

Student AccidentCare Insurance Application Form 學生綜合意外保險投保書

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:

☐ Mrs. 太太
☐ Mr. 先生
☐ Ms. 女士
☐ Miss 小姐

Date of Birth 出生日期:

____DD日 ____MM月 ____YY年

HKID Card 香港身份證:

E-mail Address 電郵地址:

Contact No. 聯絡電話:

Correspondence Address 通訊地址:

Flat室 ____ Floor 樓 ____ Block座 _____ Building 大廈名稱: _____

Street 街道: _____ District 地區: _____ ☐ HK 香港 ☐ Kowloon 九龍 ☐ NT新界

Relationship with Student 與學生關係:

Period of Insurance Required 要求保單生效日期: From 由 ____DD日 ____MM月 ____YY年 To 至由 ____DD日 ____MM月 ____YY年

(II) Details of Student to be Insured 受保學生資料

Full Name 姓名:

☐ Ms. 女士
☐ Mr. 先生
☐ Miss 小姐

Sex 性別:

Date of Birth 出生日期:

____DD日 ____MM月 ____YY年

Birth Certificate No. / HKID Card No.
出生證明書 / 香港身份證號碼:

Eligibility 投保資格

All full-time unmarried student studying in Hong Kong between the ages of 2 years and 8 months to 23 years. 年齡由2歲8個月至23歲在本港就讀的未婚全職學生。

(III) Plan Selected for 所選投保計劃	Annual Premium Table (per student) 保費表(每個學生) (excluding insurance levy 不包括保費徵費)		
Benefits 保障項目:	Plan 1 計劃一(HK\$)	Plan 2 計劃二(HK\$)	Plan 3 計劃三(HK\$)
Item 保障1 - 3	<input type="checkbox"/> 300	<input type="checkbox"/> 400	<input type="checkbox"/> 600
Item 保障1 - 4	<input type="checkbox"/> 450	<input type="checkbox"/> 550	<input type="checkbox"/> 750

Insurance Levy Rate Table 保費徵費表

Levy collected by the Insurance Authority will be imposed on the relevant policy at the applicable rate. For further information, please visit bolttechinsurance.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 bolttechinsurance.hk 或致電：(852) 3123 3344

Date of Policy Inception 保單起保日	Rate 徵費率	Cap (HK\$) 最高徵費
From 1 Apr 2021 onwards 由2021年4月1日之後	0.100%	5,000

1. In respect of Life, Accident or Medical Insurance, has any insurer ever declined to insure the student to be insured or refused to renew the insurance or imposed special terms on the insurance or cancelled the insurance?
上述之受保學生有否在投保人壽、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?

☐ Yes 是 ☐ No 否
2. In respect of Life, Accident or Medical Insurance has the student to be insured ever made any claims again stany insurer during the last 5 years?
上列之受保學生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?

☐ Yes 是 ☐ No 否
3. Is the student to be insured suffering or ever suffered from any major medical conditions, mental disease, or physical defects or infirmity?
上列之受保學生之身體功能曾否有殘損或曾否患有任何精神病?

☐ Yes 是 ☐ No 否

If the answer to any of the question no. 1 to 3 (inclusive) above is "yes", please give details here. 如以上1 至3之問題中，所選的答案為“是”，請詳細說明。

(IV) Payment Method 付款方法

Cheque should be crossed and made payable to "Bolttech Insurance (Hong Kong) Company Limited"
劃線支票抬頭請寫:「保特保險(香港)有限公司」

☐ Cheque 支票 ☐ Visa ☐ 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 Bolttech 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。

Student AccidentCare Insurance 學生綜合意外保險

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。

About bolttech Insurance

Bolttech Insurance (Hong Kong) Company Limited, previously FWD General Insurance Company Limited, is an established general insurance company authorised by the Hong Kong Insurance Authority. bolttech Insurance offers a wide range of general insurance solutions to meet the evolving needs of individual and business customers. In 2023, bolttech Insurance was rebranded and renamed as part of the international insurtech group, bolttech.

For more information, please visit bolttechinsurance.hk

關於保特保險

保特保險(香港)有限公司前身為富衛保險有限公司，獲保險業監管局授權的一般保險業務公司。保特保險提供多元化的一般保險方案，以滿足個人和企業客戶的需求。保特保險於2023年將品牌重塑並易名，是國際保險科技集團保特集團的其中一員。

如需更多資訊，請瀏覽bolttechinsurance.hk網站。



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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.

Personal Information Collection Statement ("PICS") 收集個人資料聲明

Please scan the following QR code for review of Bolttech Insurance (Hong Kong) Company Limited's (the "Company") PICS. You can also request a copy of the PICS by calling the Company's Customer Service Hotline at 3123 3344.

請掃描以下二維碼查看保特保險(香港)有限公司(「本公司」)的收集個人資料聲明。您亦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。



English



中文

Important Notes

The Applicant (i.e. You are) is required to disclose all material facts which you know Bolttech Insurance (Hong Kong) Company Limited (the "Company") as an insurer would regard them as likely to influence the acceptance and assessment of this proposal. If you are in doubt whether certain facts are material you should disclose them. We recommend you to keep a record (including a copy of completed proposal) for your future reference of all information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide with the cover you require and may even invalidate the policy altogether.

重要事項

申請人(即你)必須提供所有可能影響保特保險(香港)有限公司(「本公司」)接受承保及評估之重要事實，如未能確定這項事實是否具有實質性的關係，應該將該等事實填報，我們建議你將有關的資料(包括此投保書副本作紀錄)，以備日後作參考之用。為確保你的利益，你應如實呈報所有有關資料，否則此保單將可能無法提供你所需的保障，甚至可能會導致此保單無效。

Bolttech Insurance (Hong Kong) Company Limited 保特保險(香港)有限公司

9/F, FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong

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