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.

申請表 Application Form

經紀業務適用
For Broker Business

「卓越」豐盛優遊樂 **Smart***Traveller* Plus

（由2024年3月18日起生效 Effective from 18 March 2024）

你必須在此申請表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.

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

申請人是指以代理的身分，代表作為委托人的各保單持有人申請本保單。保單持有人是指受保人、或若受保人是兒童，保單持有人則指受保人的父母或合法監護人。
The applicant is the person who applies for the Policy as agent for and on behalf of each Policyholder as principal. The Policyholder is the Insured Person, or if the Insured Person is a Child, the Insured Person's parent or Legal Guardian.

姓* Surname	名* Given Name	稱謂* Salutation ☐ 小姐/女士 Miss/Ms. ☐ 先生 Mr.
香港身份證**或**護照號碼及國籍* HKID No. **OR** Passport No. and Nationality	出生日期(日/月/年)* Date of Birth (dd/mm/yyyy) 日 dd / 月 mm / 年 yyyy	
通訊地址* Correspondence Address		☐ 香港 HK ☐ 九龍 KLN ☐ 新界 NT
電郵地址* Email Address	手提電話* Mobile No.	

公司資料 COMPANY DETAILS（只適用於以公司名義作為申請人 Applicable if the Applicant is a business entity/company）

公司名稱(與商業登記證相同)* Company Name (as on Business Registration)	商業登記證號碼* Business Registration Certificate No.	業務性質 Business Type
公司地址* Company Address	☐ 香港 HK ☐ 九龍 KLN ☐ 新界 NT	公司電話 Office No.
電郵地址* Email Address	聯絡人姓名* Name of Contact Person	聯絡人手提電話* Contact Person's Mobile No.

投保細則 INSURANCE COVER

計劃選擇 Select Plan: ☐ 簡易計劃 Sliver Plan ☐ 精選計劃 Gold Plan ☐ 優尚計劃 Platinum Plan

☐ 單次旅程(旅程最長為360日) Single Journey (Maximum 360 days for the journey)

旅遊類別 Type of Travel: ☐ 來回 Round Trip ☐ 單程 One Way

(若受保人只投保單段旅程，保險保障的終止為原定到達最終目的地國家7日後或保單上原本聲明的受保期屆滿以較早者為準。)
(For Insured Person not returning to Hong Kong, cover terminates no later than 7 days from scheduled time of arrival at the country of final destination or expiry of the original declared period of insurance whichever is the earlier.)

△ 保險期 Period of Insurance 由 From 日 dd / 月 mm / 年 yyyy 至 to 日 dd / 月 mm / 年 yyyy 合共 Total No. of Days _____ 日

受保人在保單保險期生效日的年齡必須為30日或以上。
Insured Person must be aged at 30 days or above on the start date of the Period of Insurance of the Policy.

☐ 全年保障(每次旅程最長為90日) Annual Cover (Maximum 90 days for each journey)

旅遊類別 Type of Travel: ☐ 個人 Individual ☐ 家庭 Family

△ 保險期 Period of Insurance 本保單由 Policy effective from 日 dd / 月 mm / 年 yyyy 起一年內有效 for one year

受保人在保單最初生效日前必須為75歲或以下，並可續保至80歲。
Insured Person must be at or below 75 years of age on the policy effective date, and renewal is allowed up to the age of 80 years old.

△ 此保單所提供的保障，必須在安盛保險有限公司(本公司)確定接納投保後，及收妥保費後，才能正式生效。本公司曾簽發的暫保單者則除外。
The liability of AXA General Insurance Hong Kong Limited (the "Company") does not commence until this application has been accepted by the Company and the premium is received, except as provided by any official certificate issued by the Company.

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
www.axa.com.hk

自選保障 OPTIONAL COVER

只適用於全年保障 Only applicable to Annual Cover

A1. 中國內地住院按金保證保障 Mainland China Hospital Deposit Guarantee Benefit ☐ 是 Yes ☐ 否 No

• AXA 安盛中國內地住院按金保證卡 AXA Mainland China Hospital Deposit Guarantee Card

適用於精選計劃及優尚計劃 Applicable for Gold Plan and Platinum Plan

A2. 升級兒童保障 – 升級醫療及相關費用及人身意外保額 ☐ 是 Yes ☐ 否 No

（只適用18歲以下兒童而其父母/合法監護人必須為本保單受保人之一）

Enhanced Medical and related Expenses and Personal Accident Benefit for Child(ren)

(Only Applicable to child(ren) under 18 years old and his/her parent/legal guardian must be one of the insured persons of this policy)

• 提升18歲以下受保子女的保障，讓子女享有100%的第一節醫療及相關費用賠償額及50%的第三節或第A3節（以適用者為準）意外身故賠償額
Upgrade Section 1 Medical and Related Expense to 100% & Accidental Death under Section 3 or Section A3 (whichever is applicable) Personal Accident for Insured Child(ren) aged under 18 to 50% of selected plan

適用於精選計劃及優尚計劃 Applicable for Gold Plan and Platinum Plan

A3. 人身意外升級保障 Enhanced Personal Accident ☐ 是 Yes ☐ 否 No

只適用於單次旅程 Only applicable for Single Journey

B. 郵輪旅程升級保障 Enhanced Cruise Benefit ☐ 是 Yes ☐ 否 No

如投保全年保障，請聯絡您的保險顧問 If apply for Annual Cover, please contact your financial consultant

受保人資料 DETAILS OF THE PERSON(S) TO BE INSURED

投保人是否為申請人？（如答案為「是」，毋須填寫受保成人(1)） ☐ 是 Yes ☐ 否 No
Is the Applicant a person to be insured? (If "Yes", need not to fill in the details of Insured Adult (1))

全年保障家庭旅遊 — 於同一申請，至少一名受保成人及最多2名受保成人。
Annual Cover Family Travel – at least 1 insured adult and up to 2 insured adults.

若空位不敷應用，請另加紙張填寫。Should there be insufficient space, please continue in a separate sheet.

受保成人（18歲或以上） **Insured Adult (aged 18 or above)**	受保成人 Insured Adult (1)	受保成人 Insured Adult (2)	受保成人 Insured Adult (3)	受保成人 Insured Adult (4)
姓* Surname				
名* Given Name				
稱謂* Salutation	☐ 小姐/女士 Miss/Ms. ☐ 先生 Mr.	☐ 小姐/女士 Miss/Ms. ☐ 先生 Mr.	☐ 小姐/女士 Miss/Ms. ☐ 先生 Mr.	☐ 小姐/女士 Miss/Ms. ☐ 先生 Mr.
出生日期（日/月/年）* Date of Birth (dd/mm/yyyy)	日 dd / 月 mm / 年 yyyy	日 dd / 月 mm / 年 yyyy	日 dd / 月 mm / 年 yyyy	日 dd / 月 mm / 年 yyyy
香港身份證**或**護照號碼及國籍* HKID No. **OR** Passport No. and Nationality				

受保兒童（18歲以下） **Insured child(ren) (under 18 years old)**	受保兒童 Insured Child (1)	受保兒童 Insured Child (2)	受保兒童 Insured Child (3)	受保兒童 Insured Child (4)
姓* Surname				
名* Given Name				
稱謂* Salutation	☐ 小姐/女士 Miss/Ms. ☐ 先生 Mr.	☐ 小姐/女士 Miss/Ms. ☐ 先生 Mr.	☐ 小姐/女士 Miss/Ms. ☐ 先生 Mr.	☐ 小姐/女士 Miss/Ms. ☐ 先生 Mr.
出生日期（日/月/年）* Date of Birth (dd/mm/yyyy)	日 dd / 月 mm / 年 yyyy	日 dd / 月 mm / 年 yyyy	日 dd / 月 mm / 年 yyyy	日 dd / 月 mm / 年 yyyy
	受保兒童是否與作為本申請受保人之一的父母/法定監護人同行？* **The insured child is travelling with his/her parent/legal guardian who is one of the insured persons in this application?**			
是 – 適用於單次旅程或全年保障 **Yes – Applicable for Single Trip or Annual Cover**	☐ **是 Yes**	☐ **是 Yes**	☐ **是 Yes**	☐ **是 Yes**
受保成人姓名（其為本申請的受保人之一）* Name of the Insured Adult (who is one of the insured persons in this application)				
否 – 只適用於單次旅程 **No – only applicable for Single Trip**	☐ **否 No**	☐ **否 No**	☐ **否 No**	☐ **否 No**
香港身份證**或**護照號碼及國籍* HKID No. **OR** Passport No. and Nationality				
家長或合法監護人英文姓名* English name of Parent/Legal Guardian				
家長或合法監護人身份證或護照號碼* HKID card or Passport No. of Parent/ Legal Guardian				

- 受保兒童是30天或以上及18歲以下的人。Insured child(ren) aged between 30 days and under 18.
- 12歲以下的兒童的旅程，必須由成人一起陪同。Child(ren) aged under 12 must be accompanied by an adult during the journey.
- 「合法監護人」是憑藉未成年人監護條例（香港法例第13章）所委任或充任的監護人。"Legal Guardian" is a guardian appointed under or acting by virtue of the Guardianship of Minors Ordinance (Cap. 13 of laws of Hong Kong).

保費表（港元） PREMIUM TABLE (HKD)

基本保費 BASIC PREMIUM

	計劃 Plan / 日 Day	簡易計劃 Silver Plan	精選計劃 Gold Plan	優尚計劃 Platinum Plan
單次旅程 Single Journey	1	179	242	306
	2	179	242	306
	3	179	242	306
	4	208	290	389
	5	245	345	456
	6	276	402	511
	7	312	456	562
	8	346	511	600
	9	375	561	656
	10	404	608	712
	11	433	655	779
	12	456	713	835
	13	479	754	881
	14	510	794	928
	15	540	837	975
	16	573	879	1021
	17	610	921	1071
	18	627	959	1116
	19	643	1000	1163
	20	653	1041	1210
	21	676	1077	1259
	22	696	1100	1290
	23	710	1124	1318
	24	732	1146	1344
	25	755	1170	1372
	26	772	1192	1398
	27	789	1216	1435
	28	805	1238	1465
	29	822	1262	1496
	30	837	1283	1529
	額外每日 Each additional day	18	29	29
全年保障 Annual Cover	個人 Individual	2285	3000	3630
	家庭 Family	4570	6000	7260

自選保障保費 OPTIONAL COVER

註：自選保障一經選擇，應用於各位適用受保人。
Remark: The optional cover selected will be applied to every eligible insured.

只適用於單次旅程 Only applicable for Single Journey

日 Day	自選保障 B - 郵輪旅程升級保障 Optional B - Enhanced Cruise Benefit
1	180
2	180
3	180
4	210
5	250
6	280
7	320
8	370
9	390
10	410
11	460
12	490
13	510
14	540
15	560
16	590
17	620
18	650
19	660
20	670
21	690
22	720
23	740
24	770
25	800
26	820
27	850
28	870
29	900
30	930
額外每日 Each additional day	25

自選保障保費 OPTIONAL COVER

註: 自選保障一經選擇，應用於各位適用受保人
Remark: The optional cover selected will be applied to every eligible insured.

適用於全年保障
Applicable to Annual Cover only

A1. 中國內地住院按金保證保障
Mainland China Hospital Deposit Guarantee Benefit

每位受保人 100 港元
HKD 100 per insured person

適用於精選計劃及優尚計劃
Applicable for Gold Plan and Platinum Plan

A2. 升級兒童保障 – 升級醫療及相關費用及人身意外保額
（只適用於 18 歲以下與其父母 / 合法監護人必須為本保單受保人之一）
Enhanced Medical and related Expenses and Personal Accident Benefit for Child(ren)
(Only applicable to child(ren) under 18 years old and his/her parent/legal guardian must be one of the insured persons of this policy)

參閱保費表
（每位受保子女為成人保費）
Please Refer to Premium table
(Adult premium per insured child)

只適用於精選計劃
Only applicable for Gold Plan

A3. 人身意外升級保障
Enhanced Personal Accident

額外繳付 20% 保費
Paying 20% additional premium

只適用於單次旅程
Only applicable for Single Journey

B. 郵輪旅程升級保障
Enhanced Cruise Benefit

參閱保費表
Please Refer to Premium table

保費（港元） PREMIUMS (HKD)

基本保費 Basic Premium: _____

自選保障 A1 保費 Optional Cover A1 Premium: _____

自選保障 A2 保費 Optional Cover A2 Premium: _____

自選保障 A3 保費 Optional Cover A3 Premium: _____

自選保障 B 保費 Optional Cover B Premium: _____

保費 Premium: _____

保費及徵費^ Premium and Levy^: _____

單次旅程：上述的成人保費，適用於非與其父母 / 法定監護人一同旅遊的受保兒童。而與父母 / 法定監護人一起投保的同行受保兒童，將獲免費保費。
Single journey: for child(ren) is/are not travelling with his/her/their parent/legal guardian, the adult premium shown above is applicable. For insured child(ren) is/are travelling with his/her/ their parent/legal guardian in this application, the premium for insured child(ren) is free.

付款方法 PAYMENT METHOD

本人選擇以下列方式繳交保費及徵費^ 港幣 元正
I wish to pay my premium and levy^ HKD _____ by

☐ 支票抬頭請填「**安盛保險有限公司**」Cheque payable to **AXA General Insurance Hong Kong**

☐ VISA卡 ☐ 萬事達卡 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^：
Credit Card holder please authorise your Credit Card on our Digital Payment Authorisation Portal for premium and levy^ 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 | | | | | | | | | | |

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)

自動續保 – 直接付款授權（只限全年保障）AUTO-RENEWAL – DIRECT DEBIT AUTHORISATION (FOR ANNUAL COVER ONLY)

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.

重要通知：為確保您和您的摯愛時刻受到保障，您的「卓越」豐盛優遊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^。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所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」豐盛優遊樂保單自動續保，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 SmartTraveller Plus policy will be renewed automatically every year and we will debit the renewal premium and levy^ from the Credit Card Account you provide below (including renewed, replaced and substituted credit card). 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 SmartTraveller 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.

☐ 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**自動續保**收取保費及徵費^。
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^ payments upon policy renewal for **auto-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^。
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^ of this policy (including its renewal) by debiting his/her credit card account.

申請人須知 IMPORTANT NOTES TO APPLICANT

1. 必須在旅程出發日前180天內提出申請。
   Application must be made within 180 days before the departure date of travel.
2. 此項保險只適用於由本港出發的旅程。
   This insurance is only valid for travel originating from Hong Kong.
3. 保費須連同投保書一併繳交。
   Payment must accompany this application.
4. 保單簽發生效後概不發還保費（全年保障則除外）。
   No refund premium is allowed once the insurance policy has been issued (except Annual cover).
5. 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/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/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.

聲明 DECLARATION

1. 本人謹此聲明本人獲得列於本申請上各受保人(統稱「所有受保人」，個別則稱為「每位受保人」)及於申請所列小童之父母或法定監護人正式授權代他/她/他們申請「卓越」豐盛優遊樂及作出以下聲明。本人亦同時聲明每位受保人，包括於申請所列小童之父母或法定監護人，已同意本申請內及各項聲明之下的內容，而該受保人，包括於申請所列小童之父母或法定監護人，就所有有關內容給予同意，乃該人士獲得保障的先決條件。(此項聲明不適用於申請人只為他/她本人申請保險。)
   I hereby declare that I have been duly authorised by each of the persons covered under this application (together, the "Insured Persons" and each an "Insured Person"), including parent or legal guardian of the child(ren) mentioned in this application, to apply for SmartTraveller Plus and to make the following declarations for and on his/her/their behalf. I also hereby declare that each of the Insured Persons including parent or legal guardian of the child(ren) mentioned in this application has agreed to the information under this application including under these Declarations, and that it is a condition precedent to obtaining coverage for each such person that such Insured Person including parent or legal guardian of the child(ren) mentioned in this application has agreed to all such information. (This declaration is inapplicable to an applicant applying for his/her own insurance only.)
2. 本人，並代表每位受保人，包括於申請所列小童之父母或法定監護人，現於香港特別行政區境內申請「卓越」豐盛優遊樂，該保險被當作並接受為構成每名上述受保人的個別保險，而且本人聲明，申請內的各項陳述及細節均屬真實無訛及完整，且本申請將會成為安盛保險有限公司(「AXA安盛」)承保保障每位受保人的保險合約的依據。本人/每位受保人，包括於申請所列小童之父母或法定監護人，均明瞭及同意申請須獲批核及在AXA安盛收到保費及徵費後，保險才可生效。
   I, and on behalf of each of the Insured Person(s), including parent or legal guardian of the child(ren) mentioned in this application, hereby apply for SmartTraveller Plus within Hong Kong Special Administrative Region, deemed and accepted to constitute separate insurance in respect of each such Insured Person, declare that the statements and particulars given in this application are to the best of the knowledge and belief of each of the Insured Person(s), including parent or legal guardian of the child(ren) mentioned in this application, true and complete and that this application will form the basis of the contract of insurance underwritten by AXA General Insurance Hong Kong Limited ("AXA") covering each Insured Person(s). I/Each of the Insured Person(s), including parent or legal guardian of the child(ren) mentioned in this application understand(s) and agree(s) that no insurance will be effected until the application is approved and the premium and levy are received by AXA.
3. 本人，並代表所有受保人，包括於申請書所列小童之父母或法定監護人，確認(i)所有成人受保人的年齡為18歲或以上；(ii)所有小童受保人的年齡為18歲以下；(iii)以上(i)及(ii)所述人士均為香港特別行政區居民或持有效護照人士，並從未被拒絕受理投保旅遊保險。
   I, and on behalf of the Insured Person(s), including parent or legal guardian of the child(ren)mentioned in this application, confirm that (i) all adult(s) Insured Person(s) are aged 18 or above; (ii) all child(ren) Insured Person(s) are under 18 years old; and (iii) all persons described in (i) and (ii) above are either residents of the Hong Kong Special Administrative Region or that they hold valid passports and have never been denied travel insurance.
4. 本人會通知所有年滿18歲或以上的受保人有關本保單的簽發及有效性；
   I shall inform all Insured Persons, who are aged 18 or above, about the issuance and effectiveness of this policy;
5. 本人，並代表所有受保人，包括於申請所列小童之父母或法定監護人，特此聲明本人/所有受保人並未有任何日本地址或住所。
   I, and on behalf of the Insured Person(s), including parent or legal guardian of the child(ren) mentioned in this application, hereby declare that I/ We do not have any address or residence in Japan.
6. 本人，並代表所有受保人，包括於申請所列小童之父母或法定監護人，謹此聲明：
   I, and on behalf of the Insured Person(s), including parent or legal guardian of the child(ren) mentioned in this application, hereby declare that:
   a. 本人已細閱並明白所申請的保單之產品說明書，條款及細則；
      I have read and understood the product brochure and terms and conditions of the policy applied for.
   b. 本人會向貴公司申報，自填寫投保至保單簽發期間，有關任何受保人的資料及重要事實之轉變；
      I shall disclose to AXA any change and/or material facts of all Insured Persons that occur after filling in this application but before the policy is issued.
   c. 所有受保人均保證其旅程絕無違反醫生的勸諭，非以治療或移民為目的，亦不會在旅遊期間參與任何體力勞動的活動；
      The Insured Persons are not travelling contrary to the advice of any medical practitioner, for the purpose of obtaining medical treatment or for migration , or engaging in any manual work during the travel period.
   d. 所有受保人從未遭受任何保險公司拒絕受理投保、續保或取消旅遊保險或要求提高保費及附加特別條件始允承保；
      No insurer has ever cancelled, declined, refused to renew or imposed additional premium or special terms or conditions on any travel insurance covering the Insured Person(s).
   e. 公司可以僅以通過電子方式與我/我們聯繫；
      AXA can contact me/us merely by electronic means.
   f. 本人被授權並有權代表所有受保人申請和管理本保單；
      I am authorized and have right to apply for and administer this policy for and on behalf of all Insured Persons.
   g. 旅程必須由香港出發；
      The journey must originate from Hong Kong.
   h. 沒有可根據擬議保險單的條款提出保險索賠之發生或據稱發生過的任何損失，事件，事故或其他情況或事件。
      No losses, occurrences, accidents or other circumstances or events have occurred or were alleged to have occurred, for which a claim for coverage could be made under the terms of the proposed insurance policy.
   i. **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 have appointed a broker in this insurance application) I understand, acknowledge and agree that, as a result of my 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 am a body corporate, the authorized person who signs on my behalf further confirms to the Company that he or she is authorized to do so. I further understand that the above agreement is necessary for the Company to proceed with the application.

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(無論是否與就由本公司及/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人、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名的其他人士)、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中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：

1 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；
2. 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)：
   a) 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；
   b) 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；
3. 以上服務及產品將會由本公司及/或以下機構提供：
   a) 任何安盛關聯方；
   b) 第三方金融機構；
   c) 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；
   d) 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；
4. 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作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:

1. 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;
2. 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:
   a) insurance, banking, provident fund or scheme, financial services, securities and related products and services;
   b) 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;
3. the above products and services may be provided by the Company and/or:
   a) any of our affiliates;
   b) third party financial institutions;
   c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in 2 above;
   d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities
4. 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.

申請人簽署 Applicant's Signature (如適用者，請連同公司蓋章 with Company Chop if applicable) (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/yy)

^ 保單已按適用之徵費率徵收保險業監管局的有關徵費。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.

「註：本中文簡譯，概以英文原文為準」