

AccidentCare Plus Insurance Application Form 綜合意外投保書 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 投保人資料		
Full Name 姓名: <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Miss 小姐	Date of Birth 出生日期: _____DD日 _____MM月 _____YY年	HKID Card 香港身份證:
	Contact No. 聯絡電話	Email Address 電郵地址:
Relationship with Person to be insured 與被保人關係:	Nature of Work / Exact Duties: 工作性質 / 職責:	
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"/> HK 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> NT 新界		Period of Insurance Required 要求保單生效日期: From 由 _____DD日 _____MM月 _____YY年 To 至 _____DD日 _____MM月 _____YY年

(II) The Person to be insured (Age Limit : 18 to 65) 被保人資料 (年齡限制: 18至65歲)		
Full Name 姓名: <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Miss 小姐	Date of Birth 出生日期: _____DD日 _____MM月 _____YY年	HKID Card. 香港身份證:
	Name of Employer 僱主名稱:	Occupation / Profession 職業:
		Nature of Work / Exact Duties 工作性質 / 職責

(III) Beneficiary 受益人		(IV) Type of Cover Required 保障選擇	
Full Name 姓名: <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Miss 小姐	HKID Card 香港身份證:	Basic Benefits Coverage 基本保障	
		Accidental Death or 意外身故或 Permanent Disablement 永久傷殘	HK 港幣 \$
Relationship with Person to be insured 與被保人關係:		Optional Extra Benefits Coverage 自選附加保障	
		Temporary Total Disablement (per week) 暫時性完全喪失工作能力 (每週)	HK 港幣 \$
		Medical Expenses 醫療費用	HK 港幣 \$
		Chinese Bonesetter or Acupuncturist Treatment Expenses 中醫跌打或針灸治療費用	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

(V) General Information 其他資料	
1. Are you or the person to be insured normally residing in Hong Kong? 閣下或被保人是否經常居於香港?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
2. Do you or the person to be insured's occupation or profession involve manual work or supervision of manual work? 閣下或被保人從事的職務是否需要體力勞動或監管體力勞動?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
3. Are you or the person to be insured at present holding any Life, Accident or Medical Insurance effected with us or other insurers? 閣下或被保人現在是否已與本公司或其他公司購有任何人壽、意外或醫療保險?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
4. In respect of Life, Accident or Medical insurance, has any insurer ever declined to insure you or refused to renew your insurance or imposed special terms on your insurance or cancelled your insurance? 閣下或被保人有否在投保人壽、意外或醫療保險時被拒絕投保或拒絕續保或附加特別條款或取消保單?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
5. In respect of Life, Accident or Medical insurance, have you or the person to be insured ever made any claims against any insurers during the last 5 years? 閣下或被保人曾否在過去五年內因任何疾病或身體損傷而向保險公司要求賠償?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
6. Are you or the person to be insured suffering or ever suffer from any major medical conditions, mental disease, physical defects or infirmity? 閣下或被保人之身體功能曾否有殘損? 閣下或被保人曾否患有任何精神病?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
7. Do you or the person to be insured engage or intend to engage in any dangerous sports or activities? 閣下或被保人曾否參加任何危險性運動或活動?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

If the answer to any of the question no. 2 to 7 (inclusive) above is "Yes", please provide details. 如以上2至7之問題中，所選的答案為「是」，請詳細說明。

(VI) Payment Method 付款方法	
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. 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 _____ Cardholder's Signature 持卡人簽署 _____ _____ Date 日期

*The payer and the policyholder must be the same person. No third party payment is accepted. 付款人及保單持有人必須為同一人。第三者付款將不獲接納。

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.

保險業監管當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。

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.



® 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
Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.com
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.

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。