GENERALI
Assicurazioni Generali S.p.A.
忠 利 保 險 有 限 公 司

商界展關懷
caringcompany 2012-14
Awarded by The Hong Kong Council of Social Service
香港社會服務聯會頒發

Generali 人身意外保險計劃
Personal Accident Insurance Plan

Sun Flower Insurance Brokers Limited
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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.

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人身意外保險計劃
Generali Personal Accident Insurance Plan

計劃特點

- 全球二十四小時保障
- 自由選擇投保額及額外附加保障
- 夫婦同時投保可享有九折優惠；其子女更可獲免費保障
- 投保前毋須體格檢驗
- 保障項目廣泛：包括人身意外、意外醫療費用 (包括跌打及針灸，並且不設自負金額)、骨折、暫時完全傷殘等
- 保障全面：包括氣體及食物中毒、暴動及民亂、劫機、失蹤、恐怖活動、天然災難 (例如：地震、海嘯) 等
- **免費** 提供緊急醫療運送 / 遺體運返費用賠償
- **免費** 保單續保時，保額自動增值
- **免費** 提供二級或三級燒傷保障
- **免費** 提供額外家居意外保障
- **免費** 提供二十四小時全球熱線支援服務
- **免費** 保障一切業餘及消閒運動

Plan highlights

- 24-hours Worldwide Coverage
- Choose Benefit Items & Amount to Suit Your Own Needs
- 10% Discount for Insured and Spouse Apply Together, While Children Will Entitle to Free Cover
- No Medical Examination Required
- Comprehensive Coverage: including Personal Accident, Accidental Medical Expenses (Including Chinese Bonesetter and Acupuncturist Without Excess), Broken Bones, Weekly Indemnity Benefit, etc
- Broader Coverage, including Gas and Food Poisoning, Riot and Civil Commotion, Hijacking, Disappearance, Terrorist Activities. Natural Disasters (e.g. Earthquake, Tsunami, etc)
- **Free** Emergency Medical Evacuation and Repatriation Cover
- **Free** Renewal Bonus
- **Free** 2nd or 3rd Degree Burns Benefit
- **Free** Cover for Extra Home Accident Indemnity
- **Free** 24-hours Worldwide Hotline Assistance Service
- **Free** Cover for All Amateur Sports

個人計劃 Individual Plan

	保障項目 Benefit Items	投保額 (港幣) Sum Insured (HK$)		
		計劃一 Plan 1	計劃二 Plan 2	計劃三 Plan 3
A1)	意外死亡及永久完全或部份傷殘 Accidental Death & Permanent Total or Partial Disablement	500,000	750,000	1,000,000
A2)	意外醫療費用 Accidental Medical Expenses	5,000	10,000	20,000
		(每宗意外 Max. per accident)		
	包括跌打及針灸 Includes Bonesetter & Acupuncturist	每日每次150，每宗意外最高賠償至1,500及每年2,000 150 per visit per day, max. 1,500 per accident and 2,000 per policy year		
A3) 免費 Free	緊急醫療運送及遺體運返 (只限意外) Emergency Medical Evacuation & Repatriation of Remains (For Accident only)	不設上限 Unlimited		
A4) 免費 Free	家居意外保障 Home Accident Indemnity	額外賠償為保障項目 A1 之50%，以不超過500,000為限 Extra 50% of benefit A1, subject to max. 500,000		
A5) 免費 Free	續保紅利 Renewal Bonus	首五年每年可獲保障項目 A1 原本保額之10%增益，直至最高50%並以500,000為限 10% increase per policy year on the initial amount of benefit A1, up to 50% and subject to max. 500,000		
A6) 免費 Free	燒傷保障 (二級或三級) Burns Benefit (2nd or 3rd Degree)	50,000		
A7) 免費 Free	殮葬費用 Funeral Expenses	5,000		

職業類別 Occupational Class	年繳保費(港幣) Annual Premium (HK$)		
類別一 Class 1	535	845	1,240
類別二 Class 2	740	1,167	1,710
類別三 Class 3	1,175	1,850	2,700
類別四 Class 4	1,875	不適用 N/A	不適用 N/A

備註 Remarks:

* 計劃二及三不適用於從事類別四危險性工作人仕
Plan 2 and Plan 3 are not applicable to Insured Person whose occupation is Class 4

* 職業類別之詳情請參閱小冊子內之第9頁
Please refer to page 9 of this brochure for duties of Occupation Classification

* 如以上投保額或計劃不適合您的選擇，請參考小冊子第三頁之「自訂計劃」
Should above Sum Insured or Plan not suitable for your needs, please refer to page 3 of this brochure "Tailor-made Plan"

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自訂計劃 Tailor-made Plan

以下保費率表提供自由選擇之保障及投保額以切合您的個人需要
Below stated rate table provides you the flexibility to choose your own suituble benefit & Sum Insured Amount

	基本保障 Basic Coverage				
	保障項目 Benefit Items	投保額 (港幣) Sum Insured (HK$)			
		職業類別 Occupation Classification			
		類別一 Class 1	類別二 Class 2	類別三 Class 3	類別四 Class 4
A1)	意外死亡及永久完全或部份傷殘 Accidental Death & Permanent Total or Partial Disablement	0.9‰	1.25‰	2‰	3.15‰
	最高為投保額 Maximum sum insured	4,000,000	4,000,000	1,500,000	500,000
A2)	意外醫療費用 Accidental Medical Expenses	17‰	23‰	35‰	60‰
	最高至保障項目 A1 之10%或最高為 Maximum 10% of Benefit A1 or up to (選較低者whichever the less)	100,000	100,000	20,000	20,000
	包括跌打及針灸 Includes Bonesetter & Acupuncturist	每日每次150，每宗意外最高賠償至1,500及每年2,000 150 per visit per day, max. 1,500 per accident and 2,000 per policy year			
A3) 免費 Free	緊急醫療運送及遺體運返 (只限意外) Emergency Medical Evacuation & Repatriation of Remains (For Accident only)	不設上限 Unlimited			
A4) 免費 Free	家居意外保障 Home Accident Indemnity	額外賠償額為保障項目 A1 之50%，以不超過500,000為限 Extra 50% of benefit A1, subject to max. 500,000			
A5) 免費 Free	續保紅利 Renewal Bonus	首五年每年可獲保障項目 A1 原本保額之10%增益，直至最高50%並以500,000為限 10% increase per policy year on the initial amount of benefit A1, up to 50% and subject to max. 500,000			
A6) 免費 Free	燒傷保障 (二級或三級) Burns Benefit (2nd or 3rd Degree)	50,000			
A7) 免費 Free	殮葬費用 Funeral Expenses	5,000			

	附加保障 Optional Benefit				
	保障項目 Benefit Items	職業類別 Occupation Classification			
		類別一 Class 1	類別二 Class 2	類別三 Class 3	類別四 Class 4
B)	暫時完全傷殘 Temporary Total Disablement	23%	35%	不適用 N/A	不適用 N/A
	每週最高賠償額 (最長達104週) Max. per week (up to 104 weeks)	4,000	3,000	不適用 N/A	不適用 N/A
	或每週入息之75%但以不超過保障項目 A1 投保額1%為限 (選較低者) or 75% of weekly salary subject to not exceeding 1% of benefit A1 (whichever the less)	• 首五天不作賠償 1st fifth day deductible • 不適用於自僱人士 Not applicable for self-employed			
C)	雙倍賠償 # Double Indemnity #	0.25‰			
	保障項目 A1 之100%，以不超過1,000,000為限 100% on benefit A1, subject to max. 1,000,000				

	保障項目 Benefit Items	投保額 (港幣) Sum Insured (HK$)	年繳保費 (港幣) Annual Premium (HK$)
D)	骨折及燒傷 (二級或三級) 保障 Broken Bones and Burns (2nd or 3rd Degree) Benefit	100,000	250

備註 Remarks:

* 職業類別之詳情請參閱小冊子內之第9頁
Please refer to page 9 of this brochure for duties of Occupation Classification

* 如須投保更高金額，請聯絡本公司以作個別申請
For higher Sum Insured, please contact us for separate quotation

\# \# 雙倍賠償不適用於夫婦非受保於同一保單而在不同或同一受保意外中身亡
Double Indemnity Benefit is not applicable for the couple dies in the same or different accident but not insured under the same policy

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保障內容 Details of Coverage

基本保障 Basic Benefits

意外死亡及永久完全或部份傷殘
Accidental Death & Permanent Total or Partial Disablement

倘若受保人在世界任何地方，任何時間，不幸遭遇意外，而在十二個月內導致身故或永久傷殘，均可獲得現金賠償。
Covers the Insured Person injured by accident anywhere in the world 24-hours a day, solely and independently of any other causes which shall within twelve (12) consecutive months result in accidental death or permanent disablement.

意外醫療費用 Accidental Medical Expenses

賠償因意外受傷引致的醫療費用，包括門診及住院費用、手術費用、跌打及針灸治療等，毋須自負金額。跌打及針灸治療費用，每日每次港幣150，最高賠償為每次意外港幣1,500及每保單年度港幣2,000。
Reimburse for medical expenses resulting from injury due to accident, including in-patient or out-patient, surgical treatment, Chinese bonesetters and acupuncturists. No excess applies. The maximum reimbursement of Chinese bonesetters and acupuncturists is HK$150 per visit per day, up to HK$1,500 per disability and HK$2,000 per policy year.

緊急醫療運送 Emergency Medical Evacuation

倘若受保人在離港後不幸遇上意外導致嚴重受傷，SOS 將因應緊急醫療所需而運送受保人至就近地區或送返香港接受治療。
If the Insured Person sustains serious injury while is traveling outside Hong Kong, SOS will make the necessary arrangement/evacuation to Hong Kong or nearest place for appropriate medical treatment.

遺體運返 Repatriation of Remains

倘若受保人在離港後不幸嚴重受傷身故，SOS會安排遺體或骨灰運返香港。
In the event of death due to serious injury while the Insured Person is traveling outside Hong Kong, SOS will make the necessary arrangements to return deceased Insured Person's mortal remains to Hong Kong.

家居意外保障 Home Accident Indemnity

倘若受保人在家中不幸發生意外而導致死亡，受保人將會額外獲得50%之意外死亡及永久完全或部份傷殘保障作賠償，最高賠償為港幣500,000。
If the Insured Person gets injured and causes dealth at home due to accident, extra 50% of compensation of Accidental Death & Permanent Total or Partial Disablement will be entitled, subject to maximum HK$500,000.

續保紅利 Renewal bonus

本計劃免費送您續保紅利，當保單週年續保時，意外死亡及永久完全或部份傷殘之原本投保額將自動遞增10%，直至連續續保五年至50%為止，以港幣500,000為限。
Upon each anniversary date of this policy, a renewal bonus equal to 10% of the initial Sum Insured will be added to the Principle Sum Benefit payable under Accidental Death & Permanent Total or Partial Disablement up to maximum of 50% for five consecutive years, subject to maximum HK$500,000.

燒傷保障 (二級或三級) Burns Benefit (2nd or 3rd Degree)

倘若受保人不幸因意外導致二級或三級程度以上之燒傷，將可按受傷程度予以賠償。
A cash benefit will be payable in accordance with the respective injury in case of the Insured Person suffers second or third degree burns as a result of accident.

殮葬費用 Funeral Expenses

因意外身故可獲現金津貼支付殮葬費用。
Cash benefit payable for funeral arrangement due to accidental death.

保障內容 Details of Coverage

附加保障 Optional Benefit

暫時完全傷殘保障 Temporary Total Disablement

因意外導致暫時傷殘而完全不能參與日常工作，可獲每週賠償，直至受保人康復或可恢復工作為止，最長可達104週。
Weekly compensation for entire prevention of the Insured Person from attending his / her daily business due to temporary disablement resulting from accident, subject to maximum 104 weeks payment. Compensation is payable until the Insured Person is recovered or can return to his / her duty.

雙倍賠償 Details of Coverage, Double Indemnity

倘若受保人在乘坐付費之公共交通工具上不幸遇上意外、或於遇劫或槍戰時受傷、或被鯊魚襲擊，意外死亡及永久完全或部份傷殘保障將作雙倍賠償，以不超過每名受保人為港幣$1,000,000為限。
If the Insured Person suffers from accidental injury while traveling as a fare-paying passenger in a Public Common Carrier, or caused by robbery or gun battle or shark attack, compensation for A1) Accidental Death & Permanent Total or Partial Disablement will be doubled, subject to maximum of HK$1,000,000 per Insured Person.

骨折及燒傷(二級或三級)保障 Broken Bones and Burns (2nd or 3rd Degree) Benefit

因意外導致骨折、二級或三級程度之燒傷。
Covering Broken Bones, a Second or Third Degree Burn caused by accident.

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國際 (SOS) 救援中心 International SOS

國際(SOS)救援中心提供24小時免費熱線，服務包括：
International SOS provides 24 hours hotline service which includes:

- 電話醫療諮詢 Phone medical advice and evaluation
- 醫生及醫院轉介 Referral to doctors & hospitals
- 醫療運送及運返 Medical evacuation & repatriation
- 法律服務轉介 Referral to legal service
- 緊急旅遊服務 Emergency Travel Service

損傷事項表 Compensation Table

適用於A1基本保障 Applicable to Benefit A1

	事項 Events	投保額賠償率 Percentage of Principal Sum
1-9.	意外死亡、永久完全殘廢、四肢永久癱瘓及無法痊癒、永久完全喪失雙眼或一眼視力、喪失任何一肢或任何一肢完全失去功能、雙耳完全失聰及完全不能言語或永久及無法痊癒之精神錯亂 Loss of Life, Permanent Total Disablement, Permanent and Incurable Paralysis of all Limbs, Permanent Total Loss of Sight of one or both Eyes, Loss of or the Permanent Total Loss of use of two Limbs, Loss of or the Permanent Total Loss of use of one limb: (Right Hand, Left Hand, One Foot), Loss of Speech and Hearing, Permanent and Incurable Insanity	100%
10.	永久完全失聰 Permanent Total Loss of Hearing in 雙耳 both Ears 單耳 one Ear	 75% 15%
11.	永久完全喪失言語能力 Loss of Speech	50%
12.	永久完全喪失一眼角膜 Permanent Total Loss of the Lens of one Eye	50%
13.	喪失或永久完全喪失四隻手指及拇指功能 Loss of or the Permanent Total Loss of use of four Fingers and Thumb of 右手 Right Hand 左手 Left Hand	 70% 50%
14.	喪失或永久完全喪失四隻手指功能 Loss of or the Permanent Total Loss of use of four Fingers of 右手 Right Hand 左手 Left Hand	 40% 30%
15.	喪失或永久完全喪失一隻拇指功能 Loss of or the Permanent Total Loss of use of one Thumb 兩個右關節 both Right Joints 一個右關節 one Right Joint 兩個左關節 both Left Joints 一個左關節 one Left Joint	 30% 15% 20% 10%
16.	喪失或永久完全喪失手指功能 Loss of or the Permanent Total Loss of use of Fingers 三個右關節 three Right Joints 兩個右關節 two Right Joints 一個右關節 one Right Joint 三個左關節 three Left Joints 兩個左關節 two Left Joints 一個左關節 one Left Joint	 15% 10% 7.5% 10% 7.5% 5%
17.	喪失或永久完全喪失腳趾功能 Loss of or the Permanent Total Loss of use of Toes 所有腳趾一隻腳 all – one Foot 大腳趾 – 兩個關節 great – both Joints 大腳趾 – 一個關節 great – Joint	 20% 7.5% 5%
18.	折斷腿部或膝蓋而無法聯合 Fractured Leg or Patella with established non-union	 15%
19.	足腿因意外而做手術後導致縮短5厘米或以上 Shortening of Leg by at least 5cm	 10%
20.	一切在上述第10至第19項損傷事項表以外之永久殘缺，本公司有絕對判斷權利決定該永久殘缺之投保額百份率 Permanent Disablement not otherwise provided for under Events 10 to 19 inclusive. Such percentage of the Principal Sum Insured as the Company shall in its absolute discretion determine and being in its opinion not inconsistent with the Compensation provided under Events 10 to 19 inclusive.	

損傷事項表 Compensation Table

適用於基本保障A6及附加保障D
Applicable to Basic Benefit A6 & Optional Benefit D

事項 Events	投保額賠償率 Percentage of Principal Sum
骨折 Fracture of Bones	
髖部或盆骨 Hip or Pelvis	100%
大腿或跟骨 Thigh or Heel	50%
頭顱骨、鎖骨、脛/腓骨、踝、臂、肘、腕 Skull, Collarbone, Lower Leg, Ankle, Arm, Elbow, Wrist	40%
下顎 Lower Jaw	30%
脊骨、肩、膝蓋、胸骨、手/腳掌骨 Vertebrae, Shoulder Blade, Knee Cap, Sternum, Hand, Foot	20%
上顎、顴骨、鼻骨、肋骨、尾骨、趾骨、手趾骨 Upper Jaw, Cheek Bones, Nose, Ribs, Coccyx, Toes, Fingers	15%

燒傷、二級或三級 Burns, Second or Third Degree	
達身體表面面積45%或以上 On 45% or more of body surface	100%
達身體表面面積27%或以上 On 27% or more of body surface	60%
達身體表面面積18%或以上 On 18% or more of body surface	50%
達身體表面面積9%或以上 On 9% or more of body surface	30%
達身體表面面積4.5%或以上 On 4.5% or more of body surface	20%

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類別一 Class 1	主要從事室內及非危險性的工作，例如：會計師、建築師、文員、室內營業員、行政人員、教師、學生、家庭主婦等。 Professions & Occupations involve mainly indoor work and non-hazardous nature, such as: accountants, architects, clerks, indoor salesmen, executives, teachers, students, housewives, etc.
類別二 Class 2	主要從事室外、間歇性體力勞動或使用輕型工具或機械及非危險性的工作，例如：經常出門人士、私人司機、髮型師、外勤營業員、電子廠工人、工廠管工等、醫生、護士。 Professions & Occupations requiring outdoor work, occasional manual work or use of light tools or machines of non-hazardous nature, such as: frequent travelers, chauffeurs, hairdressers, outdoor salesmen, electronics factory workers, factory foremen, doctors, nurses, etc.
類別三 Class 3	主要從事輕量體力勞動的工作，例如：侍應、廚師、司機、電工、輕量體力勞動但不須使用重型或危險性的工作。 Professions & Occupations of light manual works, such as: waiters, cooks, drivers, electricians, light manual works not using heavy or hazardous machinery.
類別四 Class 4	主要從事危險性的工作，例如：中港司機、操作重型機械者、電梯及升降機技工等 (不適合航空服務員、海員、沉箱工人、地盤工人、搭棚工人、爆炸處理、空中工作、特技人、演藝人等，紀律部隊則須作個別批核)。 Professions & Occupations of extra-hazardous nature, such as: cross-border drivers, control of heavy machinery, lift & elevator technicians, etc. (excluding crew, site workers, scaffolding, blasting, aerial work, stunt works, performers, etc. disciplinary forces will be subject to separate approval)

* 個別職業未能盡錄，詳情請聯絡忠利保險有限公司
For occupations not listed above, please contact Assicurazioni Generali S.p.A.

備注 Remarks:

1) 投保年齡：18至65歲。(可續保至70歲)
子女受保年齡：1至17歲之未婚及未就業子女 (全日制學生至25歲)
2) 投保人必須先投保基本保障方可投保附加計劃。
3) 每張保單最低保費為港幣$500。
4) 投保人之保費將按照 閣下「職業類別」中之職業釐訂。
5) 如夫婦同時投保，每名子女均可獲贈投保人保障項目 A1 & A2 百分之二十之保障額及保障項目 A3、A5、A6、A7 全額保障。保障項目 B 暫時完全傷殘及 C 雙倍賠償則不適用。保障項目 A1 意外死亡及永久傷殘受保額最高為港幣$200,000。
6) 夫婦同時投保可享有保費總和10%的折扣優惠。夫婦投保計劃必須相同。
7) 本公司保留接受或拒絕投保申請之權利。
8) 此單張僅屬簡概，一切保障細則之內容、條款及不保事項之保單條文為準。

1) Eligibility Age Limit: 18 to 65 years old (renewable up to 70 years of age subject to the Company's discretion)
Children Age Limit: 1 to 17 years old if unmarried and unemployed (or up to age 25 if full time student)
2) All optional benefits will only be offered with Basic Benefits.
3) Minimum annual premium per policy is HK$500.
4) Premium charged will be based on the Insured's occupation categorized by the Occupation Classification Table.
5) If a couple applies together, each child will be entitled to receive 20% of sum insured of Benefits A1 & A2 and A3, A5, A6 & A7 will be 100% of the Principal Insured, except Benefit B Temporary Total Disablement and C Double Indemnity are not applicable; Benefit A Accidental Death and Permanent Disablement will be max. up to HK$200,000.
6) 10% discount will be offered if a couple applies together. (Spouse's benefit selection must be same as the Principle Insured)
7) Assicurazioni Generali S.p.A. reserves the right to accept or decline any application.
8) This leaflet is descriptive only. The precise coverage afforded is subject to the terms, conditions and exclusions of the policy as issued.

主要不承保事項 Main Exclusions

受保前已存在之損傷或疾病、自我毀傷、任何戰爭引致疾病或受傷、直接參與暴動、內亂、服兵役或服務於紀律部隊、參與職業運動及任何涉及獎金或現金之比賽、一切違法行為引致之受傷、懷孕或節育、精神病或智力不健全、因酒精或服食藥物引致之傷害、牙科護理、整容、先天性缺陷或疾病、愛滋病、性病、定期健康檢查或休養、非以乘客身份乘搭飛機所引致的傷害、任何電子或核子燃料或廢料之污染或輻射。

Pre-existing conditions, self-inflicted injury, acts of war, direct participation in strike, riot, civil commotion, service in military, disciplinary forces, professional sports or where the Insured Person would or could earn any income or remuneration from engaging in such kind or sport, illegal acts, pregnancy or treatment pertaining to infertility, mental disorders, conditions caused by chronic, alcoholism or drug addiction, surgical or treatment of dental or cosmetic purpose, congenital anomalies or sickness, AIDS, sexually transmitted diseases, periodic check-up or rest cures, traveling except as fare-paying passenger, ionizing, radiation or contamination by radioactivity from any nuclear fuel, nuclear waste or nuclear weapons material.

此單張僅屬簡概，一切保障細則之內容；條款及不承保事項則以保單條文為準。
This brochure is descriptive only. All terms and conditions are subject to the policy issued.

中文譯本只供參考之用，如有異議，均以英文原本說明為準。
Should any inconsistency occur within this document, the English version shall prevail.

忠利集團
始於1831年，保障承諾不變

GENERALI GROUP
Insurance Commitment Since 1831

With 183 years of experience the Generali Group is one of the largest global insurance providers with 2013 total premium income of €66 billion. With 77,000 employees worldwide serving 65 million clients in more than 60 countries, the Group occupies a leadership position on West European markets and an increasingly important place in Central Eastern Europe and Asia.

With our unique services and complete insurance solutions we offer outstanding protection for Life & General Insurance. As insurance professionals our aim is to provide peace of mind.

For details, please contact your insurance advisers or our Company Representatives.

忠利集團擁有183年保險經營經驗，是世界最大的保險集團之一。2013年總保費收入達660億歐羅，7萬7千名員工遍佈全球超過60個國家，為6千5百萬客戶提供優質專業服務。集團在西歐市場佔有領先地位，在亞洲和中東歐表現突出。

忠利集團竭誠為客戶設計全面的保險解決方案，提供周全的人壽保障及一般保險。作為保險專才，我們致力讓客戶安心無憂。

如有任何查詢，請與閣下的保險顧問或本公司的代表聯絡。

® **Sun Flower Insurance Brokers 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.

GENERALI
Assicurazioni Generali S.p.A.
忠 利 保 險 有 限 公 司

香港皇后大道東8號忠利集團大廈5樓
5/F, Generali Tower, 8 Queen's Road East, Hong Kong
電話 Tel: (852) 3187 6829 傳真 Fax: (852) 2521 8018

香港分行電郵：A&H@generali.com.hk
Hong Kong Branch Email: A&H@generali.com.hk

香港分行網址：www.generali.com.hk
Hong Kong Branch Website: www.generali.com.hk

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Personal Accident Insurance Proposal Form

(Please use Block Letters and tick the appropriate box)

Applicant Information (Applicant should be aged 18 to 65)

Name of Applicant (in English)	Name of Applicant (in Chinese)	Sex
Tel No. (Home / Office / Mobile)	Place/Country of Residence	Policy Effective Date (d d / m m / y y)
Correspondence Address (if Policyholder is a Company/Employer, please also state the Company/Employer's Name and Address)		
Name and Correspondence Address of Employer		

Insured Person's Personal Information

Name of Covered Family Members (English and Chinese)	Date of Birth (dd/mm/yy)	Sex (M/F)	HKID No.	Relationship with 1st Insured	Occupation / Position* (Exact job Duties)	Height (cm) / Weight (kg)	Left Handed
				1st Insured			☐
							☐
							☐
							☐

* Please state all occupations/exact job duties (including full-time/part-time)

Beneficiary will be the Own Estate of the Insured according to the Hong Kong jurisdiction.

Benefits Required		Sum Insured (HK$)	
		1st Insured	Spouse
Individual Plan		☐ Plan 1 ☐ Plan 2 ☐ Plan 3	
Tailor-made Plan			
Basic Benefits	A1) Accidental Death and Disablement		
Optional Benefits	A2) Accidental Medical Expenses		
	B) Temporary Total Disablement	per week	per week
	C) Double Indemnity		
	D) Broken Bones and Burns		

Past Experience and Insurance History

All questions must be answered fully.
If any of the answer is "Yes", please give further details in the space below, noting the question number(s), the name(s), address(es) of any doctor(s) consulted (if more space is required, please write on a separated sheet and sign your name on the original application form).

1. Do you or other covered members currently have or are you applying for any life, accident or medical insurance? If yes, please state the Insurer, benefit, sum insured, etc. ☐ Yes ☐ No
2. Have your or other covered members' applications of life, accident or medical insurance ever been declined or postponed, or your insurance ever been modified, rated-up, cancelled or refused invitation for renewal? If yes, please state the Insurer, benefit, sum insured, reason, condition, etc. ☐ Yes ☐ No
3. Do you or other covered members have any physical or mental impairment or condition? If yes, please state the suffered area or diagnosis, etc. ☐ Yes ☐ No
4. Have you or other covered members ever suffered from hypertension, heart disease, mental disorder, diabetes mellitus, cancer, tumour, ulcer, tuberculosis, asthma, epilepsy, stroke, emphysema, pleurisy, colitis, rheumatic fever, venereal disease; or any other disease of brain, central nervous system, gastro-intestinal tract, liver (or is Hepatitis B Carrier), pancreas, kidney, genito-urinary organs, back, spinal column, etc? If yes, please state suffered date, extent of recovery or any recurrence, etc. ☐ Yes ☐ No
5. Have you or other covered members received in the past 5 years, currently receiving or will you contemplate to receive any medical, surgical treatment or medication? If yes, please state the type of surgery and medicine, doctor's name and address. ☐ Yes ☐ No
6. Are you or other covered members frequent traveler? If yes, please state the traveling country(ies) and number of trips per year. ☐ Yes ☐ No
7. Are you self-employed? ☐ Yes ☐ No

Delcaration & Authorization

I/We hereby declare that the information given above is true and complete to the best of my/our knowledge and believe that all material information affecting the assessment of this application have been disclosed.
I/We hereby authorized any licensed physician, hospital, clinic or other medical or medically related facility, insurance company, institution or persons, that has any records or knowledge of myself/ourselves, to give to the Company any such information. To facilitate rapid submission of such information, I/We authorize all said sources to give such records or knowledge to any agency employed by the Company to collect and transmit such information. A photographic copy of this authorization shall be valid as the original.
False Information – Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance, containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
This insurance application will not be in force until it has been underwritten by the Company and the premium has been paid.
The information I/We provide to Generali is collected to enable Generali to carry on insurance business and may be used for the purpose of: (i) any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service; (ii) any claim or investigation or analysis of such claim; and (iii) exercising any right of subrogation; and may be transferred to: (a) any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes; (b) any association, federation or similar organisation of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and/or (c) any member(s) of the "Federation" by the "Federation" for any of the above or related purposes. Moreover, Generali is hereby authorized to obtain access to and/or to verify any of my/our data with the information collected by the Federation from the insurance industry.
I/We have the right to obtain access to and to request correction of any personal information concerning myself/ourselves held by Generali. Requests for such access can be made to Generali's Personal Data Protection Officer. (Hong Kong Branch : 5/F, Generali Tower, 8 Queen's Road East, Hong Kong.)

Applicant Signature	Date	Producer Signature	For Office Use Only

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Assicurazioni Generali S.p.A. Assicurazioni Generali S.p.A. will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Assicurazioni Generali S.p.A. that he or she is authorized to do so.

The applicant further understands that the above agreement is necessary for Assicurazioni Generali S.p.A. to proceed with the application.

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GENERALI
Assicurazioni Generali S.p.A.
忠 利 保 險 有 限 公 司

人身意外保險計劃投保書

(請以英文正楷填寫及於適當方格內劃上答案)

申請人資料 (申請人必須為18 至 65歲)

投保人英文姓名	投保人中文姓名	性別
聯絡電話 (家居 / 辦公室 / 手機)	原居地	保單生效日期 (日 / 月 / 年)
通訊地址 (如申請人為公司，請註明公司名稱及地址)		
受僱公司名稱及地址		

受保人資料

受保家庭成員姓名 (英文及中文)	出生日期 (日/月/年)	性別 (男/女)	身份証號碼	與第一受保人關係	職業 / 職位 (實際職務)*	身高 (厘米) / 體重 (公斤)	右手為強手 (是/否)
				第一受保人			☐
							☐
							☐
							☐

* 請列明所有職業及實際職務 (包括正職及兼職)

受益人乃根據香港法例之合法承繼人。

保障項目		投保額 (港幣)	
		第一受保人	夫婦
個人計劃		☐ 計劃一 ☐ 計劃二 ☐ 計劃三	
自訂計劃			
基本保障	A1) 意外死亡及永久完全或部份傷殘		
附加保障	A2) 意外醫療費用		
	B) 暫時完全傷殘	每週	每週
	C) 雙倍賠償		
	D) 骨折及燒傷保障		

其他保險及健康狀況資料

請將各問題填妥。
倘各項問題中，若答案是「 是 」者，請在以下空間提供詳細資料，註明有關問題號碼，並提供有關之醫生姓名及地址 (如需要更多空間填寫，可另加紙張，並須附有簽署)。

1. 閣下或其他受保家庭成員有否已投保或現正申請投保人壽、意外身故、傷殘、或醫療保險？如有，請註明保險公司、保障項目、投保額等。 ☐ 是 ☐ 否
2. 閣下或其他受保家庭成員有否已投保意外、疾病、傷殘、醫療或人壽保險被拒保、延擱或撤銷或曾持有該種保險或證書，而於事後曾被修正、增加保費、取消、或被拒絕續保？如有，請註明保險公司、保障項目、投保額、原因、現狀等。 ☐ 是 ☐ 否
3. 閣下或其他受保家庭成員之身體或四肢有無任何殘缺？如有，請註明殘缺部位或病徵等。 ☐ 是 ☐ 否
4. 閣下或其他受保家庭成員曾否患有或正在治療以下疾病：心臟病、高血壓、糖尿、癌症、腫瘤、潰瘍、肺結核、哮喘、癲癇、氣腫、肋膜炎、結腸炎、風濕性高熱病、梅毒、或任何腦部、中樞神經系統、腸胃、肝臟、胰、或生殖泌尿器等疾病？ ☐ 是 ☐ 否
5. 閣下或其他受保家庭成員於過去五年是否曾經或打算將來接受任何醫藥治療、外科手術或服食任何藥物？如有，請註明手術及藥物名稱、主診醫生姓名及地址。 ☐ 是 ☐ 否
6. 閣下是否須經常離港？如是，請列明往何國家及每年外遊次數。 ☐ 是 ☐ 否
7. 閣下是否自僱人士？ ☐ 是 ☐ 否

聲明及授權

本人/吾等謹此聲明此投保書之資料，均就本人/吾等所知，全部正確無訛，一切影響評核風險之資料，亦已申報。
本人/吾等授權任何註冊醫生、醫院、診所或任何有關之醫療設施、保險公司或任何組織熟悉本人/吾等健康情況之人士，將本人/吾等過往之病狀或病歷詳細資料提供予貴公司或貴公司之代表，此授權書之影印本亦屬有效。
虛假資料 – 任何人知情地及蓄意欺騙保險公司或第三者，提供虛假及隱瞞任何有關資料以投保保險及騙取保險，均屬違法。
此保險申請須待保險公司覆核，接納投保書及繳訖保費後才能生效。
本人/吾等提供的資料，為忠利保險提供保險業務所需，並可能使用於下列目的：(i) 任何與保險或財務有關的產品或服務、或該等產品或服務的任何更改、變更、取消或續期；(ii) 任何索償、或該等索償的調查或分析；(iii) 行使任何代位權；及可能移轉予：(a) 任何有關的公司、或任何其他從事與保險或再保險業務有關的公司、或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；(b) 現存或不時成立的任何保險公司協會或聯會或類同組織 (「 聯會 」)，以達到任何上述或有關目的、或以便「 聯會 」執行其監管職能、或其他基於保險業或任何「 聯會 」會員的利益而不時在合理要求下賦予「 聯會 」的職能；及/或 (c) 透過「 聯會 」移轉予任 何「 聯會 」的會員，以達到任何上述或有關目的。此外，在此授權忠利保險由「 聯會 」從保險業內收集的資料中查閱及/或核對本人/吾等任何資料。
本人/吾等有權查閱及要求更正由忠利保險持有有關本人/吾等的個人資料，如有需要，可向忠利保險個人資料保護主任提出。(香港分行：香港皇后大道東8號忠利集團大廈5樓。)

申請人簽署	日期	代理人/中介人簽署	公司專用

申請人明白、確知及同意，忠利保險有限公司會就申請人購買及接受其簽發的保單，於保單有效期內 (包括續保期) 向負責安排有關保單的獲授權保險經紀支付佣金。 假如申請人為法人團體，代表申請人簽署的獲授權人員須向忠利保險有限公司確認他／她已獲該法人團體授權。

申請人亦明白忠利保險有限公司必須取得申請人的同意，才可以處理其保險申請。

Personal Information Collection Statement

(a) From time to time, it is necessary for you to supply Assicurazioni Generali S.p.A., Hong Kong Branch (the"Company") with data about yourself(ves), policyowner(s), life insured(s), beneficiary(ies), claimant(s), and/or other relevant individuals (the"Personal Data") in connection with the provision of insurance and/or related products and services to you, the processing of claims under insurance policies issued and/or arranged by the Company, and/or the processing of any or all other requests, enquiries and complaints from you.

(b) Provision of the Personal Data to the Company by you is voluntary. However, failure to supply the Personal Data may result in the Company being unable to provide insurance and/or related products and services to you, process claims under insurance policies issued and/or arranged by the Company, and/or process any or all other requests, enquiries, or complaints from you.

(c) The purposes for which the Personal Data may be used are as follows:
- (i) processing (including, without limitation, underwriting) and/or approving applications for insurance and/or related products and services, and any addition, alteration, variation, cancellation, renewal and/or reinstatement of such products and services;
- (ii) administering insurance policies issued and/or arranged by the Company;
- (iii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and/or settlement of claims under insurance policies issued and/or arranged by the Company;
- (iv) exercising rights of subrogation, if applicable;
- (v) collection of amounts outstanding (if any) from customers;
- (vi) arranging coinsurance and/or reinsurance in respect of the insurance policies issued and/or arranged by the Company;
- (vii) communicating with customers via telephone, mail, e-mail, facsimile and other communication means;
- (viii) customer services (including, but not limited to, processing enquiries and complaints), marketing (including, but not limited to, direct marketing), and other related activities;
- (ix) conducting data matching procedures;
- (x) designing insurance and/or related products and services for customers' use;
- (xi) marketing insurance and/or other related products and services of the Company, its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the Company's parent company (hereinafter such affiliated companies are collectively referred to as the "Affiliated Companies")) and/or third parties selected by the Company;
- (xii) statistical or actuarial research of the Company, its Affiliated Companies, relevant insurance industry associations or federations, supervisory authority, government department and/or other competent authority;
- (xiii) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company and/or its Affiliated Companies are expected to comply with, including, without limitation, making disclosures of the relevant information; and
- (xiv) any purposes relating thereto.

(d) The Personal Data held by the Company shall be kept confidential, but the Company may provide the Personal Data to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/or any other relevant individuals to whom the Personal Data is related:
- (i) agents, intermediaries, claims investigation companies, coinsurance companies, reinsurance companies, third party service providers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and/or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/or other services to the Company in connection with the operation of its business;
- (ii) relevant insurance industry associations or federations, and/or members of such industry associations or federations;
- (iii) overseas locations or branches, as appropriate, of the Company, its Affiliated Companies and/or third parties selected by the Company;
- (iv) persons to whom the Company and/or its Affiliated Companies are under an obligation to make disclosure under the requirements of any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company and/or its Affiliated Companies are expected to comply with;
- (v) any court, supervisory authority, government department or other competent authority (including, without limitation, tax authority) under any laws binding on the Company and/or its Affiliated Companies;
- (vi) lawful successors or assigns of the Company; and
- (vii) persons who owe a duty of confidentiality to the Company and/or its Affiliated Companies.

(e) The Company may verify any or all of the Personal Data by using information collected and released or transferred by relevant insurance industry associations or federations, and/or members of such industry associations or federations.

(f) In accordance with the Personal Data (Privacy) Ordinance:
- (i) any individual has the right to:
  - (A) check whether the Company holds data about him/her and, if so, obtain a copy of such data;
  - (B) require the Company to correct any data relating to him/her that is inaccurate; and
  - (C) ascertain the Company's policies and practices in relation to data and to be informed of the kind of data held by the Company;

  and
- (ii) the Company has the right to charge a reasonable fee for the processing of any data access request.

(g) The person to whom requests for access to data and/or correction of data and/or for information regarding policies and practices and kinds of data held are to be addressed as follows:

Personal Data Protection Officer
Assicurazioni Generali S.p.A., Hong Kong Branch
5/F, Generali Tower, 8 Queen's Road East, Hong Kong.

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.

收集個人資料聲明

(a) 閣下須要不時向忠利保險有限公司香港分公司（「本公司」）提供關於閣下自己、保單持有人、受保人、受益人、索償人及／或其他有關人士的資料（「個人資料」），以讓本公司為閣下提供保險及／或相關產品與服務，處理經由本公司發出及／或安排的保單之下的索償事宜，及／或處理閣下提出的任何或所有其他要求、查詢和投訴。

(b) 閣下是自願向本公司提供個人資料的。然而，若閣下未能提供個人資料，可能導致本公司不能夠為閣下提供保險及／或相關產品與服務，處理經由本公司發出及／或安排的保單之下的索償事宜，及／或處理閣下提出的任何或所有其他要求、查詢和投訴。

(c) 個人資料可被用於以下用途：

(i) 處理（包括但不限於承保）及／或審批保險及／或相關產品與服務的申請，以及該等產品與服務的任何附加、更改、變更、取消、續期及／或復效；
(ii) 管理經由本公司發出及／或安排的保單；
(iii) 處理（包括但不限於調查、分析、評估和裁定）及／或理賠經由本公司發出及／或安排的保單之下的索償事宜；
(iv) 如適用的話，行使代位權；
(v) 向客戶追收尚欠金額（如有）；
(vi) 經由本公司發出及／或安排的保單之下籌劃共同保險及／或再保險；
(vii) 透過電話、郵件、電郵、傳真及其他通訊方式與客戶通訊；
(viii) 客戶服務（包括但不限於處理查詢和投訴）、推銷（包括但不限於直銷），以及其他相關活動；
(ix) 進行資料核對程序；
(x) 設計保險及／或相關產品與服務供客戶使用；
(xi) 推銷本公司、本公司的關聯公司（包括但不限於本集團的公司、母公司、本母公司的信託公司（該等關聯公司在下文合稱為「關聯公司」））及／或本公司所選定的第三方的保險及／或其他相關產品與服務；
(xii) 本公司、關聯公司、相關的保險業協會或聯會、監管當局、政府部門及／或其他法定監管機構的統計或精算研究；
(xiii) 遵從任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及本公司及／或關聯公司應要遵守的任何其他有關規定，包括但不限於披露有關資料；及
(xiv) 與之有關的任何用途。

(d) 由本公司持有的個人資料將受到保密，但本公司可依據以上(c)段所列的用途向以下各方（不論在香港特別行政區境內還是境外）提供個人資料，事前無須知會閣下及／或該等個人資料所涉及的任何其他有關人士：

(i) 就本公司的業務營運向本公司提供行政、電訊、電腦、付款、推銷、調查、諮詢及／或其他服務的代理人、中介人、索償調查公司、共同保險公司、再保險公司、第三方服務提供商、銀行及信用卡公司、健康及醫療機構、專業顧問、承包商、業務夥伴及／或任何其他有關各方，以適用者為準；
(ii) 相關的保險業協會或聯會，及／或該等協會或聯會的成員；
(iii) 本公司、關聯公司及／或本公司所選定的第三方的海外辦事處或分行，以適用者為準；
(iv) 根據任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及應要遵守的任何其他有關規定之下，本公司及／或關聯公司負有義務須向其作出披露的人士；
(v) 根據對本公司及／或關聯公司有約束力的任何法律之下，本公司及／或關聯公司須向其提供資料的任何法院、監管當局、政府部門或其他法定監管機構（包括但不限於稅務局）；
(vi) 本公司的合法繼承人或受讓人；及
(vii) 對本公司及／或關聯公司負有保密責任的人士。

(e) 本公司可使用由相關的保險業協會或聯會及／或該等協會或聯會的成員所收集及發放或轉移的資料，來核實任何或所有個人資料。

(f) 根據《個人資料（私隱）條例》：

(i) 任何人士均有權：
  (A) 查詢本公司有沒有持有其資料，如有的話，可取得一份該等資料；
  (B) 要求本公司改正其任何不正確的個人資料；及
  (C) 查明關於本公司的個人資料政策和處事常規，並可獲通知有關本公司所持個人資料的種類；

及

(ii) 本公司有權就處理任何查閱個人資料的要求之下收取合理的費用。

(g) 如欲查閱及／或改正個人資料及／或查詢關於本公司的政策和處事常規及所持個人資料的種類，請向以下人員提出要求：

個人資料保護主任
忠利保險有限公司香港分公司
香港皇后大道東8號忠利集團大廈5樓

附註：本收集個人資料聲明的英文及中文版本之間如有任何歧義，概以英文版本為準。