亞 洲 保 險
Asia Insurance

永恆 Forever Care

Care Forever Proposal Form
「健永恆」醫療保險投保書

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Please complete the form in block capitals and tick ☑ the appropriate boxes. 請以英文正楷填寫表格，並在適當的空格內填上 ☑ 號

(I) Proposed Insured's Particulars 投保人資料

Name of Proposed Insured (Chinese) 投保人姓名（中）	(Eng)（英）	Date of Birth (dd/mm/yy) 出生日期（日/ 月/ 年）
Occupation / Job Nature 職業/ 工作性質	Home Tel. 住宅電話	Mobile 手提電話
Correspondence Address 通訊地址		E-mail Address 電郵地址
		No of Children 子女數目

(II) Persons to be covered (including the Proposed Insured) 受保人仕資料（包括投保人本人）

Insured Persons 受保人仕	Relationship to Insured 與投保人關係	I.D. No. / Passport No. 身份證/ 護照號碼	Date of Birth (dd/mm/yy) 出生日期 (日/ 月/ 年)	Sex 性別	Height 身高 (m 米)	Weight 體重 (kg 千克)	Occupation 職業	Place of Residence 居住地
Insured 投保人	Self 本人							
	Spouse 配偶							
	Child 1 第一名子女							
	Child 2 第二名子女							
	Child 3 第三名子女							

註：如居住地為香港或澳門以外地方，請於投保時聲明。Remarks: Please declare the Place of Residence if other than HK or Macau.

(III) Participation Plan Details 參與保障計劃

☐ Asia Plan 亞洲計劃 ☐ Worldwide Plan 全球計劃 ☐ Monthly 月付保費 ☐ Out-Patient 門診 ☐ Annual 年付保費

Insured Persons 受保人仕	Plan 1 計劃1	Plan 2 計劃2	Plan 3 計劃3	Deductible 自負額	Total Premium 保費總額
Insured 投保人	☐	☐	☐	HK$	HK$
	☐	☐	☐	HK$	HK$
	☐	☐	☐	HK$	HK$
	☐	☐	☐	HK$	HK$
	☐	☐	☐	HK$	HK$
				Total:	HK$

(IV) All persons included in this application must answer the following questions 所有受保人仕必須回答下列問題

1. Have you suffered from or been treated for any of the following disorders/diseases? If "Yes", please tick the appropriate items below. ☐ Yes 是 ☐ No 否
您是否曾感染下列疾病或接受有關治療？若「是」，請於下列適當空格內劃上「✓」號。

- ☐ Stone or Kidney diseases 腎石或腎病
- ☐ Ulcer of any kind 各類型潰瘍病
- ☐ Cancer or tumours of any kind 各類型癌症或腫瘤
- ☐ Asthma or respiratory diseases 氣喘病或呼吸疾病
- ☐ Mental disorder or psychiatric problems / diseases 精神病
- ☐ Venereal diseases 性病
- ☐ Arthritis 關節炎
- ☐ Malaria 瘧疾
- ☐ Hemorrhoids 痔瘡
- ☐ Varicose Veins 靜脈曲張
- ☐ Hernia 疝氣
- ☐ Deviated nasal septum (or turbinates) 鼻中隔或鼻甲骨偏側
- ☐ Hallux Valgus 拇趾外翻
- ☐ Diabetes 糖尿病
- ☐ Hypertension 高血壓
- ☐ Cardio vascular or circulatory diseases 心臟血管或循環系統疾病
- ☐ Thyroid diseases 甲狀腺病
- ☐ Spinal or muscular skeletal conditions diseases 脊椎或肌肉及骨骼病
- ☐ Rheumatic Fever 風濕熱
- ☐ Epilepsy 癲癇
- ☐ Infection by Human Immunodeficiency Virus (HIV) 後天免疫力缺乏症病毒感染
- ☐ Gout 痛風
- ☐ Anal Fistulae 肛瘻
- ☐ Alcoholism or drug addiction 酗酒或藥癮
- ☐ Hepatitis B 乙型肝炎
- ☐ Others 其他

For Female Only:
只適用於女性：

- ☐ Gynecological conditions 婦科疾病
- ☐ Diseases/complications or conditions associated with pregnancy 與妊娠有關之疾病或其併發症

Please attach complete details for any other disorders/disease not listed here.
任何以上未提及之其他疾病，請附上詳細資料。

2. Have you ever had any medical, hospitalization, accident, critical illness or life insurance application, benefit reinstatement or renewal rejected or policy cancelled, rated or restricted?
你曾否在投保醫療、住院、意外、危疾或人壽保險時被拒絕，或有關保單曾被取消、增加保費或附加限制？
☐ Yes 是 ☐ No否

3. Have you ever been in a hospital for surgery or medical treatment, or undergone any medical check-up or examination (except for routine health screen) or diagnostic tests carried out on the recommendation of a doctor within the past five years (including but not limited to ultrasogram, electrocardiogram, barium meal examination)?
在過去五年內你曾否在醫院接受手術、藥物治療、醫療檢查或由醫生建議進行診斷性檢驗，包括但不限於超聲圖、心電圖、鋇餐檢查？
☐ Yes 是 ☐ No否

4. Are you currently under observation or taking any treatment or medication?
你是否現正接受健康診察、治療或服用藥物？
☐ Yes 是 ☐ No否

5. Have you ever been covered by our company's medical insurance plan?
你曾否於本公司投保醫療保險？
☐ Yes 是 ☐ No否

If "Yes", please state policy no.:
如答案為「是」，請註明保單編號：____________________

If the answer to any of the above questions 1 to 4 is "Yes", please provide full details in the following table. (If the space provided is insufficient, please use a separate sheet.) 若上述一至四項問題的答案為「是」者，請詳述於下列空格內。(若空位不足，請以另頁詳加說明)

(V) Please provide name and address of the most recent physician that you or any insured person consulted. Please also provide the date and diagnosis for the last consultation.
請閣下或任何受保人仕提供最近期診治的醫生姓名及地址，並有關診治的日期及斷症。

Name of Person Treated 病者姓名	Name of Physician 主診醫生姓名	Address of Physician 主診醫生地址	Date of Consultation (dd/mm/yy) 診症日期 (日/ 月/ 年)	Diagnosis 病症

(VI) Declaration 聲明

IT IS UNDERSTOOD AND AGREED:
(1) that all answers to all questions are to the best of my knowledge and belief complete and true.
(2) that all answers to such questions, together with this agreement, shall form the basis and become a part of any policy issued hereunder; and
(3) only the Chief Executive Officer, Manager or Secretary of Asia Insurance Co., Ltd. can make, modify, alter, discharge or waive any of the Company's rights or requirements.
(4) Any personal information collected by the Company may be used, stored or disclosed to any individual or organization to evaluate this application, or to provide subsequent services. Requests for personal data access or correction may be addressed to Data Protection Officer of the Company.
(5) I declare and agree that the insurance will not be inforce until the application has been accepted by the Company and the premium has been paid.
I hereby authorized any licensed physician, hospital, clinic or other medical or medically related facility, insurance company, institution or persons, that has any records or knowledge of me or any member listed above, to give to Asia Insurance Co., Ltd. any such information. To facilitate rapid submission of such information, I authorize all said sources to give such records or knowledge to agent of the insurance company to collect and transmit such information. A photographic copy of this authorization shall be valid as the original.

本人明白及同意：
(1) 此投保書內之陳述與回覆全部屬實及詳盡；
(2) 該陳述與回覆及此投保書將成為簽發保單之依據及成為保單契約之一部份；
(3) 保單契約之簽發，更改或貴公司之任何權利或要求之撤銷，須經貴公司之行政總裁，經理或秘書簽署方屬有效。
(4) 亞洲保險有權運用，保存或透露本人之個人資料予任何人仕或機構，用以審核此項申請，或提供有關服務。若需查閱或更正個人資料，請聯絡亞洲保險的資料保護主任。
(5) 本人聲明及同意，保障需在貴公司覆核、接納申請表及已收妥保費後才能生效。
本人授權任何內外科醫生、醫院、診所、保險公司或任何組織，及凡熟識本人或上述投保人之家屬之健康情況之人均可以將該過往之病狀、病歷詳細資料供給亞洲保險有限公司或其代表。此授權書之影印本亦屬有效。

Date 日期	Signature of Proposed Insured 投保人簽署

(VII) Payment Method 付款方法

I wish to pay my premium HK$ ____________________ by
本人選擇以下方式繳交保費港幣 元正

☐ Cheque payable to Asia Insurance Company Limited 支票抬頭請填「亞洲保險有限公司」

☐ Direct Debit 直接付款 (Please fill in the Direct Debit Authorization and arrange for submission of two(2) month's premiums by cheque.
請填妥直接付款授權書及以支票方式預先繳交兩個月之保費)

☐ VISA

Credit Card No 信用咭號碼 _____ - _____ - _____ - _____ Credit Card Expiry Date 信用咭有效期至 月 mm _____ - 年 yyyy _____

Cardholder's Name 持咭人姓名 ____________________

本人授權亞洲保險有限公司從本人上述的信用咭賬戶支取有關保險保單的保費。
I hereby authorize Asia Insurance Company Limited to charge my above credit card for the insurance premiums of this insurance policy.

Date 日期	Cardholder's Signature 持咭人簽署

Authorized Agent 特許代理 VWHK	For Office Use Only 本公司專用