

「平安卡」意外急救醫療保險申請書

“Accidental Emergency Medical & Hospitalization Insurance” Proposal Form

被保險人資料 Personal Information of Insured

被保險人姓名

Name of Insured : _____ (英文 English) _____ (中文 Chinese)

出生日期 Date of Birth : _____ 年齡 Age : _____ 性別 Sex : _____

香港地址

Hong Kong Address : _____

電話 Tel No. : _____

緊急聯絡人 Emergency Contact Person : _____ 電話 Tel No. : _____

回鄉証(卡)/旅遊證件號碼 China Re-entry Permit / Passport No.: _____

受益人 (人身意外保障)

Beneficiary (Personal Accident) : _____ 關係 Relationship : _____

保障地區

中國大陸 (金卡)

廣東、福建及海南省 (銀卡)

Territorial Scope Mainland China (Gold Card)

Guangdong, Fujian and
Hainan Province (Silver Card)

保險年期及保費 Period of Insurance and Premium

一年期 1 year period HK\$600.00 一年期 1 year period HK\$350.00

兩年期 2 years period HK\$1,000.00 兩年期 2 years period HK\$600.00

三年期 3 years period HK\$1,400.00 三年期 3 years period HK\$850.00

起保日期

Effective Date : _____

繳費辦法 Payment Method

劃線支票 (祈付:「中國平安保險(香港)有限公司」)

Cheque Enclosed (Please made payable to “China Ping An Insurance (Hong Kong) Co., Ltd.”)

信用卡支付 Credit Card

本人茲授權「中國平安保險(香港)有限公司」直接從本人下列之信用卡帳號支付
保險年費,扣除港幣_____元正。

I hereby authorize “China Ping An Insurance (Hong Kong) Co., Ltd.” to withdraw

HK\$_____ being payment of the Premium from my credit card account.

VISA 威士卡

MASTERCARD 萬士達卡

信用卡號碼 Credit Card No. : _____

持卡人姓名

有效日期

(月/年)

Name of Cardholder : _____ Expiry Date : _____ (Month/Year)

持卡人簽署 Signature of Cardholder : _____ Date 日期 : _____

必須與信用卡之姓名及簽署式樣相同)

(Signature should correspond to the specimen signature of your credit card)

收集個人資料聲明

閣下提供的資料，為本公司提供保險業務所需，並可能使用於下列目的：

- 任何與保險及財務有關之產品或服務，或該等產品或服務的任何更改、變更、取消或續期；
- 任何索償或索償分析；及

可能移轉予：

- 現存或不時成立的任何有關的公司，或任何其他從事保險或與保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，或任何保險公司的協會或聯會。
- 任何人士/機構，用以達致上述之目的，或用以在保險業內作資料核實之用途。

閣下有權查閱及要求更正由「中國平安保險（香港）有限公司」持有有關閣下的個人資料。如有此項要求或查詢，請來函或聯絡本公司行政主任提出。

Personal Information Collection Statement

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of:

- any insurance or financial related product or service or any alterations, variations, cancellation or renewal of them;
- any claim or analysis of it; and

may be transferred to:

- any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation or other services provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time.
- any person/organization to fulfill any of the above purposes and/or for the purpose of data verification within the insurance industry.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by China Ping An Insurance (Hong Kong) Co., Ltd. Request for such access can be made to the Administration Officer of the Company.

聲明及簽署

本人清楚明白：

1. 任何非因意外事故所引致之急救醫療費用，本保險概不負責。
2. 若參加各種職業性競賽所引致的意外受傷之急救醫療費用均不屬受保範圍。
3. 所有超出保險金額以外之急救醫療費用概由被保險人自行負責支付。
4. 此計劃之保障將在「中國平安保險（香港）有限公司」收到並接納此投保書日起計七日後開始正式生效。而一切之保險條款均以「中國平安保險（香港）有限公司」簽發之保險單為準。

Declaration and Signature

I fully understand that:

1. The Insurance shall not cover the reimbursement of any medical expenses incurred not resulting from an accident.
2. The Insurance shall not cover any medical expenses incurred resulting from accidents caused by the participation of the Insured in any competitions and hazardous sports.
3. The Insured shall be liable for medical expenses incurred exceeding the maximum limit of the benefits or/and not covered.
4. The Insurance cover of the Policy shall become effective 7 working days after the “China Ping An Insurance (Hong Kong) Co., Ltd.” has received and accepted this application and all terms and conditions shall be based on the Insurance Policy issued by China Ping An Insurance (Hong Kong) Co., Ltd.

被保險人簽署：_____

Signature(s) of Insured

日期：_____

Date

特許代理/經紀：_____

Authorized Agent / Broker