



® Sun Flower Insurance Brokers Limited

Placing through Sun Flower Insurance Agency Limited

Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong

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Thank you for considering Sun Flower to be one of your selected intermediaries.

We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

## Pet Care Application Form 毛孩寵物保申請書

(Separate application form is required for each pet 每隻寵物須填寫個別申請書)  
Please complete in BLOCK LETTERS and tick where appropriate. 請以英文正楷填寫並於適當空格內加上「✓」號。

### (I) Details of Applicant 申請人資料

Full Name of Applicant 申請人姓名: (Applicant must be aged 18 or above 申請人必須為18歲或以上)		<input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Miss 小姐	HKID Card/Passport No. 香港身份證/護照號碼:
Correspondence Address 通訊地址:			
Flat 室 _____, Floor 樓 _____, Block 座 _____, Building 大廈名稱 _____			
Street 街道 _____ District 地區 _____			
<input type="checkbox"/> 香港島 HK <input type="checkbox"/> 九龍 Kowloon <input type="checkbox"/> 新界 N.T.			
聯絡電話 Contact No.		電郵地址 Email Address	

### (II) Policy Particulars 投保詳情

Policy Effective Date 保單生效日期: Valid for 1 year 有效期為1年	_____ DD日 _____ MM月 _____ YY年
Physical Address of the Pet (if different from the Correspondence Address) 寵物住所地址(如與通訊地址不同):	

### (IIA) Information of the Pet 寵物資料 - Insured pets can only be dogs or cats 投保寵物只適用於狗或貓 (Please complete all the following fields)(必須填寫以下各項)

Name of the Pet 寵物名稱		
Microchip No. 晶片號碼		
Covered Plan 保障計劃	<input type="checkbox"/> Plan 1 計劃 1 <input type="checkbox"/> Plan 2 計劃 2 <input type="checkbox"/> Plan 3 計劃 3	
Optional Cover 自選保障 (applicable to Plan 2 & Plan 3 only 只適用於計劃2及計劃3)	<input type="checkbox"/> (a) Benefit limit 最高保障金額 \$10,000 : 15% loading on the annual premium 年繳保費附加15% <input type="checkbox"/> (b) Benefit limit 最高保障金額 \$30,000 : 25% loading on the annual premium 年繳保費附加25%	
Annual Premium 每年保費	HK\$ _____ (excluding insurance levy) (不包括保費徵費)	
Species 種類 (Dog or Cat only 只限狗或貓)	<input type="checkbox"/> Dog 狗 <input type="checkbox"/> Cat 貓	
Breed 品種		
Colour/Marking 顏色/特徵		
Date of Birth 出生日期	YY 年	MM 月
Sex 性別	<input type="checkbox"/> Male 雄性 <input type="checkbox"/> Female 雌性	
Neuter 絕育	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
Date of Last Mixed Vaccination 最近一次混合疫苗注射日期	YY 年	MM 月

### (III) General Information 其他資料

1 a. Has your pet received or required any treatment for an accident or illness in the last 90 days, except general checkup and preventive vaccinations? 過去90天內, 您的寵物是否曾因意外或患病接受或需要接受治療(一般檢查或預防性疫苗除外)?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
b. If "Yes", is your pet currently under observation, treatment or medication? 如「是」, 您的寵物現在是否正在接受觀察、治療或藥物治療?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
2 Has your pet ever taken any surgical operation other than desexualisation? 除閹割外, 您的寵物是否曾接受任何手術治療?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
3 Has your pet ever attacked or bitten any person or other animal, or does it have any aggressive or vicious tendency in the past 5 years? 過去5年內, 您的寵物是否有暴力傾向, 或曾攻擊、咬傷任何人或其他動物?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
4 Is your pet being used for or in connection with any trade or business? 您的寵物是否有被用作商業用途?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
5 Does your pet suffer from any physical defects or infirmities? 您的寵物是否有任何身體缺陷或殘疾?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If the answer to any of the above questions is "Yes", please provide details of medical history including the diagnosis together with the advice or treatment given and/or other related information. 如上述任何問題的答案屬「是」, 請提供有關病歷(包括診斷結果)、治療事項及/或其他有關資料。	

### (IV) Payment Method 付款方式

Cheque should be crossed and made payable to "Boltech Insurance (Hong Kong) Company Limited" 劃線支票抬頭請寫:「保特保險(香港)有限公司」 <input type="checkbox"/> Cheque 支票 <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Credit Card No. 信用卡號碼 _____ Cardholder's Name 持卡人姓名   Card Expiry Date 信用卡有效期至 _____ _____ M月 _____ Y年	I hereby authorize Boltech Insurance (Hong Kong) Company Limited to charge my credit card account specified for this insurance and future auto-renewal premium. 本人茲授權保特保險(香港)有限公司從本人列明的信用卡賬戶支取此保險所應繳之保費及隨後的自動續保保費 _____ Cardholder's Signature 持卡人簽署   Date 日期
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Levy collected by the Insurance Authority will be imposed on the relevant policy at the applicable rate. For further information, please visit boltechinsurance.hk or contact: (852) 3123 3344. 保險業監管局將按照適用之徵費率就相關保單收取徵費。如有任何查詢, 請瀏覽 boltechinsurance.hk 或致電: (852) 3123 3344。

# Pet Care 毛孩寵物保

## Declaration 聲明

I/We hereby declare and agree that:

1. I/We have read and understood the product brochure and the terms and/or conditions of the policy provisions of the product in this application.
2. The information and particulars provided on this application form are accurate, true and complete and are given to the best of my knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Bolttech Insurance (Hong Kong) Company Limited ("the Company") and me/us. I hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about this application may render the Company unable to accept or process this application or the insurance policy void.
3. The insurance coverage applied for shall only take effect when this application has been accepted by the Company and I/ We have paid the required premium.
4. I/We have read, understood and accepted the Personal Information Collection Statement of the Company ("PICS"). By signing below, I/We confirm this application and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the PICS, and I understand I can scan the QR code below for review of the PICS or else I can request a copy of the PICS by calling the Company's Customer Service Hotline at 3123 3344.



5. If you do not agree to the use and provision of your personal data for direct marketing as set out in paragraphs 8 and 9 of the PICS, please tick the box below and we will not use your personal data for direct marketing.  
 I/We do not agree with the use and provision of my/our personal data for direct marketing purposes and do not wish to receive any promotional and direct marketing materials.
6. (If applicable) I/We have obtained the authorisation from the insured person to provide the information requested in this application and to deal with and receive or request information concerning the insured person from the Company in relation to any matters arising from this application. I/We further acknowledge that the insured person has been explicitly informed and agrees that his/her personal data will be transferred to the Company for the purpose of this application and has been informed of his/ her rights under the PICS (see paragraph 4 above).
7. Where the Applicant(s) has/have an Insurance Broker:  
I/We understand, acknowledge and agree that, as a result of the purchasing and taking up the policy by me/us, with the policy issued by the Company, the Company will pay my/our authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. (If applicable) Where the applicant is a body corporate, I/We am/ are the authorized person(s) signing on behalf of the applicant and I/We further confirm to the Company that I/We am/are authorized to do so. I/We understand that the above agreement is necessary for the Company to proceed with the application.

本人/我們，謹此聲明並同意：

1. 本人/我們已參閱並明白有關此申請之產品小冊子及保單條款。
2. 此申請表格內所提供的資料及細節均是準確無誤、真實及為事實之全部，並且是盡本人/我們所知及所信而作答的。本人/我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為保特保險(香港)有限公司("本公司")及本人/我們之保險合約之承保根據。本人/我們在此確認，如未能提供真實及準確無誤之資料或通知本公司任何有關此保險申請之重要資料，將可能導致本公司不能接受或處理此保險申請或令本保單失效。
3. 保障一概必須在本申請獲本公司接納後及本人/我們已繳交應付保費後始可生效。
4. 本人/我們已閱讀、明白及接受本公司的收集個人資料聲明。透過以下簽名，本人/我們確認此申請並同意本公司可根據收集個人資料聲明列出之目的使用及披露本公司目前或將來持有的關於本人/我們的所有個人資料，並理解本人可以掃描以下二維碼查看本公司的收集個人資料聲明，或可致電本公司的客戶服務熱線 3123 3344 索取收集個人資料聲明副本。



5. 如閣下不同意本公司根據收集個人資料聲明第8和9段使用及提供本人的個人資料以作直銷目的，請在以下有關方格內加上剔(✓)號。  
 本人/我們不同意本公司使用及提供本人的個人資料以作直銷目的，並不願意接收任何推廣訊息或直銷資訊。
6. (如適用) 本人/我們已獲受保人授權提供本申請所需之一切資料，並就本申請之相關事宜，與本公司進行交涉，並向其接收或索取與受保人有關之資料。本人/我們並確認受保人已獲明確通知及同意，其個人資料將會轉介予本公司作辦理本申請之用，亦已獲通知其在收集個人資料聲明下所享有的權利(見上文第4段)。
7. 如申請人有保險經紀：  
本人/我們明白、確知及同意，本公司會就本人/我們購買及接受其簽發的保單，於保單有效期內(包括續保期)向負責替本人/我們安排有關保單的獲授權保險經紀支付佣金。(如適用) 假如申請人為法人團體，本人/我們為代表申請人簽署的獲授權人員並向本公司確認本人/我們已獲該法人團體授權。

本人/我們亦明白本公司必須取得申請人的上述同意，才可以處理其保險申請。

Signature of Applicant / Individual to whom the Personal Information  
Collection Statement of the Company is given

申請人/獲發收集個人資料聲明人士簽署 \_\_\_\_\_

Name of Agent / Broker/ Technical Representative

代理人/經紀/業務代表 \_\_\_\_\_

Date (DD / MM / YYYY)

日期(日/月/年) \_\_\_\_\_

Account Code

賬戶號碼 \_\_\_\_\_

Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.  
本申請表格的中英文版本如有差異，以英文版本為準。