



# 申請表 Application Form

## 「卓越」豐盛守護樂 SmartProtect Plus

代理 / 經紀業務適用  
 For agency/broker business

本申請表適用於2025年7月3日或以後之申請。This application form is applicable to application from 3 July 2025 onwards.

- 1 你必須在此投保書上填報一切有關的重要事實，否則該合約「保單」將告無效或可被視為無效。如你不清楚某一事實是否重要，也請將此事實在下面說明。  
 You are required to disclose in this application ALL material facts; otherwise the contract "Policy" may be void or voidable. If you are in doubt whether certain facts are material, please disclose them as below.
  - 2 如此申請上未有註明，投保人將被視為保單持有人。The Proposer shall be deemed to be the Policyholder unless otherwise indicated in this application form.
  - 3 投保人(即保單持有人)及所有受保人必須為香港居民。Applicant (i.e. Policyholder) and all insured persons must be HK resident.
- 請以英文正楷填寫，並在適當的空格內填上 。Please fill in this form in English block letters and tick the boxes where appropriate .
- \* 必須填寫項目 Mandatory fields

### 申請人資料 APPLICANT DETAILS (申請人必須年滿18歲及為本保單的保單持有人 The applicant must be aged 18 or above and regarded as the Policyholder of this policy)

|                                 |   |               |                  |   |
|---------------------------------|---|---------------|------------------|---|
| 稱謂<br>Salutation                | <input type="checkbox"/> 先生 Mr<br><input type="checkbox"/> 女士 Mrs<br><input type="checkbox"/> 小姐 Miss | 姓*<br>Surname | 名*<br>Given Name | 性別*<br>Sex  |
| 香港身份證號碼*<br>HKID Card Number    | 出生日期(日/月/年)*<br>Date of Birth (dd/mm/yy)  |               |                  |   |
| 通訊地址*<br>Correspondence Address |   |               |                  | <input type="checkbox"/> 香港 HK<br><input type="checkbox"/> 九龍 KLN<br><input type="checkbox"/> 新界 NT |
| 手提電話*<br>Mobile Phone Number    | 電郵地址*<br>Email Address  |               |                  |   |

AXA 安盛將僅以電子方式(發送電郵或手機短訊)就有關本保單所有事宜與你溝通。  
 AXA will contact you merely by electronic means (by email or by SMS) to communicate with you in relation to all matters about this Policy.

### 投保細則 INSURANCE COVER

|   |  |  |
|---|--|--|
| 保障選擇<br>Select Coverage   | <input type="checkbox"/> 個人保障(請填寫第3及4頁)<br>Individual Coverage (please fill in page 3 and 4) | <input type="checkbox"/> 共享保障(請填寫第5及6頁)<br>Shared Coverage (please fill in page 5 and 6) |
| 本保單由<br>Policy to commence on   | 日 DD / 月 MM / 年 YY   | 起一年內有效<br>for one year   |
| 此保單所提供的保障，必須在本公司確定接納投保後，及收妥保費後，才能正式生效。<br>The liability of the Company does not commence until this proposal form has been accepted by the Company and the premium is received. |  |  |

### 保險有關資料 INSURANCE INFORMATION

- |   | 是 Yes                    | 否 No                     |
|---|--------------------------|--------------------------|
| 1. 受保人在申請或續保個人意外保險或收入保障保險時，是否曾被保險公司按特別條款拒絕或接受？<br>Has the person(s) to be insured ever been rejected or accepted under special terms and conditions in application or renewal for Personal Accident or Income Benefit Coverage by an insurance company? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 在過去3年內，受保人是否曾發生任何意外，而該等意外的醫療費用超過3,000港元？<br>Has the person(s) to be insured incurred any accident during the past 3 years with over HKD 3,000 medical expenses in such accident?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 受保人是否有任何身體或精神上的損傷或殘疾？<br>Does the person(s) to be insured suffer from any physical or mental impairment or deformity?  | <input type="checkbox"/> | <input type="checkbox"/> |

如以上任何問題答「是」，請列明詳細資料(若空位不敷應用，請另加紙張填寫)  
 If the answer to any of the above questions is "Yes", please provide details below. (Should there be insufficient space, please continue on a separate sheet)

### 申請人須知 IMPORTANT NOTES TO APPLICANT

- 1 保單持有人(即申請人)必須為年滿18歲的香港居民。The policyholder (i.e. the applicant) must be a Hong Kong resident who has reached the age of 18.
- 2 保費須連同此申請表一併繳交。Payment must accompany this application.
- 3 閣下必須在其知悉範圍內提供所有有關會影響保險公司於接納或釐定此保單條文的資料，如對應透露的資料有任何疑問，請即向本公司或閣下的保險代理或經紀查詢。我們建議閣下將有關的資料作記錄(包括信件副本)，以備日後作參考之用。為確保閣下的利益，閣下應如實呈報所有有關資料，否則此保單將可能無法提供閣下所需的保障，甚至可能會導致此保單無效。Any other facts known to you which are likely to affect acceptance or assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance agent or broker. We recommend you keep a record (including copies of letters) for your future reference of any additional 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 you with the cover you require and may even invalidate the policy altogether.

安盛保險有限公司 AXA General Insurance Hong Kong Limited

香港黃竹坑黃竹坑道38號安盛匯5樓 5/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong  
 電話 Tel: (852) 2523 3061

## 聲明 DECLARATION

### 於保險申請中的聲明(無論是否網上申請)

#### Declaration made in the insurance application (whether or not online)

(在以下聲明部分中「本人/我們的」、「本人/我們」所指的是投保人，即保單持有人)

(In this Declaration part, the words “my”, “me”, “our”, “us”, “I” and “We” mean the applicant in this insurance application, i.e. the Policyholder)

本人/我們謹此確認本人/我們並沒有代表任何其他人士提出此保險申請；如在此申請或就此申請提交與安盛保險有限公司(簡稱「AXA 安盛」)的任何其他文件上另有註明則除外。

I/We HEREBY CONFIRM that I/we am/are not acting on behalf of any other person for this insurance application unless otherwise expressly indicated in this application or any other documents provided to AXA General Insurance Hong Kong Limited (the “Company” or “AXA”) for this application.

本人/我們謹此聲明及同意：

I/We HEREBY DECLARE AND AGREE that:

- 1 本申請內的一切陳述、細節及問題的所有答案，不論是否本人/我們提供，就本人/我們所知所信，均為確實無訛及完整；  
all statements, particulars and answers to all questions given in this application, whether or not provided by me/us, are to the best of my/our knowledge and belief, true and complete;
- 2 本人/我們絕無隱瞞任何重要的有關資料，並同意本申請內的一切陳述、細節及問題的所有答案，將成為發出保單的根據，並作為保單的一部份；  
I/We have not withheld any material information, and accept that all statements, particulars and answers to all questions given in this application, together with this application, shall form the basis and become a part of the policy issued by the Company to myself/ourselves;
- 3 本人/我們已細閱並明白所申請的保單之產品說明書之內容；  
I/We have read and fully understood the product brochure for the policy applied for;
- 4 本人/我們會向AXA安盛申報，自申請此保單至保單簽發期間，有關任何一位受保人的重要事實之轉變；  
I/We shall disclose to the Company any change of material facts of all Insured Person(s) that occur after applying for this policy but before the policy is issued;
- 5 本人/我們會通知所有年滿18歲或以上的受保人有關本保單的簽發及有效性；  
I/We shall inform all Insured Persons, who are aged 18 or above, about the issuance and effectiveness of this policy;
- 6 保單將在有關保費已全數繳清及符合所有規定後，方能生效；  
the policy shall be effective only following the full payment of premium stated in the policy schedule and all applicable requirements being met;
- 7 本人/我們對任何人所作出的任何聲明，如沒有在此申請提供，填寫或印出，AXA安盛不須受其約束並且不需要依賴它們。  
the Company is not bound by and is not required to rely on any statement which I/we may have made to any person if not provided, written or printed here;
- 8 本人/我們同意AXA安盛使用本人/我們的個人資料如通訊地址、電郵地址或手提電話號碼及自行決定以郵遞方式或僅以電子方式(例如電郵或短訊)將有關保單資料及文件發送給本人/我們；  
the Company can use my/our personal details such as corresponding address, email address or mobile number to send me/us policy-related information and documents by mail or merely by electronic means (such as by email or SMS) at the Company's discretion;
- 9 受保人及本人並未有任何日本地址或住所；  
Insured Person(s) and I do not have any address or residence in Japan;
- 10 AXA安盛可透過電郵方式寄往保單持有人最後告知AXA安盛的電郵地址，或透過掛號方式寄往保單持有人最後告知AXA安盛的地址，向保單持有人發出三十(30)日通知，以取消本保單。在此情況下，保單持有人將可按比例獲退還已繳保費的未使用部份(即本保單未生效期間)。AXA安盛毋須退還保單所述的任何最低保費；  
the Company may cancel the policy by giving thirty (30) day's notice by email to the Policyholder's last known email address or by registered letter to the Policyholder at his last known address and in such event a pro-rata refund for the premium paid for the unused portion of the premium (for the period of this policy is not in force) will be made to the Policyholder. The Company is not required to return any minimum premium as stated policy wording;
- 11 佣金披露聲明(本段僅在通過經紀人提出申請的情況下適用)本人明白、確知及同意，AXA安盛會就本人購買及接受AXA安盛簽發的保單，於保單有效期內(包括續保期及/或支付額外的保費)向負責安排有關保單的獲授權保險經紀支付佣金。假如本人為法人團體，代表本人簽署的獲授權人員並向AXA安盛確認他/她已獲該法人團體授權。本人亦明白AXA安盛必須取得本人以上的同意，才可以處理有關保險申請。  
COMMISSION DISCLOSURE DECLARATION (This paragraph is only applicable if I/We have appointed a broker in this insurance application) I/We understand, acknowledge and agree that, as a result of my/our purchasing and taking up the policy to be issued by the Company, the Company will pay the authorized insurance broker commission during the continuance of the policy including renewals and/or paying additional premium, for arranging the said policy. Where I/We am/are a body corporate, the authorized person who signs on my/our behalf further confirms to the Company that he or she is authorized to do so. I/We further understand that the above agreement is necessary for the Company to proceed with the application.
- 12 (a) 如受保人與本人的關係發生任何變化，本人有責任在續保前以書面方式知會AXA安盛更換受保人的保障，否則將不予退還已繳交的續保費用和/或AXA安盛將不支付此受保人續保後的任何索償。(b) 本人必須知會所有年滿十八(18)歲的受保人本保單的簽發與生效。(c) 如在保險期間受保人改變職業，本人必須在合理時間內以書面方式知會AXA安盛。如根據AXA安盛的核保標準，此職業改變是從低風險轉向高風險，AXA安盛可能會要求本人繳交額外的保費，並且AXA安盛亦有權取消保單。(d) 本保單每次續保前，本人有責任以書面方式知會AXA安盛有否發現受保人患上任何疾病或身體出現任何毛病或虛弱情況而顯著增加意外或傷害風險，否則AXA安盛有權不支付此受保人續保後的索償。(e) 本人同意**每年自動續保**本保單並從本人的信用卡扣除本人在投保申請中填寫的續期保費。(f) 如果AXA安盛續保，AXA安盛保留修改保費或其他條款及細則的權利，並且AXA安盛將盡合理努力提前三十(30)天向本人發出有關修改的書面通知，由AXA安盛全權決定，(i) 以郵寄方式送往最後所知的本人通訊地址，(ii) **僅以電子方式**(如發送電郵到最後所知的本人電郵地址或發送手機短訊到最後所知的本人手機號碼)，此修改將從下一個保險期間開始生效。(g) 本人同意AXA安盛可以僅以電子方式就有關本保單的所有事宜與本人溝通。(h) AXA安盛及本人均有權根據本保單條款提前三十(30)天以書面方式通知對方取消本保單。對於(f)和(g)項，本人同意如本人有保險中介人，AXA安盛可透過本人的保險中介人向本人發出通知/與本人溝通。  
(a) I have the obligation to inform AXA in writing to change the cover in respect of an Insured Person before the renewal of this Policy if there is any change on the Insured Person's relationship with me, otherwise there shall be no refund of the renewal premium paid and/or AXA will not pay any claims in relation to that Insured Person under the renewed Policy. (b) I must inform all Insured Persons, who are aged eighteen (18) or above, about the issuance and effectiveness of this Policy. (c) I shall give a written notice to AXA within a reasonable time of any change in the occupation of any Insured Person during the Period of Insurance. If the change of occupation is from lower risk to higher risk according to AXA's underwriting criteria, AXA may advise me if there is any additional premium required by AXA and AXA also reserve the right to cancel the Policy. (d) Before each renewal of this Policy, I shall give AXA written notice of any illness, diseases, physical defect, or infirmity of the Insured Person that will significantly increase the risk of Accident or Injury, failing which AXA reserve the right not to pay a claim in relation to that Insured Person under the renewed Policy. (e) I have agreed to **yearly automatic renewal** of this Policy by debiting the renewal premium from my credit card as input by me in the insurance application. (f) AXA reserve the right to amend the premiums or other terms and conditions at AXA's absolute discretion if AXA renew the Policy, and AXA will use reasonable endeavours to give a thirty (30) days' written notice of such amendment to me, at AXA's absolute discretion, (i) at my last known correspondence address by mail or (ii) **merely by electronic means** (such as by email at my last known email address or by SMS message at my last known mobile number), and the change will be effective from the next Period of Insurance. (g) I have agreed that AXA can communicate with me in relation to all matters about this Policy merely by electronic means. (h) Both AXA and I have the right to cancel this Policy by giving each other thirty (30) days' written notice in accordance with the policy wording. For items (f) and (g), I agree that that if I have an insurance intermediary, AXA can give notice to /communicate with me via my insurance intermediary.

## 個人保障 Individual Coverage

「個人保障」受保人數目沒有限制。For Individual Coverage, no limit to the number of insured persons.

若受保人數超過8人，請另加一份申請表並填寫從第9位受保人起的受保人資料。If the number of insured persons is more than 8, please add another application form and fill in Insured Person(s) details from 9th insured person and onwards.

- 與保單持有人關係：自己、配偶/伴侶、子女、父母、姻親父母 Relationship with Policyholder: Self, Spouse/Partner, Child(ren), Parent, Parent-in-law
- 職業類別 Occupation Class (詳情請參考附件職業列表 Please refer to Appendix Occupation list for details)
  - 級別 1 – 室內工作(非體力勞動) Class 1 – Indoor Job (non-manual work)
  - 級別 2 – 室內或室外工作(間中/少量體力勞動) Class 2 – Indoor or Outdoor Job (occasional/light manual work)
  - 級別 3 – 室內或室外工作(體力勞動) Class 3 – Indoor or Outdoor Job (manual work)
  - 級別 4 – 高風險職業/工作(保費以核保為準) Class 4 – Hazardous Occupation/Job (premium is subject to underwriting)
- 年齡組別 Age Group (年齡以保單生效日計算 Age is calculated on policy effective date)
  - 成人：18-65歲 Adult: aged 18-65
  - 子女：年齡為6個月至17歲或年齡18歲至23歲的未婚全日制學生。Child: aged 6 months to 17 or 18-23 unmarried full time student
  - 長者：66-80歲 Elderly: aged 66-80
- 收入保障或付款保障 Income Protection or Payment Protection
  - a. 這項保障的受保人必須是18歲至65歲的香港居民，而且在意外發生時必須是受僱或自僱人士。The Insured Person covered under this benefit must be a Hong Kong resident who is aged between 18 to 65 years old and being employed or self-employed at the time of Accident.
  - b. 受保人如為自僱人士，必須提供入息證明，連同強積金結單或報稅紀錄，作為索償的依據。For self-employed Insured Person, the claim must be substantiated by a proof of income record together with MPF statement or tax return record.
  - c. 就暫時完全傷殘的保障而言，必須提交經由醫生出具的醫療報告。Temporary Total Disablement benefit must be supported by a medical report issued by a medical practitioner.
- 體育運動保障的受保人必須為66歲以下的香港居民。The Insured Person covered under Sports Protection must be a Hong Kong resident who is aged under 66 years old.

本保單接受按年繳付保費或按月繳付保費。下面顯示的保費是年度保費，而每月保費金額是年度保費總額加上徵費<sup>^</sup>除以12期。  
This policy accepts annual premium payment or monthly premium payment mode. The premium shown below are annual premium, while the monthly premium amount shall be the total annual premiums plus levy<sup>^</sup> divided by 12 installments.

### 受保人資料 Insured Person(s) Details 及全年保費(港元) Annual Premium (HKD)

請在適當的空格內填上「✓」。Please tick '✓' the boxes where appropriate.

| 受保人姓名<br>Name of Insured Person | 與保單持有人關係 <sup>1</sup><br>Relationship with Policyholder <sup>1</sup>                   | 性別<br>Sex  | 出生日期<br>(日/月/年)<br>Date of Birth<br>(dd/mm/yyyy) | 香港身份證號碼<br>HKID card no. | 職業及<br>工作性質<br>Occupational &<br>Job Nature  | 職業類別 <sup>2</sup><br>(僅供內部<br>使用)<br>Occupation<br>Class <sup>2</sup><br>(for internal<br>use only) | 年齡組別 <sup>3</sup><br>Age Group <sup>3</sup> | 主要保障<br>Core Cover<br>請勾選(✓)適用於<br>所有受保人的主要保障計劃<br>Please tick (✓) the Core Cover Plan<br>which is for all insured persons |  |  |  | 職業類別 <sup>3</sup><br>額外保費<br>Occupation<br>Class <sup>3</sup><br>additional<br>premium<br>只適用於<br>主要保障<br>For<br>Core Cover<br>only | 自選保障<br>Optional Cover<br>(不適用於簡易計劃 Not applicable for Lite Plan)<br>請勾選(✓)每位受保人的自選保障計劃<br>Please tick (✓) the Optional Cover plan for each individual insured person  |  |  |  |   |   |  |  |  |
|---------------------------------|--|--|--|--------------------------|--|---|---|--|--|--|--|---|--|--|--|--|---|---|--|--|--|
|                                 |  |  |  |                          |  |   |   | APY(L/I/R)   | APY(L/I/O)   | APY(L/I/P)   | APY(L/I/Q)   |   | 收入或付款保障 <sup>4</sup><br>Income or Payment Protection <sup>4</sup><br>(只限18-65歲的在職成人<br>For aged 18-65 working adults only)<br>(收入保障或付款保障二選其一<br>Either Income Protection or<br>Payment Protection)<br>(職業類別 4 不適用<br>Not applicable to Occupation Class 4) |  | 體育運動保障 <sup>5</sup><br>Sports Protection <sup>5</sup><br>(只限成人或子女<br>For Adult or Child only)<br>(選擇的計劃必須與<br>主要保障相同<br>Must be the same plan<br>selected in Core Cover) |  |   |   |  |  |  |
|                                 |  |  |  |                          |  |   |   | 簡易<br>Lite<br><input type="checkbox"/>   | 標準<br>Standard<br><input type="checkbox"/>                       | 優越<br>Premier<br><input type="checkbox"/>                        | 尊尚<br>Elite<br><input type="checkbox"/>                          |   | 在職成人<br>職業類別 <sup>4</sup><br>Occupation<br>Class<br>for working<br>adult(s) <sup>4</sup>   | ATM<br>收入保障<br>Income<br>Protection                                      | ATM<br>付款保障<br>Payment<br>Protection   | APQ(O)<br>標準<br>Standard<br><input type="checkbox"/> | APQ(P)<br>優越<br>Premier<br><input type="checkbox"/>                                       | APQ(Q)<br>尊尚<br>Elite<br><input type="checkbox"/> |  |  |  |
| 1                               | 自己 Self  | <input type="checkbox"/> 男 M<br><input type="checkbox"/> 女 F | / /  |                          |  |   | 成人 Adult [A]<br>長者 Elderly [E]              | <input type="checkbox"/> 365<br><input type="checkbox"/> 600   | <input type="checkbox"/> 2,026<br><input type="checkbox"/> 3,618 | <input type="checkbox"/> 2,498<br><input type="checkbox"/> 4,428 | <input type="checkbox"/> 3,416<br><input type="checkbox"/> 5,036 | <input type="checkbox"/> +50% 保費<br>premium   | • 級別 Class 1, 2<br>• 級別 Class 3  | [N] <input type="checkbox"/> 2,025<br>[O] <input type="checkbox"/> 3,834 | [P] <input type="checkbox"/> 3,227<br>[Q] <input type="checkbox"/> 6,129   | <input type="checkbox"/> 297                         | <input type="checkbox"/> 378  | <input type="checkbox"/> 554                      |  |  |  |
| 2                               | <input type="checkbox"/> 配偶 Spouse /<br><input type="checkbox"/> 伴侶 Partner            | <input type="checkbox"/> 男 M<br><input type="checkbox"/> 女 F | / /  |                          |  |   | 成人 Adult [A]<br>長者 Elderly [E]              | <input type="checkbox"/> 365<br><input type="checkbox"/> 600   | <input type="checkbox"/> 2,026<br><input type="checkbox"/> 3,618 | <input type="checkbox"/> 2,498<br><input type="checkbox"/> 4,428 | <input type="checkbox"/> 3,416<br><input type="checkbox"/> 5,036 | <input type="checkbox"/> +50% 保費<br>premium   | • 級別 Class 1, 2<br>• 級別 Class 3  | [N] <input type="checkbox"/> 2,025<br>[O] <input type="checkbox"/> 3,834 | [P] <input type="checkbox"/> 3,227<br>[Q] <input type="checkbox"/> 6,129   | <input type="checkbox"/> 297                         | <input type="checkbox"/> 378  | <input type="checkbox"/> 554                      |  |  |  |
| 3                               | 子女 Child   | <input type="checkbox"/> 男 M<br><input type="checkbox"/> 女 F | / /  |                          | 學生 Student<br>(18歲以下或<br>18-23歲<br>未婚全日制<br>學生<br>Aged under 18<br>or unmarried<br>full-time<br>student<br>aged between<br>18 to 23) | 第2類<br>Class 2  | 子女 Child [C]                                | <input type="checkbox"/> 365   | <input type="checkbox"/> 1,688                                   | <input type="checkbox"/> 2,093                                   | <input type="checkbox"/> 2,903                                   | 不適用<br>N/A  | 不適用<br>N/A   | 不適用<br>N/A   | 不適用<br>N/A   | <input type="checkbox"/> 297                         | <input type="checkbox"/> 378  | <input type="checkbox"/> 554                      |  |  |  |
| 4                               | 子女 Child   | <input type="checkbox"/> 男 M<br><input type="checkbox"/> 女 F | / /  |                          |  |   | 子女 Child [C]                                | <input type="checkbox"/> 365   | <input type="checkbox"/> 1,688                                   | <input type="checkbox"/> 2,093                                   | <input type="checkbox"/> 2,903                                   | 不適用<br>N/A  | 不適用<br>N/A   | 不適用<br>N/A   | 不適用<br>N/A   | <input type="checkbox"/> 297                         | <input type="checkbox"/> 378  | <input type="checkbox"/> 554                      |  |  |  |
| 5                               | 子女 Child   | <input type="checkbox"/> 男 M<br><input type="checkbox"/> 女 F | / /  |                          |  |   | 子女 Child [C]                                | <input type="checkbox"/> 365   | <input type="checkbox"/> 1,688                                   | <input type="checkbox"/> 2,093                                   | <input type="checkbox"/> 2,903                                   | 不適用<br>N/A  | 不適用<br>N/A   | 不適用<br>N/A   | 不適用<br>N/A   | <input type="checkbox"/> 297                         | <input type="checkbox"/> 378  | <input type="checkbox"/> 554                      |  |  |  |
| 6                               | 子女 Child   | <input type="checkbox"/> 男 M<br><input type="checkbox"/> 女 F | / /  |                          |  |   | 子女 Child [C]                                | <input type="checkbox"/> 365   | <input type="checkbox"/> 1,688                                   | <input type="checkbox"/> 2,093                                   | <input type="checkbox"/> 2,903                                   | 不適用<br>N/A  | 不適用<br>N/A   | 不適用<br>N/A   | 不適用<br>N/A   | <input type="checkbox"/> 297                         | <input type="checkbox"/> 378  | <input type="checkbox"/> 554                      |  |  |  |
| 7                               | <input type="checkbox"/> 父母 Parent /<br><input type="checkbox"/> 姻親父母<br>Parent-in-law | <input type="checkbox"/> 男 M<br><input type="checkbox"/> 女 F | / /  |                          |  |   | 成人 Adult [A]<br>長者 Elderly [E]              | <input type="checkbox"/> 365<br><input type="checkbox"/> 600   | <input type="checkbox"/> 2,026<br><input type="checkbox"/> 3,618 | <input type="checkbox"/> 2,498<br><input type="checkbox"/> 4,428 | <input type="checkbox"/> 3,416<br><input type="checkbox"/> 5,036 | <input type="checkbox"/> +50% 保費<br>premium   | • 級別 Class 1, 2<br>• 級別 Class 3  | [N] <input type="checkbox"/> 2,025<br>[O] <input type="checkbox"/> 3,834 | [P] <input type="checkbox"/> 3,227<br>[Q] <input type="checkbox"/> 6,129   | <input type="checkbox"/> 297                         | <input type="checkbox"/> 378  | <input type="checkbox"/> 554                      |  |  |  |
| 8                               | <input type="checkbox"/> 父母 Parent /<br><input type="checkbox"/> 姻親父母<br>Parent-in-law | <input type="checkbox"/> 男 M<br><input type="checkbox"/> 女 F | / /  |                          |  |   | 成人 Adult [A]<br>長者 Elderly [E]              | <input type="checkbox"/> 365<br><input type="checkbox"/> 600   | <input type="checkbox"/> 2,026<br><input type="checkbox"/> 3,618 | <input type="checkbox"/> 2,498<br><input type="checkbox"/> 4,428 | <input type="checkbox"/> 3,416<br><input type="checkbox"/> 5,036 | <input type="checkbox"/> +50% 保費<br>premium   | • 級別 Class 1, 2<br>• 級別 Class 3  | [N] <input type="checkbox"/> 2,025<br>[O] <input type="checkbox"/> 3,834 | [P] <input type="checkbox"/> 3,227<br>[Q] <input type="checkbox"/> 6,129   | <input type="checkbox"/> 297                         | <input type="checkbox"/> 378  | <input type="checkbox"/> 554                      |  |  |  |
| 付款方式<br>Payment mode:           |  |  |  |                          |  |   |   | <input type="checkbox"/> 全年保費 Annual premium<br><input type="checkbox"/> 每月保費 Monthly premium                              |  |  |  | 多人受保折扣 Multi-Insured Discount<br>(如適用 if applicable)  |  |  |  |  | <input type="checkbox"/> 2-4 人 persons 10%<br><input type="checkbox"/> 5-10 人 persons 15% |   |  |  |  |
|                                 |  |  |  |                          |  |   |   |  |  |  |  | 總保費 Total Premium   |  |  |  |  |   |   |  |  |  |

如年度保費無法平均分成12期，每月應繳保費在加上保費徵費<sup>^</sup>後可能有所不同。  
The monthly premium with IA Levy<sup>^</sup> may vary if the annual premium cannot be evenly distributed across 12 installments.

<sup>^</sup> 保費徵費 Levy on insurance premium

保費已按適用之徵費率徵收保險業監管局的有關徵費。保單持有人必須繳付徵費以避免任何法律後果。欲了解更多詳情，請瀏覽 www.axa.com.hk/ia-levy 或致電 AXA 安盛 (852) 2523 3061。

Levy collected by the Insurance Authority through the Company will be imposed on the policy at the applicable rate. Policyholders must pay the levy in order to avoid any legal consequences. For further information, please visit www.axa.com.hk/ia-levy or contact AXA at (852) 2523 3061.

## 共享保障 Shared Coverage

「共享保障」接受 2-10 受保人的申請，包括最多 4 名 66 至 80 歲的長者。For Shared Coverage, accept application from 2-10 insured persons including up to 4 elderly who aged 66 to 80.

若受保人數超過 8 人，請另加一份申請表並填寫從第 9 位受保人起的受保人資料。If the number of insured persons is more than 8, please add another application form and fill in Insured Person(s) details from 9th insured person and onwards.

1 與保單持有人關係：自己、配偶/伴侶、子女、父母、姻親父母 Relationship with Policyholder: Self, Spouse/Partner, Child(ren), Parent, Parent-in-law

2 職業類別 Occupation Class (詳情請參考附件職業列表 Please refer to Appendix Occupation list for details)

級別 1 – 室內工作(非體力勞動) Class 1 – Indoor Job (non-manual work)

級別 2 – 室內或室外工作(間中/少量體力勞動) Class 2 – Indoor or Outdoor Job (occasional/light manual work)

級別 3 – 室內或室外工作(體力勞動) Class 3 – Indoor or Outdoor Job (manual work)

級別 4 – 高風險職業/工作(保費以核保為準) Class 4 – Hazardous Occupation/Job (premium is subject to underwriting)

3 年齡組別 Age Group (年齡以保單生效日計算 Age is calculated on policy effective date)

成人：18-65 歲 Adult: aged 18-65

子女：年齡為 6 個月至 17 歲或年齡 18 歲至 23 歲的未婚全日制學生。Child: aged 6 months to 17 or 18-23 unmarried full time student

長者：66-80 歲 Elderly: aged 66-80

4 收入保障或付款保障 Income Protection or Payment Protection

a. 這項保障的受保人必須是 18 歲至 65 歲的香港居民，而且在意外發生時必須是受僱或自僱人士。The Insured Person covered under this benefit must be a Hong Kong resident who is aged between 18 to 65 years old and being employed or self-employed at the time of Accident.

b. 受保人如為自僱人士，必須提供入息證明，連同強積金結單或報稅紀錄，作為索償的依據。For self-employed Insured Person, the claim must be substantiated by a proof of income record together with MPF statement or tax return record.

c. 就暫時完全傷殘的保障而言，必須提交經由醫生出具的醫療報告。Temporary Total Disablement benefit must be supported by a medical report issued by a medical practitioner.

5 體育運動保障的受保人必須為 66 歲以下的香港居民。The Insured Person covered under Sports Protection must be a Hong Kong resident who is aged under 66 years old.

本保單接受按年繳付保費或按月繳付保費。下面顯示的保費是年度保費，而每月保費金額是年度保費總額加上徵費<sup>^</sup>除以 12 期。  
This policy accepts annual premium payment or monthly premium payment mode. The premium shown below are annual premium, while the monthly premium amount shall be the total annual premiums plus levy<sup>^</sup> divided by 12 installments.

### 受保人資料 Insured Person(s) Details 及全年保費 (港元) Annual Premium (HKD)

請在適當的空格內填上「✓」。Please tick '✓' the boxes where appropriate.

| 1 | 受保人姓名<br>Name of Insured Person | 與保單持有人關係 <sup>1</sup><br>Relationship with Policyholder <sup>1</sup>             | 性別<br>Sex  | 出生日期<br>(日/月/年)<br>Date of Birth<br>(dd/mm/yyyy) | 香港身份證號碼<br>HKID card no. | 職業及<br>工作性質<br>Occupational &<br>Job Nature   | 職業類別 <sup>2</sup><br>(僅供內部<br>使用)<br>Occupation<br>Class <sup>2</sup><br>(for internal<br>use only) | 年齡組別 <sup>3</sup><br>Age Group <sup>3</sup>                                      |
|---|---------------------------------|--|--|--|--------------------------|---|---|--|
| 1 |                                 | 自己 Self  | <input type="checkbox"/> 男 M<br><input type="checkbox"/> 女 F | / /  |                          |   |   | <input type="checkbox"/> 成人 Adult [A]<br><input type="checkbox"/> 長者 Elderly [E] |
| 2 |                                 | <input type="checkbox"/> 配偶 Spouse / <input type="checkbox"/> 伴侶 Partner         | <input type="checkbox"/> 男 M<br><input type="checkbox"/> 女 F | / /  |                          |   |   | <input type="checkbox"/> 成人 Adult [A]<br><input type="checkbox"/> 長者 Elderly [E] |
| 3 |                                 | 子女 Child   | <input type="checkbox"/> 男 M<br><input type="checkbox"/> 女 F | / /  |                          | 學生 Student<br>(18 歲以下或 18-23 歲未婚全日制學生<br>Aged under 18 or unmarried full-time<br>student aged between 18 to 23) | 第 2 類<br>Class 2  | 子女 Child [C]   |
| 4 |                                 | 子女 Child   | <input type="checkbox"/> 男 M<br><input type="checkbox"/> 女 F | / /  |                          |   |   |  |
| 5 |                                 | 子女 Child   | <input type="checkbox"/> 男 M<br><input type="checkbox"/> 女 F | / /  |                          |   |   |  |
| 6 |                                 | 子女 Child   | <input type="checkbox"/> 男 M<br><input type="checkbox"/> 女 F | / /  |                          |   |   |  |
| 7 |                                 | <input type="checkbox"/> 父母 Parent / <input type="checkbox"/> 姻親父母 Parent-in-law | <input type="checkbox"/> 男 M<br><input type="checkbox"/> 女 F | / /  |                          |   |   | <input type="checkbox"/> 成人 Adult [A]<br><input type="checkbox"/> 長者 Elderly [E] |
| 8 |                                 | <input type="checkbox"/> 父母 Parent / <input type="checkbox"/> 姻親父母 Parent-in-law | <input type="checkbox"/> 男 M<br><input type="checkbox"/> 女 F | / /  |                          |   |   | <input type="checkbox"/> 成人 Adult [A]<br><input type="checkbox"/> 長者 Elderly [E] |

### 全年保費 (港元) Annual Premium (HKD)

| 主要保障<br>Core Cover (a)               | 請勾選 (✓) 適用於所有受保人的主要保障計劃<br>Please tick (✓) the Core Cover Plan which is for ALL insured persons   |                              | 成人 Adult<br>18-65 歲 aged 18-65                                 |   |   | 長者 Elderly<br>66-80 歲 aged 66-80    |                                |   | 子女 Child<br>6 個月至 17 歲或<br>年齡 18 歲至 23 歲的未婚全日制學生<br>aged 6 months to 17 or<br>18-23 unmarried full time student |  | 保費 (a)<br>Premium (a)   |
|--------------------------------------|---|------------------------------|--|---|---|-------------------------------------|--------------------------------|---|---|--|-------------------------|
|                                      | <input type="checkbox"/> 標準 Standard  | APY(L/S/K)                   | 保費 Premium   | 人數 Number   | 職業類別 <sup>2</sup> 3 額外保費 Occupation Class <sup>2</sup> 3<br><input type="checkbox"/> + 50% 保費 premium X<br>級別 Class 3 人數 number _____ | 保費 Premium                          | 人數 Number                      | 職業類別 <sup>2</sup> 3 額外保費 Occupation Class <sup>2</sup> 3<br><input type="checkbox"/> + 50% 保費 premium X<br>級別 Class 3 人數 number _____ | 保費 Premium  | 只需繳付 1 名子女的<br>保費即可保障所有<br>子女<br>Pay one child's premium<br>for all insured children |                         |
|                                      | <input type="checkbox"/> 優越 Premier   | APY(L/S/L)                   | <input type="checkbox"/> 1,620                                 | X _____   | <input type="checkbox"/> 2,876  | X _____                             | <input type="checkbox"/> 3,524 | X _____   | <input type="checkbox"/> 1,350  |  |                         |
|                                      | <input type="checkbox"/> 尊尚 Elite   | APY(L/S/M)                   | <input type="checkbox"/> 1,998                                 | X _____   | <input type="checkbox"/> 4,024  | X _____                             | <input type="checkbox"/> 2,484 | X _____   | <input type="checkbox"/> 1,661  |  |                         |
| 自選保障<br>Optional Cover<br>(b) + (c)  | 收入或付款保障 <sup>4</sup><br>Income or Payment Protection <sup>4</sup><br>只限 18-65 歲的在職成人 For aged 18-65 working adults only<br>職業類別 4 不適用 Not applicable to Occupation Class 4<br>所有受保在職成人必須選擇相同的自選保障 All working adult(s) must opt in for the same optional covers under the same policy |                              | 收入保障或付款保障二選其一<br>Either Income Protection or Payment Protect   |   |   | 收入保障<br>Income Protection           |                                | or<br>或   | 付款保障<br>Payment Protection  |  | 保費 (b)<br>Premium (b)   |
|                                      |   |                              | 級別 Class 1, 2  |   |   | 保費 Premium                          | 成人人數<br>Number of Adult        |   | 保費 Premium  | 成人人數<br>Number of Adult  |                         |
|                                      | 體育運動保障 <sup>5</sup><br>Sports Protection <sup>5</sup><br>只限成人或子女 For Adult or Child only<br>所有受保成人及子女必須選擇相同的自選保障 All adult(s) and child(ren) must opt in for the same optional covers under the same policy   |                              | 選擇的計劃必須與主要保障相同<br>Must be the same plan selected in Core Covet |   |   | 成人 Adult                            |                                | 子女 Child  |   | 保費 (c)<br>Premium (c)  |                         |
|                                      |   |                              | 級別 Class 3   |   | 保費 Premium  | 成人人數<br>Number of Adult             | 保費 Premium                     | 成人人數<br>Number of Adult   | 保費 Premium  |  | 成人人數<br>Number of Adult |
| <input type="checkbox"/> 標準 Standard |   |                              | APQ(K)   | <input type="checkbox"/> 242  | X _____   | <input type="checkbox"/> 242        | X _____                        | <input type="checkbox"/> 242  | X _____   |  |                         |
| <input type="checkbox"/> 優越 Premier  | APQ(L)  | <input type="checkbox"/> 308 | X _____  | <input type="checkbox"/> 308  | X _____   | <input type="checkbox"/> 308        | X _____                        |   |   |  |                         |
| <input type="checkbox"/> 尊尚 Elite    | APQ(M)  | <input type="checkbox"/> 450 | X _____  | <input type="checkbox"/> 450  | X _____   | <input type="checkbox"/> 450        | X _____                        |   |   |  |                         |
|                                      |   | 付款方式<br>Payment mode:        |  | <input type="checkbox"/> 全年保費 Annual premium<br><input type="checkbox"/> 每月保費 Monthly premium |   | 總保費 Total Premium = (a) + (b) + (c) |                                |   |   |  |                         |

如年度保費無法平均分成 12 期，每月應繳保費在加上保費徵費<sup>^</sup>後可能有所不同。  
The monthly premium with IA Levy<sup>^</sup> may vary if the annual premium cannot be evenly distributed across 12 installments.

<sup>^</sup> 保費徵費 Levy on insurance premium

保費已按適用之徵費率徵收保險業監管局的有關徵費。保單持有人必須繳付徵費以避免任何法律後果。欲了解更多詳情，請瀏覽 www.axa.com.hk/ia-levy 或致電 AXA 安盛 (852) 2523 3061。

Levy collected by the Insurance Authority through the Company will be imposed on the policy at the applicable rate. Policyholders must pay the levy in order to avoid any legal consequences. For further information, please visit www.axa.com.hk/ia-levy or contact AXA at (852) 2523 3061.

## 直接付款授權 DIRECT DEBIT AUTHORISATION

**重要通知：**為確保您和您的摯愛時刻受到保護，您的「卓越」豐盛守護樂保單將會自動續保，而我們將會自您在下列提供的信用卡戶口(包括續領、補領及轉換此信用卡而獲發新的替代號碼)中收取續保保費及徵費<sup>^</sup>。無論您的保費為每年繳/每月繳付，我們將會於保單續期日前，將自動續保書或續保通知書郵寄到閣下最後通知我們的地址，或以電子方式(如發電郵至閣下最後通知我們的電郵地址或發送短訊至閣下最後通知我們的電話號碼)向閣下發出續保通知。如於保單續保時，您的保費、自負額或條款及細則有任何變動，我們將盡合理努力如上述透過郵寄或電子方式就該等修訂向閣下發出30天的書面通知。該等變動將於保單的下一個續保日期起生效。如您選擇不為本「卓越」豐盛守護樂保單自動續保，請勿在下列欄位填寫信用卡資料，並致電(852) 25233061聯絡我們以完成您的申請。

**Important:** To ensure that you and your loved ones remain protected at all time, your SmartProtect Plus policy will be renewed automatically every year and we will debit the renewal premium and levy<sup>^</sup> from the Credit Card Account you provide below (including renewed, replaced and substituted credit card). No matter you choose annual premium payment mode or monthly premium payment mode, we will send an auto-renewal letter or renewal notice to you by mail at your last known address, or by electronic means (such as by email at your last known email address or by SMS message at your last known mobile number) at our discretion before the yearly policy renewal date. If we change your premiums, excess or any terms and conditions when we renew the policy, we will use our reasonable endeavours to give you a 30 days' written notice of such amendments by mail or by electronic means at our discretion as mentioned above. Such changes will be effective from the next renewal date of the policy. If you choose not to have this SmartProtect Plus policy automatically renewed, please do not fill in the credit card details below and call us at (852) 2523 3061 to complete your application.

只接受於香港發行之Visa及萬事達信用卡。

Only Visa and MasterCard credit cards issued in Hong Kong will be accepted.

本人(等)已知悉並同意安盛保險有限公司於以下之信用卡戶口設立自動轉賬以就保單續保收取保費及徵費<sup>^</sup>。

I/We also acknowledge and agree that AXA General Insurance Hong Kong Limited (AXA) will establish an autopay on the following credit card for the required premium and levy<sup>^</sup> payments upon policy renewal.

如提供的指定信用卡賬戶並非屬於本人，本人向安盛保險有限公司保證並聲明本人已獲得該信用卡持卡人的同意，通過從他/她的信用卡中扣除本保單(包括續保)的保費及徵費<sup>^</sup>。

If the designated credit card account provided is not mine, I warrant and represent to AXA that I have obtained the consent of the credit cardholder to pay the premium and levy<sup>^</sup> of this policy (including its renewal) by debiting his/her credit card account.

## 信用卡繳款 CREDIT CARD PAYMENT

本人選擇以下列方式繳交保費及徵費<sup>^</sup> 港幣 元正  
I wish to pay my premium and levy<sup>^</sup> HK\$ \_\_\_\_\_ by

信用卡(VISA卡/萬事達卡) Credit Card (VISA/MasterCard)



信用卡持卡人請在電子交易授權平台授權您的信用卡以繳付保費及徵費<sup>^</sup>：  
Credit Card holder please authorise your Credit Card on our Digital Payment Authorisation Portal for premium and levy<sup>^</sup> payment:

<https://www.axa.com.hk/en/axa-wallet/customer/authorisation?bizType=NB&bizChannel=Non-banca&feat=GI>

(您可以通過URL或二維碼訪問電子交易授權平台。You may access with the URL or QR code.)

請於下方填寫電子交易授權平台上顯示的授權ID。

Please fill in the Confirmation ID shown on our Digital Payment Authorisation Portal below.

授權ID Confirmation ID

|  |  |  |  |  |  |  |  |  |  |
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持卡人姓名 Cardholder's Name \_\_\_\_\_

註：基於安全考量，我們將不再通過電話或實體/電子表格詢問完整信用卡號。

Remark: For security consideration, please note that we will no longer ask for the full Credit Card number via phone or physical/softcopy forms.

持卡人簽署 Cardholder's Signature \_\_\_\_\_

日期(日/月/年) Date (dd/mm/yyyy) \_\_\_\_\_

## 收集個人資料的聲明 PERSONAL INFORMATION COLLECTION STATEMENT

安盛保險有限公司(下稱“本公司”)明白其就《個人資料(私隱)條例》(香港法例第486章)(“條例”)收集、持有、處理、使用和/或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。

**目的：**本公司不時有必要收集閣下的個人資料(包括信用資料和以往申索紀錄)，並可能因下列各項目的(“有關目的”)而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：

1. 向閣下推介、提供和營銷本公司、安盛集團的其他公司(“安盛關聯方”)或本公司的商業合作夥伴(參閱下文“在直接促銷中使用及將其個人資料提供予其他人士”部份)之產品/服務，以及提供、維持、管理和操作該等產品/服務；2. 處理和評估閣下就本公司及安盛關聯方所提供之產品/服務提出的任何申請或要求；3. 向閣下提供後續服務，包括但不限於執行/管理已發出的保單；4. 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；5. 偵測和防止欺詐行為(無論是否與就本公司及/或安盛關聯方提供的產品/服務有關)；6. 評估閣下的財務需求；7. 為客戶設計產品/服務；8. 為統計或其他目的進行市場研究；9. 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料；10. 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；11. 進行身份和/或信用核查和/或債務追收；12. 遵守任何適用的司法管轄區的法律；13. 開展與本公司業務經營有關的其他服務；及14. 與上述任何目的直接有關的其他目的。

**個人資料的轉移：**個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：

1. 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外；2. 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士(包括私家偵探)；3. 在香港或香港以外其他地方向本公司和/或安盛關聯方提供行政、技術或其他服務(包括直接促銷服務)並對個人資料負有保密義務的任何代理、承包商或第三方；4. 信貸資料機構或(在出現拖欠還款的情況下)追討欠款公司；5. 本公司權利或業務的任何實際或建議的承讓者、受讓方、參與者或次參與者；6. 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關；及7. 在有合理需要履行任何上述有關目的段落2, 3, 4及5之情況下，以下人士：保險理算人、代理和經紀、僱主、醫護專業人士、醫院、會計師、財務顧問、律師、整合保險業申訴和承保資料的組織、防欺詐組織、其他保險公司(無論是直接地，或是通過防欺詐組織或本段中指定的其他人士)、警察、和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)。

如欲了解本公司為促銷目的使用閣下的個人資料的政策，請參閱下文“在直接促銷中使用及將其個人資料提供予其他人士”部份。

閣下的個人資料將僅為上文規定的一個或多個有關目的而被轉移。

**在直接促銷中使用及將其個人資料提供予其他人士**

本公司有意：

- 使用本公司不時持有的閣下的姓名、聯絡資料、產品及服務的組合資料、交易模式及行為、財政背景及人口統計數據以進行直接促銷；
- 就本公司，安盛關聯方，本公司合作品牌夥伴及商業合作夥伴可能提供關於下列類別的服務及產品而進行直接促銷(包括但不限於提供獎賞、客戶或會員或優惠計劃)：
  - 保險、銀行、公積金或公積金計劃、金融服務、證券和相關產品及服務；
  - 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身浴或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體的產品及服務及高級消費類產品；
- 以上服務及產品將會由本公司及/或以下機構提供：
  - 任何安盛關聯方；
  - 第三方金融機構；
  - 提供上文2所列之服務及產品之本公司及/或安盛關聯方的商業合作夥伴或合作品牌夥伴；
  - 向本公司或任何以上所列機構提供支援的第三方獎賞、客戶或會員或優惠計劃提供者；
- 除由本公司促銷上述服務及產品外，本公司亦有意將上文1段部份所述的資料提供予上文3段部份所述的全部或任何人士，以供該等人士在促銷該等服務及產品中使用，而本公司為此目的須獲得客戶書面同意(包括表示不反對)。

在使用閣下的個人資料上文所述的目的或提供予上文所述的人士之前，本公司須獲得閣下的書面同意，及只在獲得閣下的書面同意後方可使用閣下的個人資料及提供予其他人士作任何推廣及促銷用途。

閣下日後可撤回閣下給予本公司有關使用閣下的個人資料及提供予其他人士作任何促銷用途的同意。

閣下如欲撤回閣下給予本公司的同意，請發信至下文“個人資料的查閱和更正”部份所列的地址通知本公司。本公司會在不收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。

**個人資料的查閱和更正：**根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：

香港黃竹坑黃竹坑道38號安盛匯5樓

安盛保險有限公司

個人資料保護主任

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

AXA General Insurance Hong Kong Limited (referred to hereinafter as the “**Company**”) recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (“**PDPO**”). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

**Purpose:** From time to time it is necessary for the Company to collect your personal data (including credit information and claims history) which may be used, stored, processed, transferred, disclosed or shared by us for purposes (“**Purposes**”), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group (“**our affiliates**”) or our business partners (see “**Use and provision of personal data in direct marketing**” below), and administering, maintaining, managing and operating such products/services; 2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates; 3. providing subsequent services to you, including but not limited to administering the policies issued; 4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims; 5. detecting and preventing fraud (whether or not relating to the products/services provided by the Company and/or our affiliates); 6. evaluating your financial needs; 7. designing products/services for customers; 8. conducting market research for statistical or other purposes; 9. matching any data held which relates to you from time to time for any of the purposes listed herein; 10. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere; 11. conducting identity and/or credit checks and/or debt collection; 12. complying with the laws of any applicable jurisdiction; 13. carrying out other services in connection with the operation of the Company’s business; and 14. other purposes directly relating to any of the above.

**Transfer of personal data:** Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong; 2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates; 3. any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same; 4. credit reference agencies or, in the event of default, debt collection agencies; 5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; 6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere; and 7. the following persons who may collect and use the data only as reasonably necessary to carry out any of the purposes described in paragraphs nos. 2, 3, 4 and 5 of the Purposes specified above: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check data provided against existing data.

For our policy on using your personal data for marketing purposes, please see the section below “**Use and provision of personal data in direct marketing**”.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

**Use and provision of personal data in direct marketing:**

The Company intends to:

- use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
- conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer:
  - insurance, banking, provident fund or scheme, financial services, securities and related products and services;
  - products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products;
- the above products and services may be provided by the Company and/or:
  - any of our affiliates;
  - third party financial institutions;
  - the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in 2 above;
  - third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities;
- in addition to marketing the above products and services, the Company also intends to provide the data described in 1 above to all or any of the persons described in 3 above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose.

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

If you wish to withdraw your consent, please inform us in writing to the address in the section on “**Access and correction of personal data**”. The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

**Access and correction of personal data:** Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer

AXA General Insurance Hong Kong Limited

5/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong

A reasonable fee may be charged to offset the Company’s administrative and actual costs incurred in complying with your data access requests.

本人/我們確認本人/我們已閱讀並明白收集個人資料的聲明(“該聲明”)。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀該聲明，而本人/我們已詳細閱讀該聲明對貴公司所收集或持有之本人/我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人/我們特此確認並同意安盛保險有限公司根據該聲明使用及轉移本人/我們的個人資料，包括在直接促銷中使用及將本人/我們個人資料提供予其他人士。

I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement (“**PICS**”). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by AXA General Insurance Hong Kong Limited in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing.

[重要通知：如閣下不同意根據“收集個人資料的聲明”使用和轉移閣下的個人資料作直接促銷用途(參閱“在直接促銷中使用及將其個人資料提供予其他人士”部份)，請在下列方格內加上剔號(“✓”)，本公司將不會使用閣下的個人資料作為直接促銷用途。] [Important: If you do not agree to the use and provision of your personal data for direct marketing as set out in the section “Use and provision of personal data in direct marketing”, please tick the box below and we will not use your personal data for direct marketing.]

本人/我們不同意貴公司根據“收集個人資料的聲明”使用和轉移本人/我們的個人資料作直接促銷用途(參閱“在直接促銷中使用及將其個人資料提供予其他人士”部份)及並不願意接收任何貴公司的推廣及直接促銷的材料。I/We do not agree with the use and provision of my/our personal data for direct marketing purposes as set out above in the Personal Information Collection Statement (see “Use and provision of personal data in direct marketing”) and do not wish to receive any promotional and direct marketing materials.

投保人簽署 Applicant’s Signature  
(請勿於空白投保書上簽署 Do not sign a blank form)

日期 Date  
(日/月/年 dd/mm/yyyy)

^ 保單已按適用之徵費率徵收保險業監督局的有關徵費。欲了解更多詳情，請瀏覽www.axa.com.hk/ia-levy或致電AXA安盛(852) 2523 3061。

^ Levy collected by the Insurance Authority has been imposed on this policy at the applicable rate. For further information, please visit www.axa.com.hk/ia-levy or contact AXA at (852) 2523 3061.

## 營業員資料 AGENT DETAILS

|                     |                       |                   |
|---------------------|-----------------------|-------------------|
| 姓名<br>Name          | 代理人編號<br>Agent Code   | 一般保險編號<br>GI Code |
| 聯絡電話<br>Contact No. | 電郵地址<br>Email Address |                   |

「註：本中文簡譯，概以英文原文為準」