號碼 HKID / Passport / BR No.	
職業／業務性質 Nature of Occupation / Business (請提供詳細資料 Please provide full details)	電話號碼 Phone No.	電郵地址 (非必要填寫) Email Address (Optional)	
通訊地址 Postal Address	室 Room / Flat	層數 Floor	座數 Block / Tower
街道號數及名稱 No. and Name of Street / Road		大廈／屋苑名稱 Name of Building / Name of Estate	
		地區 District <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界／離島 NT / Outlying Islands	

注意：若以公司名義作為申請人，所有受保人均解作「受保員工」。受保人必須是擁有有效香港身份證的合法居民，並且通常居住於香港，而年齡必須介乎 12 至 65 歲。  
 Note: In case the Proposer is a business entity, the Insured Person will be interpreted as "Insured Employee". The Insured Person must be a legal resident aged between 12 and 65, holding a valid Hong Kong Identity Card and is normally residing in Hong Kong.

<b>投保詳情 Particulars of Insurance</b>	
保障計劃 Plan Selection	<input type="checkbox"/> 計劃一 Plan A <input type="checkbox"/> 計劃二 Plan B
投保日期 Period of Insurance	由 From (DD/MM/YYYY) 至 To (DD/MM/YYYY)
總保費 (港幣) Total Premium (HKD)	\$

<b>受保人資料 Details of Insured Person(s)</b>							
	受保人姓名 Name of Insured Person	出生日期 Date of Birth	性別 Gender	香港身份證號碼 HKID No.	職業 Occupation	職業類別 Classification of Occupation	與申請人之關係 Relationship with Proposer (申請人 Proposer / 配偶 Spouse / 子女 Children / 受保員工 Insured Employee)
1.							
2.							
3.							
4.							

受益人：就意外死亡賠償將支付給受保人的遺產受益人。如受保人想指定其受益人，請以書面通知本公司作出有關更改。  
 Beneficiary: Accidental death compensation shall be payable to the statutory beneficiary of the Insured Person(s). If the Insured Person(s) wish(es) to designate the beneficiary, a written notice should be given to the Company for the amendment.

<b>自動續保指示 Automatic Renewal Instruction</b>	
<input type="checkbox"/>	本人 (等) 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) 的招商永隆銀行賬戶／招商永隆信用卡／其他信用卡支取此續保保單之保險費。 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.

<b>其他資料 Other Information</b>	
任何受保人是否已持有任何個人意外保險或同類保險？若「是」，請提供詳細資料： Is any of the Insured Person(s) holding any personal accident insurance or same class of insurance? If "Yes", please provide full details:	
<input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes
受保人的職業是否涉及任何體力勞動或危險性工作？若「是」，請提供詳細資料： Does the Insured Person have an occupation that involves any manual work or hazardous activities? If "Yes", please provide full details:	
<input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes
任何受保人曾否有任何保險公司拒絕、取消受保人的人壽、意外／醫療保險，或於其上附加任何條件或拒絕續保？若「是」，請提供詳細資料： Has any insurance company(ies) declined, cancelled or imposed special conditions on or refused renewal of Life, Accident / Medical Insurance of any of the Insured Person(s)? If "Yes", please provide full details:	
<input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes
任何受保人現在是否健康良好，而身體並無損傷、殘缺或疾病？若「否」，請提供詳細資料： Is any of the Insured Person(s) in good health and free from any physical impairment, deformity of disease? If "No", please provide full details.	
<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
過去賠償紀錄 Past Claims Experience	
任何受保人在過去三年曾否因意外而身體受傷向保險公司提出任何索償？若「是」，請提供原因、意外日期及賠償金額： Has any of the Insured Person(s) ever made any claim(s) against related insurance company(ies) in respect of accidental bodily injury during the past 3 years? If "Yes", please state the causes, date of accident and claims amount:	
<input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes

注意：若空間不足應用，請另加紙張填寫。Note: If space is insufficient, please attach a separate sheet.  
 申請人必須在本申請中披露一切重要事實，而有關事實將構成此簽發的任何保單的根據。如有任何重要事實未有披露，則所發出的保單將告無效或可予作廢。如申請人不清楚某一事項是否重要，請將此事詳加說明。任何在本投保書內的改動或更正，須得申請人加簽作實。  
 Proposer has to disclose in the Proposal Form ALL material facts which shall form the basis of any policy issued hereunder, otherwise the policy issued may be void or voidable. If in doubt whether a fact is material, please disclose. Any alterations or corrections on this Proposal Form should be endorsed by the Proposer.

根據《個人資料（私隱）條例》，閣下可隨時選擇不再收取本公司之宣傳單張，如有需要，請以書面形式通知本公司的資料保護主任，（地址：香港中環德輔道中 45 號，招商永隆保險有限公司，資料保護主任。傳真：2526 7045），此項安排不另收費。

According to the Personal Data (Privacy) Ordinance, you may, at any time and without charge, choose not to receive our future promotional materials. Please inform us in writing in case of such a request to the Data Protection Officer. (Address: The Data Protection Officer, CMB Wing Lung Insurance Company Limited, 45 Des Voeux Road Central, Hong Kong. Fax no. 2526 7045).

### 拒絕服務要求 Opt-Out Instruction

致 To: 招商永隆保險有限公司（「貴公司」）CMB Wing Lung Insurance Company Limited ("the Company") 日期 Date:  
傳真號碼 Fax No.: 2526 7045

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用方格內加上剔號（“√”）。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 Number: 聯絡電話 Contact Number:

（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 Mail  電話 Phone  電郵 Email  短訊 SMS  傳真 Fax  所有途徑（包括郵寄、電話、電郵、短訊及傳真）  
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等人士在直接促銷中使用。  
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.

### 保費交付方法及付款授權書 Payment Method and Debit Account Authorization

本人選擇以下列方式繳交保費港幣 元：  
I wish to pay my premium HKD by:

1. 支票（支票抬頭人寫「招商永隆保險有限公司」）  
Cheque (payable to "CMB Wing Lung Insurance Company Limited")  2. 現金（前往招商永隆銀行各分行繳付）  
Cash (accepted at any branches of CMB Wing Lung Bank)

本人（等）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）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）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.

3. 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. : \_\_\_\_\_  
 4. 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 : \_\_\_\_\_ (MM) \_\_\_\_\_ (YY)

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)

S.V.

（簽署須與銀行印鑑／信用卡賬戶式樣相符）  
(Signature should correspondent to the specimen signature of the above bank account or credit card.)

### 聲明 Declaration

本人聲明，如本人亦代表其他人申請本保單，本人已獲列於本投保書上各受保人及／或兒童之監護人（「受保人」）授權代他／她／他們申請此保險及作出以下聲明。本人亦聲明每位受保人在此投保書（包括各項聲明）所列的內容，並因此成為該受保人獲得保障的先決條件。本人並且聲明已獲每位受保人授權透露所需個人資料作本保險申請及其後更改保單資料的用途。

I hereby declare that, in the case that I have applied the Policy on behalf of the person(s) other than myself, I have been duly authorized by each of the persons covered under this application including guardian(s) of the child(ren) mentioned in this Proposal Form ("the Insured Person") to apply for this insurance and to make the following under this Proposal Form including these Declarations, and that it is condition precedent to obtain coverage for each such person that such Insured Person(s) has / have agreed to all such information, I further declare that I have obtained the full and complete authority from the Insured Person(s) to disclose any personal information for the Policy application and subsequent amendment.

本人，並代表每位受保人，聲明：  
I, and on behalf of the Insured Person(s), declare that :

- 本人（等）明白，本保單概不承保所有本人（等）在受保期限前所有已存在的病症或傷患、已顯現及／或受保人已知的徵狀或病徵。  
I / We understand that the Policy excludes all illnesses or injuries that already existed, signs or symptoms that already presented and / or are known to the Insured Person(s) prior to the period of insurance.
- 本人（等）同意接納本保單內所列之一切條款、規則及不保事項。  
I / We agree to accept the terms, exclusions and conditions as set out in the Policy.
- 本人（等）謹聲明，就本人（等）所知及所信此投保書內陳述及所提供的細節均為完整及真實無訛，更絕未作任何事實之隱瞞，而此投保書內提供之資料及答案均屬本人（等）填寫或經本人（等）全權授意下填寫。  
I / We declare that the statements and particulars given in this Proposal Form are, to the best of my / our knowledge and belief, true and complete, all material facts affecting in assessment of the risk have been disclosed and the information and answers given on this Proposal Form are filled in by me / us or by any other person under my / our full instruction.
- 本人（等）明白及同意如有任何重要事實隱瞞，即使本保單已簽發，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.
- 本人（等）謹承認此投保書及聲明是本人（等）與招商永隆保險有限公司的保險契約及以後續約之根據，並視為已收納其中，而投保書及聲明乃由申請人作出，申請人就此而言視為本人（等）之代理人（而非招商永隆保險有限公司之代理人）。  
I / We agree that this Proposal Form and Declarations shall be the basis of and be deemed to be incorporated in the contract of insurance, including any renewal thereof, between CMB Wing Lung Insurance Company Limited and made by the Proposer hereof and the Proposer shall for the purpose be deemed to be my / our agent and not the agent of CMB Wing Lung Insurance Company Limited.
- 本人（等）確認已閱讀並清楚明白附於此投保書內之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》及產品傳單（包括重要事項投保人須知）。  
I / We confirm that I / we have read and understood the CMB Wing Lung Insurance Company Limited Notice to Customers relating to the Personal Data (Privacy) Ordinance attached in this Proposal Form and Product Leaflet (including Important Notes to the Proposer).

簽署 Signature  
申請人簽署 Signature of Proposer 日期 Date  
內部專用 For Office Use Only  
分行編號 Branch Code 日期 Date  
業務代表職員編號 Staff No. 註 Remarks

如適用者，請連同公司蓋章 With Company Chop if applicable（請勿於空白投保書上簽署 DO NOT sign a blank Proposal Form）