

中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

香港北角京華道18號15樓
 15/F., 18 King Wah Road, North Point, Hong Kong

Tel: (852) 2815 1551 Fax: (852) 2541 6567 E-mail: info@hk.cntaiping.com Website: www.hk.cntaiping.com Customer Service Hotline: (852) 3716 1616

Taiping Voluntary Health Insurance Scheme Application Form

太平自願醫療保險計劃投保申請表格

Plan Certification Number 產品註冊編號: S00016-01-000-02

Important Note 重要事項:

You shall disclose personal information and all material facts in this *Taiping Voluntary Health Insurance Scheme Application Form* (Application Form), which shall form the basis of the contract made between CHINA TAIPING INSURANCE (HK) COMPANY LIMITED (the Company) and you, otherwise the policy issued may be void or voidable. If you are in doubt whether a fact is material, please disclose it in this Application Form as well.

閣下必須在此「太平自願醫療保險計劃投保申請表格」(投保申請表格)上披露個人資料及所有重要事實,作為閣下與中國太平保險(香港)有限公司(本公司)訂立合約之根據,否則已簽發之保單或將無效或可使無效。如閣下不確定某項事實是否重要,也請將其投保申請表格上披露。

Please complete this Application Form in CHINESE / ENGLISH WITH BLOCK LETTERS and tick✓ the appropriate box below.

請以中文/英文正楷填寫此投保申請表格,並於下列適當的方格勾選✓。

Particulars of Proposer 投保人資料 (Proposer must be aged 18 or above 投保人必須年滿18歲或以上)

1. English Name 英文姓名 Surname 姓 <input style="width: 100%;" type="text"/> Given Name 名 <input style="width: 100%;" type="text"/>	2. Chinese Name 中文姓名 <input style="width: 100%; height: 40px;" type="text"/>
3. Document Type 證件類別 <input type="checkbox"/> HKID Card 香港身份證 (mandatory for Hong Kong Residents 香港居民必須提供) Document No. 證件號碼 <input type="checkbox"/> Mainland ID Card 內地身份證 <input type="checkbox"/> Passport 護照 <input style="width: 100%;" type="text"/>	4. Sex 性別 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
5. Date of Birth 出生日期 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> DD日 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> MM月 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> YYYY年	6. Mobile No. 手提電話 <input style="width: 100%;" type="text"/>
7. Home Tel 住宅電話 <input style="width: 100%;" type="text"/>	8. Nationality 國籍 <input type="checkbox"/> Hong Kong China 中國香港 <input type="checkbox"/> Mainland China 中國內地 <input type="checkbox"/> Macau China 中國澳門 <input type="checkbox"/> Other 其他 _____
9. Place of Residence 居住地(resided more than 185 days per year 每年居住超過185天) <input type="checkbox"/> Hong Kong China 中國香港 <input type="checkbox"/> Mainland China 中國內地 <input type="checkbox"/> Macau China 中國澳門 <input type="checkbox"/> Other 其他 _____	10. Marital Status 婚姻狀況 <input type="checkbox"/> Married 已婚 <input type="checkbox"/> Single 未婚 <input type="checkbox"/> Other 其他 _____
11. Personal E-mail Address 個人電郵地址 <input style="width: 100%;" type="text"/>	12. Name and Address of Employer 僱主名稱及地址 <input style="width: 100%; height: 40px;" type="text"/>
13. Occupation/Job Position 職業/職位 <input style="width: 100%; height: 40px;" type="text"/>	14. Job Nature 工作性質 <input style="width: 100%; height: 40px;" type="text"/>
15. Home Address 住宅地址 <input style="width: 100%; height: 40px;" type="text"/>	
16. Correspondence Address 通訊地址 (This address will be used for the delivery of the Premium Statement. 此地址將會用於寄送保費年結單) <input style="width: 100%; height: 40px;" type="text"/>	

Particulars of Proposed Insured Person 準受保人資料

1. Relationship with Proposer 與投保人關係 <input type="checkbox"/> Self 本人 <input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Child 子女# <input type="checkbox"/> Other, please specify 其他, 請註明 _____ # Refers to the legal child of the Proposer, including step child or adopted child, or guardian child 指投保人的合法子女, 包括繼子女、領養子女或監護子女。		
2. English Name 英文姓名 Surname 姓 <input style="width: 100%;" type="text"/> Given Name 名 <input style="width: 100%;" type="text"/>	3. Chinese Name 中文姓名 <input style="width: 100%; height: 40px;" type="text"/>	
4. Document Type 證件類別 <input type="checkbox"/> HKID Card 香港身份證 (mandatory for Hong Kong Residents 香港居民必須提供) Document No. 證件號碼 <input type="checkbox"/> Mainland ID Card 內地身份證 <input type="checkbox"/> Passport 護照 <input style="width: 100%;" type="text"/>	5. Sex 性別 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

6. Date of Birth 出生日期 <input type="text"/> <input type="text"/> DD日 <input type="text"/> <input type="text"/> MM月 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY年	7. Mobile No.手提電話	8. Home Tel 住宅電話
9. Nationality 國籍 <input type="checkbox"/> Hong Kong China 中國香港 <input type="checkbox"/> Mainland China 中國內地 <input type="checkbox"/> Macau China 中國澳門 <input type="checkbox"/> Other 其他 _____	10. Place of Residence 居住地(resided more than 185 days per year 每年居住超過185天) <input type="checkbox"/> Hong Kong China 中國香港 <input type="checkbox"/> Mainland China 中國內地 <input type="checkbox"/> Macau China 中國澳門 <input type="checkbox"/> Other 其他 _____	
11. Marital Status 婚姻狀況 <input type="checkbox"/> Married 已婚 <input type="checkbox"/> Single 未婚 <input type="checkbox"/> Other 其他 _____	12. Personal E-mail Address 個人電郵地址	
13. Name and Address of Employer 僱主名稱及地址	14. Occupation/Job Position 職業/職位	15. Job Nature 工作性質
16. Home Address 住宅地址		
17. Correspondence Address 通訊地址 (If mailing address is the same as home address, please skip this part. 如通訊地址與住宅地址相同，則無需填寫此欄)		

Important Note 留意事項：

The Insured Person must give written notice to the Company of any change of place of residence or occupation in time.
 如受保人變換居住地或職業，必須及時以書面通知本公司。

Choice of Cover 投保項目

Plan Selection 計劃選擇	<input type="checkbox"/> 標準計劃 Standard Plan
Premium Amount 保費金額	港幣 HKD

Payment Method 付款方法

<input type="checkbox"/> Cash 現金	Cash payment per policy are limited to a maximum of HKD120,000 or USD15,000. 現金繳付保費上限為每張保單120,000港元或15,000美元
<input type="checkbox"/> Bank Transfer 銀行轉賬	Please attach the Bank Receipt. 請連同銀行入數紙交回本公司
<input type="checkbox"/> Cheque / Bank Cashier's Order 支票 / 銀行本票 Bank Name 銀行名稱： _____ Cheque / Bank Cashier's Order No. 支票/銀行本票號碼：	Please attach a Cheque / Bank Cashier's Order made payable to: China Taiping Insurance (HK) Company Limited. 請連同支票/銀行本票交回本公司，支票/本票抬頭為：中國太平保險(香港)有限公司
<input type="checkbox"/> Credit Card 信用卡*	<input type="checkbox"/> VISA <input type="checkbox"/> MASTER 萬事達 <input type="checkbox"/> UNIONPAY 銀聯
<input type="checkbox"/> Credit Card Authorization 信用卡授權*	Please attach a completed Credit Card Payment Instruction and Authorization Form. 請連同填妥之 信用卡付款指示及授權書 交回本公司
<input type="checkbox"/> Autopay from Bank 銀行自動轉賬 (For renewal payment only 僅續保繳費適用)	Please complete the Direct Debit Authorization below. 請填妥後附的 直接付款授權書

* 3.5% Administration Fee will be charged for renewal. 續保時將收取3.5%行政費用。

Declaration 聲明

- (a) I/We hereby understand the Company shall debit the required initial premium from my payment method specified herewith for the insurance policy.
 本人/吾等明白 貴公司將從上述指定的付款方式收繳保單的首年保費。
- (b) I/We understand that once this Application Form is accepted, the policy will be automatically renewed each year. I/We understand that once I/we choose to pay the renewal premium by cash, credit card, cheque or bank transfer, annual renewal premium must be paid before the expiry of the grace period, otherwise this policy will not be renewed.
 本人/吾等明白此投保申請表格一經批核，保單便會每年自動續保。本人/吾等明白選擇以現金、信用卡、支票或轉賬方式繳交續保保費，全年續保保費必須於寬限期完結前繳交，否則本保單將不會續保。
- (c) I/We understand that once I/we choose to pay the renewal premium by Direct Debit Authorization (complete the Direct Debit Authorization below), the renewal premium will be paid automatically. I/We hereby authorize China Taiping Insurance (HK) Company Limited in using my/our bank account to pay the renewal premium under this policy, subsequent revised premium by endorsement(s) and all renewal premiums for each new policy year unless further written notice from me/us to China Taiping Insurance (HK) Company Limited.
 本人/吾等明白 若本人/吾等選擇以「直接付款授權書」方式(填寫後附的「直接付款授權書」)繳交續保保費，續保保費將被自動扣取。現授權中國太平保險(香港)有限公司從本人/吾等之銀行戶口繳交本保單應繳付的續保保費、其後背書所更改的保費以及每個新保單年度續保保費，除非本人/吾等有進一步的書面通知予中國太平保險(香港)有限公司。

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited
Bank Account for Reimbursement 支付賠償之銀行戶口

I/We hereby agree and authorize China Taiping Insurance (HK) Company Limited to reimburse claims payment to the account below.
 本人將同意並授權中國太平保險(香港)有限公司支付賠償款項於下述戶口。

Account Holder's relationship with Proposer 戶口持有人與投保人關係			
Reason for receiving claims payment on behalf of the Proposer 代投保人收取賠款的原因			
Document Type 證件類別	<input type="checkbox"/> HKID Card 香港身份證	<input type="checkbox"/> Mainland ID Card 內地身份證	<input type="checkbox"/> Passport 護照
Document No. 證件號碼			
Account Holder's Name 戶口持有人姓名	Bank Name 銀行名稱		
Bank No. 銀行編號	Branch Code 分行編號	Account No. 戶口號碼	

Important Note 重要事項

- (a) Claims payment shall be reimbursed by cheque, if no information of Bank Account for reimbursement is provided.
 如未能提供支付賠償之銀行戶口的資料，賠償款項將會以支票方式賠付。
- (b) Any claim for eligible expenses made by the Insured Person in any foreign currency shall be converted to HKD at the opening indicative counter exchange selling rate published by The Hong Kong Association of Banks in respect of that foreign currency for the date on which the actual eligible expenses are settled by the Proposer or the Insured Person. If such rate is not available on the date concerned, reference shall be made to the rate as soon as it is available afterwards. If no such rate exists, the Company shall convert the foreign currency at the rate certified as appropriate by the Company's bankers which shall be deemed to be final and binding.
 任何以外幣索償的合資格費用，必須按投保人或受保人支付實際合資格費用當日，該貨幣在香港銀行公會發布的貨幣開市參考賣出牌價兌換成港幣。若當日沒有可參考的兌換率，本公司將會參考緊接當日後的最新兌換率。若沒有該外幣的兌換率，本公司會以本公司使用的銀行認可兌換率作為最終的安排。

Underwriting Questionnaire 承保問卷
Important Note 重要事項

- (a) This Underwriting Questionnaire should be completed by the **proposed Insured Person**. (the Proposer shall fill out the Underwriting Questionnaire if the proposed Insured Person was unable to finish it independently).
 此承保問卷應由**準受保人**填寫。(若準受保人無法獨立完成，則由投保人代為填寫)。
- (b) This questionnaire collects health-related information solely for the purpose of underwriting which is a process for the Company to evaluate the health risk of the applicants and decide the application results. The underwriting process that the Company adopts should be fair and reasonable, and the Company should explain the application results if requested by the customers.
 此問卷收集與健康相關的資料僅作為核保之用途，而核保是本公司評估申請人之健康風險及決定申請結果的程序。本公司採用的核保程序應為公平合理，並會因應客戶要求解釋申請結果。
- (c) As the applicant, you are required to provide the Company with complete and accurate information requested in this questionnaire to the best of your knowledge and belief. Based on the information provided, the Company may have follow-up questions or enquiries that require you to provide further information for underwriting purpose.
 作為申請人，閣下需要盡其所知所信，按本問卷中要求向本公司提供完整及準確的資料。本公司根據閣下提供的資料，可能會提出跟進問題或查詢而需要閣下進一步提供資料以作核保之用。
- (d) If there are any changes to or updates of the information provided in this questionnaire after the time of submission of this application and before you receive the Policy, you are required to notify the Company in a timely manner.
 若閣下在提交本申請表後至閣下收到保單前的期間就本問卷中提供的資料有任何改變或更新，閣下需要及早通知本公司。
- (e) Even after an insurance policy has been issued upon successful application, the insurance coverage for you may be affected or the policy may be terminated, voided or rescinded, or claims may be repudiated by the Company, if you have not provided the Company with complete and accurate information to the best of your knowledge and belief according to (c), or if you have not notified the Company on any changes to or updates of the information in time according to (d).
 即使已成功投保並獲簽發保單，若閣下未按(c)所述盡其所知所信向本公司提供完整及準確的資料，或未按(d)所述就資料的任何改變或更新而及早通知本公司，閣下的保險保障可能會受到影響，本公司亦可能因此終止、作廢或撤銷有關保單，或拒絕賠償。

Part A – General Information 甲部 – 基本資料

If your answer to any of the questions 3 - 6 below is "Yes", please proceed to answer the relevant follow-up questions in Part C.
 若以下第3至6項任何一項問題之答案為「是」者，請於丙部回答相關的跟進問題。

1. Height 身高		centimetres (cm) 厘米	OR 或		feet / inches 呎 / 吋
2. Weight 體重		kilogrammes (kg) 公斤	OR 或		pounds (lbs) 磅

Please ✓ the appropriate boxes.
 請在適當方格上填上 ✓

YES 是	NO 否
----------	---------

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

<p>3. Smoking habit 吸煙習慣 Do you smoke or have you smoked in the last 5 years? 閣下有沒有吸煙或在過去五年的時間內曾否吸煙? For the purpose of this question, the meaning of "smoking" includes but is not limited to cigarettes, cigars, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e-cigarettes). 「吸煙」在此問題的含義包括但不限於香煙、雪茄、煙斗、嚼煙及使用尼古丁補充劑產品(例如電子煙)。</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>4. Alcohol consumption 飲酒 In the last 12 months, on average do you drink alcoholic beverage for more than 3 times in a week? 在過去十二個月的時間內,閣下是否平均每週飲用酒精飲品超過三次?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>5. Taking of drugs not prescribed by doctors 服用未經醫生處方之藥物 In the last 5 years, have you used any drugs (excluding dietary supplements) which are not prescribed by doctors (including habit-forming or recreational drugs such as cocaine, ecstasy, heroin, methadone, anabolic steroids) for a continuous period of more than one (1) month? 在過去五年的時間內,閣下曾否持續超過一個月的時間使用未經醫生處方之藥物(包括成癮性或消遣性藥物,例如可卡因、興奮劑、海洛英、美沙酮、同化性類固醇;惟不包括營養補充品)?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>6. Have you engaged in the following activities within the last 12 months or will you engage / intend to engage in the following activities within the next 12 months? 閣下曾否在過去十二個月內或會否在未來十二個月內參與以下活動? a. any hazardous sports or activities (such as diving, motor racing, mountaineering or rock climbing, parachuting, sky diving, hang gliding). 任何危險性運動或活動(例如潛水、賽車、攀山或攀石、跳傘、高空跳傘、懸掛滑翔飛行)? b. flying activities other than as a fare-paying passenger of a licensed air service operating within recognised scheduled routes. 飛行活動(不包括以付費乘客身份乘搭由商業性民航客機提供並獲認可的定期航班服務)</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<p align="center">Part B – Health Information 乙部 – 健康資料</p> <p>Note for applicant(s): Questions of Part B do not require the applicant(s) to disclose information regarding the medical conditions or treatments below – 申請人須知:無需於乙部問題披露以下健康狀況或治療 – Cold / flu / sore throat, gastroenteritis / food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan / blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia / hyperopia / astigmatism / presbyopia. 傷風 / 感冒 / 喉嚨痛、腸胃炎 / 食物中毒(已痊癒)、消化不良(無需檢查)、痤瘡、肌肉扭傷(已痊癒)、鵝口瘡、常規產前掃描 / 血液檢驗(檢驗結果正常)、常規子宮頸細胞塗片檢驗(檢驗結果正常)、常規健康檢查(檢查結果正常)、預防疫苗、荷爾蒙補充治療(更年期)、不育治療或胎兒生長情況正常的懷孕、近視 / 遠視 / 散光 / 老花。 If your answer to any of the questions 7 – 17 below is "Yes", please proceed to answer the relevant follow-up questions in Part D. 若以下第7至17項任何一項問題之答案為「是」者,請於丁部回答相關的跟進問題。</p>			
<p>Please ✓ the appropriate boxes. 請在適當方格上填上 ✓</p>		Yes 是	No 否
<p>7. Have you ever been diagnosed with any of the following diseases or medical conditions? 閣下是否曾被確診下列疾病或健康狀況?</p> <ul style="list-style-type: none">(a) Cancer or carcinoma in situ 癌症或原位癌(b) Brain tumor 腦部腫瘤(c) Heart disease 心臟疾病(d) Stroke (including transient ischemic attack (TIA)) 中風(包括短暫性腦缺血,俗稱「小中風」)(e) Hypertension 高血壓(f) Diabetes mellitus or impaired glucose tolerance 糖尿病或葡萄糖耐量異常(g) Kidney disease 腎病(h) Prolapsed intervertebral disc or degenerative spine conditions 椎間盤突出或脊椎退化性疾病(i) Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body 需要植入醫療儀器或義肢的疾病或健康狀況(j) Human immunodeficiency virus ("HIV") infection 人體免疫力缺乏病毒(愛滋病病毒)感染(k) Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth) 先天性疾病(指於出生時或之前已存在的醫學、生理或精神上的異常)(l) Physical defects, impairments, deformities, and / or conditions affecting mobility, sight, speech or hearing 身體缺陷、不健全、畸形、及 / 或影響活動能力、視力、說話能力或聽力的狀況(m) Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders, or bipolar disorders) 精神健康狀況(例如抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症)(n) Hypercholesterolemia or Hyperlipidemia 高膽固醇症或高血脂症(o) Liver disorder (such as hepatitis B or hepatitis C (including tested positive), fatty liver or cirrhosis of liver) 肝臟疾病(例如乙型或丙型肝炎(包括測試呈陽性反應)、脂肪肝或肝硬化)(p) Multiple sclerosis 多發性硬化症	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

<p>8. Do you currently have any of the following diseases or medical conditions? 閣下目前是否患有下列疾病或健康狀況？</p> <p>(a) Hernia 疝氣 (俗稱「小腸氣」)</p> <p>(b) Breast lesion (tumour / mass / lump / cyst / nodule / growth) 乳房病變 (腫瘤 / 硬塊 / 腫塊 / 囊腫 / 結節 / 增生)</p> <p>(c) Uterine or ovarian lesion (tumour / mass / lump / cyst / polyp / nodule / growth) 子宮或卵巢病變 (腫瘤 / 硬塊 / 腫塊 / 囊腫 / 瘻肉 / 結節 / 增生)</p> <p>(d) Benign prostatic hypertrophy 良性前列腺肥大</p> <p>(e) Gall bladder stone or urinary stone (renal stone, ureteric stones or urinary bladder stone) 膽結石或泌尿道結石 (腎結石、輸尿管結石或膀胱結石)</p> <p>(f) Cataract, glaucoma or retinopathy 白內障、青光眼或視網膜病變</p> <p>(g) Arthritis or other joint disorder 關節炎或其他關節疾病</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>9. In the last 5 years, have you ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half-yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or medical condition? 在過去五年的時間內，閣下是否曾經或被建議定期或持續 (例如每月、每兩個月、每半年、每年) 為任何疾病或健康狀況接受專業醫護人員 (例如專科醫生、物理治療師、精神科醫生) 的跟進診治或醫療護理？</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. In the last 5 years, have you been advised by your doctor to take any medications (such as to be taken daily / once per week / as needed as directed by doctor) for a continuous period of more than one (1) month? 在過去五年的時間內，閣下是否曾被醫生建議定期 (例如按醫生指示每日 / 每週一次 / 有需要時) 服用為期超過一個月的處方藥物？</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>11. In the last 5 years, have you been admitted into a hospital? 在過去五年的時間內，閣下是否曾入住醫院？</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>12. In the last 5 years, have you undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital? 在過去五年的時間內，閣下是否曾在非住院情況下接受外科程序 (包括內窺鏡檢查或活組織化驗) ？</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>13. In the last 5 years, have you ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B test, Hepatitis C test)? 在過去五年的時間內，閣下是否曾接受或曾被建議接受檢查 (例如驗血、驗尿、心电图、X光、超聲波、電腦掃描、磁力共振、正電子掃描、愛滋病測試、乙型肝炎測試、丙型肝炎測試) ？ If the answer is "Yes", do your investigation result(s) include the followings? 如果答案屬「是」，閣下檢查結果是否包括下列情況？</p> <p>(a) Normal test result is advised 檢驗結果正常</p> <p>(b) Abnormal test result is advised 檢驗結果異常</p> <p>(c) you are still awaiting test / test result 閣下正等候檢驗或檢驗結果</p> <p>(d) Test result is inconclusive or uncertain (retesting or follow up test is required) 檢驗結果為無定論或不確定 (需要重新或進一步檢驗)</p> <p>(e) Medical advice has been sought or treatment is required for the test result (such as liver cyst / brain cyst / joint degeneration or calcification / lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment) 就檢驗結果已尋求醫療意見或需要接受治療 (例如一些未必需要即時治療的情況如肝囊腫 / 腦囊腫 / 關節退化或鈣化 / 於成像檢測中發現肺部或乳房或甲狀腺出現鈣化)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>14. Apart from anything you have already disclosed in Questions 7 - 13, do you have any of the following conditions? 除了閣下在第 7 至 13 項問題中已披露的資料外，閣下是否有下列情況？</p> <p>(a) Unintentional weight loss by more than 5 kg (11 lbs) over past 1 year 在過去一年的時間內，體重無故地減少了 5 公斤 (11 磅) 以上</p> <p>(b) Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one month 不正常出血 (例如陰道出血、便血、流鼻血或咳血) 至少一個月</p> <p>(c) In the last 1 year, you had or have been required to have follow-up consultation with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any medical condition or sign and symptom 在過去一年的時間內，閣下有任何健康狀況或病徵及症狀曾經接受或需要接受專業醫護人員 (例如專科醫生、物理治療師、精神科醫生) 的跟進診治</p> <p>(d) Other medical conditions or sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that you are seeking or intend to seek medical advice 其他健康狀況或病徵及症狀 (例如腫塊、頭痛、持續咳嗽、胸痛或上腹痛) 而正在或打算尋求醫療意見</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>[For female only 只適用於女性] 15. Are you currently pregnant? 閣下現時是否懷孕？</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>[For insured children aged 6 or below only 只適用於六歲或以下之受保兒童] 16. Was the insured child born before 37th week of pregnancy and / or born with body weight less than 2.5 kg (5.5 lbs)? 受保兒童是否於懷孕第 37 週前出生，及 / 或出生時體重少於 2.5 公斤 (5.5 磅) ？</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>17. At your best knowledge, have any of your parents or siblings by blood been diagnosed with any of the following diseases or medical conditions at or before age 60: 就閣下所知，閣下的親生父母或兄弟姊妹曾否於六十歲以前被確診下列疾病或健康狀況：</p> <p>(a) Cancer</p>	<input type="checkbox"/>	<input type="checkbox"/>

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

癌症 (b) Coronary heart disease 冠心病 (c) Diabetes mellitus 糖尿病 (d) Motor neuron disease 運動神經元疾病 (e) Multiple sclerosis 多發性硬化症 (f) Stroke 中風 (g) Parkinson’s disease 帕金森症 (h) Hereditary diseases - including cystic fibrosis, familial adenomatous polyposis, Alzheimer’s disease, familial cardiomyopathy, inherited blood disorders (hemophilia, thalassemia, sickle cell disease), muscular dystrophy, polycystic kidney disease or Huntington’s disease. 遺傳病 - 包括囊性纖維化、家族性大腸腺息肉病、亞茲海默氏症、家族性心肌病、遺傳性血病(血友病、地中海貧血、鎌刀型貧血)、 肌肉萎縮症、多囊性腎病或亨廷頓舞蹈症。	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

Part C – Supplementary General Information 丙部 – 基本資料補充 If the answer to any of the questions 3 – 6 in Part A is “Yes”, please provide additional information as applicable – 若甲部第3至6項任何一項問題之答案為「是」者，請在適用的問題提供更多資料 –		
<input type="checkbox"/> Question no. 3 題號 3	<<Follow-up question to Q3>> <<題號3 之跟進問題>>	
(1) Type of tobacco product 煙草產品種類		
(2) Duration of smoking habit, and frequency and quantity of consumption 吸煙習慣的持續時間、頻密度及吸食份量		
(3) If you no longer smoke now, 若閣下現時已沒有吸煙， (a) when did you quit smoking? 請問閣下是何時戒煙的？ (b) are you advised by doctor to quit smoking and for what reason? 是否醫生建議戒煙及原因為何？		
<input type="checkbox"/> Question no. 4 題號 4	<<Follow-up question to Q4>> <<題號4 之跟進問題>>	
(1) Type of alcoholic beverage 酒精飲品種類		
(2) Duration of drinking habit, and frequency and quantity of consumption 飲酒習慣的持續時間、頻密度及飲用份量		
(3) If you no longer drink now, 若閣下現時已沒有飲酒， (a) when did you quit drinking? 請問閣下是何時戒酒的？ (b) are you advised by doctor to quit drinking and for what reason? 是否醫生建議戒酒及原因為何？		
<input type="checkbox"/> Question no. 5 題號 5	<<Follow-up question to Q5>> <<題號5 之跟進問題>>	
(1) Type of drugs 藥物種類		
(2) Duration, frequency and quantity of consumption 用藥持續時間、頻密度及份量		
<input type="checkbox"/> Question no. 6 題號 6	<<Follow-up question to Q6>> <<題號6 之跟進問題>>	
(1) Type of activity 活動種類		
(2) Duration and frequency of engagement in the activity 參與活動的持續時間及頻密度		
Part D – Supplementary Health Information 丁部 – 健康資料補充 If the answer to any of the questions 7-14 in Part B is “Yes”, please provide additional information as applicable – 若乙部第7至14項任何一項問題之答案為「是」者，請在適用的問題提供更多資料 –		
<input type="checkbox"/> Question No. ____ 題號	<<Follow-up questions to each of Q7-14 as applicable>> <<題號7-14 每題適用之跟進問題>>	
(1) Disease / medical condition / sign and symptom 疾病 / 健康狀況 / 病徵及症狀		

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

(2) Date of first occurrence of sign and symptom 首次出現病徵及症狀的日期		<<DD/MM/YY>> <<日/月/年>>
(3) (a) Treatment / investigations / tests / scans that have been performed 已進行的治療 / 檢查 / 測試 / 掃描 (b) Date of such treatment / investigation / tests / scan 有關治療 / 檢查 / 測試 / 掃描日期		<<DD/MM/YY>> <<日/月/年>>
(4) Present condition (such as whether fully recovered, follow up action / medication / next follow up date) 現況 (例如是否已完全康復、有否跟進/ 服用跟進藥物 / 下次覆診日期)		
(5) Date of last follow-up medical consultation / treatment 最後覆診 / 治療日期		<<DD/MM/YY>> <<日/月/年>>
(6) Name of doctor who treated the disease / sickness / medical condition / sign and symptom 治療有關疾病 / 不適 / 健康狀況 / 病徵及症狀的醫生姓名		
(7) Name of Hospital, where applicable 醫院名稱 (如適用)		
*Please provide information as detailed as possible (e.g. provide year and month if exact date could not be recalled) for the sake of fair assessment in underwriting. *請盡量提供齊全資料 (例如在未能回憶確實日期的情況下提供年份及月份) 以便作出公平核保決定。		
Part D – Supplementary Health Information (cont'd) 丁部 – 健康資料補充 (續)		
If the answer to any of the questions 15-17 in Part B is “Yes”, please provide additional information as applicable – 若乙部第 15 至 17 項任何一項問題之答案為「是」者，請在適用的問題提供更多資料		
<input type="checkbox"/> Question No. 15 題號 15	<<Follow-up question to Q15>> <<題號 15 之跟進問題>>	
Expected date of delivery 預產日期		<<DD/MM/YY>> <<日/月/年>>
Applicable to insurance products with pregnancy-related coverage or situation that the expected date of delivery will affect underwriting decision. 適用於提供產科保障的保險產品，或預產期會影響核保決定的情況。		
<input type="checkbox"/> Question No. 16 題號 16	<<Follow-up question to Q16>> <<題號 16 之跟進問題>>	
(1) At which week of pregnancy was the insured child born? 受保兒童在孕期哪一週出生？	<input type="checkbox"/> more than 37 weeks 多於 37 週 <input type="checkbox"/> 32 to 37 weeks 32 至 37 週 <input type="checkbox"/> 28 to 31 weeks 28 至 31 週 <input type="checkbox"/> less than 28 weeks 少於 28 週	
(2) Body weight at birth 出生時體重	<input type="checkbox"/> more than 2.50 kg 公斤 / 5.51 lbs 磅 <input type="checkbox"/> 1.51 - 2.50 kg 公斤 / 3.32 - 5.51 lbs 磅 <input type="checkbox"/> 1.00 - 1.50 kg 公斤 / 2.20 - 3.31 lbs 磅 <input type="checkbox"/> less than 1.00 kg 公斤 / 2.20 lbs 磅	
<input type="checkbox"/> Question No. 17 題號 17	<<Follow-up question to Q17>> <<題號 17 之跟進問題>>	
(1) Which family member? 哪個親屬？		
(2) Which disease? 哪種疾病？		
(3) Onset age of disease 病發年齡	<input type="checkbox"/> age at or below 30 30 歲或以下 <input type="checkbox"/> age 31-40 31-40 歲 <input type="checkbox"/> age 41-50 41-50 歲 <input type="checkbox"/> age 51-60 51-60 歲	

Declaration 聲明
I/WE, THE PROPOSER/PROPOSED INSURED PERSON(S), HEREBY DECLARE AND AGREE THAT :
本人/我們，作為投保人/準受保人，謹此聲明並同意：

- No information or representation made or given by or to any person shall be binding on China Taiping Insurance (HK) Company Limited (hereafter called “the Company”) unless it is in writing and is presented to and approved by the Company.
除以書面形式及經中國太平保險 (香港) 有限公司 (以下稱「貴公司」) 發表和批准外，任何其他人士所發表或收到的資料或陳述，貴公司無須負責。
- All written information provided by me/us in this Application Form and the issued questionnaires or other documents signed by me/us in connection with this applications and statements and answers made to the Company are full, complete and true and I/we also understand that the Company will review this Application Form based on the above information. I/we understand that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application or the insurance policy void.
本人/我們於此投保申請表格及與此投保申請表格有關經本人/我們簽署 貴公司發出的問卷或其他文件內填寫的資料，及本人/我們對 貴公司所作的陳述和答案，乃

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

完全及真實。本人/我們亦明白 貴公司以上述資料為依據，審核此投保申請表格。本人/我們明白如本人/我們未能提供真實及準確無誤之資料或通知 貴公司任何有關此投保申請之重要資料，將可能導致 貴公司不能接受或處理此投保申請或令本保單失效。

(3) All information and documents provided by me/us (as defined under “(2)”) together with the relevant policy issued shall constitute the entire contract between myself/ourselves and the Company.

本人/我們提供的任何資料及文件(如「2」所界定的)及有關之保單，將成為本人/我們與 貴公司之間所簽署合約之全部。

(4) Any payment made in connection to this Application Form does not guarantee immediate approval of the coverage applied. This insurance coverage applied for shall only take effect when the Application Form is received and accepted by the Company and the required premium has been paid to the Company and subject to the terms and conditions stipulated in this policy. The Company has no liability whatsoever before the application for insurance in this Application Form is accepted by the Company.

與本投保申請表格有關的任何付款，並不保證此投保申請可即時生效，而所投保之保障將會在 貴公司收到並接納此投保申請表格並在繳付應繳付的保費予 貴公司後始可生效，而一切之保險條款將詳列於保單內。本投保申請表格在未被 貴公司同意受保前， 貴公司不負任何責任。

(5) I/We shall have the authority to deal with, receive or request for information from the Company concerning the Insured Person(s) in relation to any claims or matters arising from the policy issued pursuant to this application. I/We further agree that payment of any benefits hereunder to the Proposer or Insured Person(s) by the Company in relation to all medical claims shall be credited to the bank account as specified in this application or made by cheque in the absence of such an account, which shall constitute a full discharge on the part of the Company in relation to such claims.

本人/我們將有權就一切有關於受保人的索償或按本投保申請所簽發之保單的相關事宜，與 貴公司進行交涉，並向其接收或索取與受保人有關之資料。本人/我們並同意所有由 貴公司給予投保人或被保人之賠償款項將會存入本投保申請所指定之戶口內或於該戶口不存在時以支票支付，並完全解除 貴公司就該些索償之一切承保責任。

(6) I/We hereby authorize any hospital or physician who has attended to me/us to release any information that may be required by the Company. A photocopy of the authorization shall be as effective and valid as the original.

本人/我們於此授權任何醫院或曾診治本人/我們的醫生向 貴公司提供病歷詳細資料。此授權書的副本或正本同時有效。

(7) If I/we change my/our smoking status, place of residence, country/city of residence or occupation, I/we must notify the Company in writing immediately.

本人/我們如變換吸煙狀況、居住地、居住國家/城市或職業，必須即時以書面通知 貴公司。

(8) Terms and benefits have been prepared in both English and Chinese. Both English and Chinese versions are official versions and neither one shall prevail over the other. Any inconsistency shall be interpreted in favor of the Proposer.

條款及保障備有中文及英文版本。兩者均為正式版本，具相同效力。若兩者存有歧義，必須以較有利投保人的詮釋為準。

The Proposer understands, acknowledges and agrees that, as a result of the Proposer purchasing and taking up the policy to be issued by CHINA TAIPING INSURANCE (HK) COMPANY LIMITED, CHINA TAIPING INSURANCE (HK) COMPANY LIMITED will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the Proposer is a body corporate, the authorized person who signs on behalf of the Proposer further confirms to CHINA TAIPING INSURANCE (HK) COMPANY LIMITED that he or she is authorized to do so. The Proposer further understands that the above agreement is necessary for CHINA TAIPING INSURANCE (HK) COMPANY LIMITED to proceed with the application.

投保人明白、確知及同意，中國太平保險(香港)有限公司會就投保人購買及接受其簽發的保單，於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支付佣金。假如投保人為法人團體，投保代表簽署的獲授權人員須向中國太平保險(香港)有限公司確認他/她已獲該法人團體授權。投保人進一步明白上述協議是在中國太平保險(香港)有限公司進行投保申請所必需的。

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

You have been informed by the owner / holder of this policy that China Taiping Insurance (HK) Company Limited (the “Company”) understands its responsibilities to the collection, retention processing or use personal data under the Personal Data (Privacy) Ordinance. The personal data you provided in this form (including credit information and claims history) is collected to enable the Company to carry on insurance business. The Company may also use your personal data for the following purposes:

此保單權益人/持有人已通知閣下，中國太平保險(香港)有限公司(下稱“本公司”)明白其在《個人資料(私隱)條例》下就個人資料的收集、持有、處理或使用所負有的責任。閣下提供本申請表要求的個人資料(包括信用資料和以往申索記錄)，是為了本公司提供保險業務所需，本公司並可能使用閣下的個人資料作以下用途：

(i) any insurance related product or service (include processing and evaluating your insurance application, any claim, settling claims, providing administration, financing, claim investigation or analysis work, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application) and other services in relation to your insurance policy), or any alterations, variations, cancellation or renewal of such product or service;

任何與保險有關的產品或服務(包括處理及審批閣下的保險申請、索償、結清申索、保單相關行政、財務工作、索償調查或分析、偵測和防止欺詐行為(無論是否與就此申請而發出的保單有關)及其它相關的服務)，或該等產品或服務的任何更改、變更、取消或續期；

(ii) exercising any right of subrogation;

本公司行使任何代位權；

(iii) contacting you for any of the above purposes;

就以上用途聯絡 閣下；

(iv) other ancillary purposes which are directly related to the above purposes; and

其它與上述用途有直接關係的附帶用途；及

(v) complying with applicable laws, regulations or any industry codes or guidelines.

遵循適用法律，條例及業內守則及指引。

The Company may disclose / transfer your personal data to the following persons who may collect and use this data only as reasonably necessary to carry out the purposes described above:

本公司亦可因應上述用途披露/轉移 閣下的個人資料予下列各方，而他們只能在有合理需要履行上述目的之情況下才可收集和使用這些資料：

(a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services, or any company carrying on insurance or reinsurance related business or your insurance intermediary (if you have one) or claim or investigation adjusters/companies, or other service provider providing services relevant to insurance business;

向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問，或任何從事與保險或再保險業務有關的公司，或閣下的保險中介人(若有)、保險理算人或索償調查員/公司，或其他保險業務有關的服務提供者；

(b) 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 information provided against existing information;

僱主；醫護專業人士；醫院；會計師；財務顧問；律師；整合保險業申索和承保資料的組織；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)；

(c) the Company's related companies (as that term is defined in the Companies Ordinance);

本公司的關連公司(以《公司條例》內的定義為準)；

(d) Government and industry recognized insurance regulatory bodies: the Insurance Complaints Bureau and similar insurance industry bodies, the Hong Kong Federation of Insurers

中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

(or any similar association of insurance companies) and its members ; and
 政府及市場認可的保險業監管機構：保險投訴局及同類的保險業機構、香港保險業聯會（或同類的保險公司聯會）及其會員；
 (e) government agencies and authorities as required or permitted by law including the Transport Department.
 法例要求或許可的政府機關包括運輸署。

Your personal data may be provided to any of the above organizations, located in Hong Kong or outside of Hong Kong, for the above purposes, and in this regard you consent to the transfer of your data outside of Hong Kong.

閣下的個人資料可能因上述用途提供給以上任何機構（在香港境內或境外），而就此而言，閣下同意將閣下的資料移轉至香港境外。

Direct Marketing Communications : With your consent, the Company may also use and/or provide your personal data to the Company's related companies (as that term is defined in the Companies Ordinance), partners of the Company's related companies and third party financial institutions. The Company and/or the companies who obtained related personal data can contact and/or send you with direct marketing communications regarding financial and insurance products or services by mail, email, telephone or SMS. Tick the box below if you do not wish to receive such direct marketing communications and do not consent to the Company providing your personal data to the above companies.

直接促銷通訊：經閣下同意，本公司可能使用及／或提供閣下的個人資料給本公司的關連公司（其定義以《公司條例》內的定義為準）、關連公司之合作伙伴及第三方金融機構，本公司及／或獲取有關資料的公司可以通過書信、電郵、電話或短信與閣下聯絡，提供金融及／或保險產品或服務的直接促銷通訊。若閣下不欲接收有關直接促銷通訊及反對本公司將閣下個人資料提供給以上公司，請在以下的方格內填上「✓」。

You have the right to access and/or request correction of any personal data concerning yourself held by the Company and/or withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time. Requests for such access can be made in writing to Office of the General Manager at 15/F, 18 King Wah Road, North Point, Hong Kong or email to info@hk.cntaiping.com. Moreover, the full version of the Company's Data Privacy Policy can be found at www.hk.cntaiping.com.

閣下可有權隨時查閱及／或更正由本公司持有有關閣下的個人資料及／或撤回給予本公司有關使用閣下的個人資料及提供予第三方作直接促銷用途的同意。如有需要，請以書面形式向本公司的總經理辦公室提出，地址為香港北角京華道18號15樓或電郵 info@hk.cntaiping.com。另本公司私隱政策的全文已上載於 www.hk.cntaiping.com，歡迎查閱。

In the event of any discrepancy or inconsistency between the English and Chinese versions of this statement, the English version shall prevail.

本聲明中英文版本如有任何歧異或不一致，概以英文版為準。

- 本人／我們反對貴公司使用和轉移本人的個人資料作直接促銷用途，並不希望接收任何推廣及直接促銷通訊。
 I / We object to the use and provision of my personal data for direct marketing purposes, and do not wish to receive any promotional and direct marketing materials.

Cancellation Rights and Refund of Premium(s) 取消保單權益及發還保費

I understand that I have the right to cancel and obtain a refund of any premium(s) paid (less any market value adjustments, if any) and any levy by giving written notice. Such notice must be signed by me and received directly by China Taiping Insurance (HK) Company Limited at 15/F, 18 King Wah Road, North Point, Hong Kong within 21 days after the delivery of the policy or 30 days after the issuance of a notice to me, whichever is the earlier.

本人明白本人有權以書面通知要求取消保單及取回所有已繳保費（扣除市場價值調整，如適用）及保費徵費；但是本人必須簽署該通知，並確保中國太平保險（香港）有限公司（香港北角京華道18號15樓）於以下時段內直接收到該通知：保單交付本人後起計的21天內、或《通知書》發予本人後30天內，以較先者為準。

Date of Signature in Hong Kong (dd/mm/yy) [#] 香港簽署日期 (日/月/年) [#]	Signature of Proposer 投保人簽署	Signature of the proposed Insured Person ^{##} 準受保人簽署 ^{##}
---	--------------------------------	--

The Application Form must be signed in Hong Kong. 必須在香港簽署投保申請表格。

Signature of Parent or Legal Guardian if the proposed Insured Person is aged under 18. 18歲以下的準受保人請由父或母或合法監護人代為簽署。

For Intermmediary Use Only 由代理填寫							
Staff No.:		Agent Code:			Transfer Unit No.:		
Staff Name:		Unit Code:			Transfer Staff No.:		
Staff Contact No.:		BMS Tx No.:			Remark:		
For Office Use Only 由本公司填寫							
PC:			IT				CC:
AT:			AC				SC:
DI:	M	201:	202:	203:	204:	213:	
	S	201:	202:	203:	204:	213:	
	O	201:	202:	203:	204:	213:	
Reason of Submission	<input type="checkbox"/> New Business <input type="checkbox"/> Replacement <input type="checkbox"/> Others						
Remarks:							

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited
Direct Debit Authorization 直接付款授權書

Name of Party to be credited (the Beneficiary) 收款人(受益人)姓名 China Taiping Insurance (HK) Company Limited 中國太平保險(香港)有限公司	Bank Code 銀行編號	Branch Code 分行編號	Account No. to be credited 收款賬戶之號碼
Bank Name 銀行名稱: 南洋商業銀行有限公司	0 4 3	4 7 2	1 - 0 6 6 4 9 9 - 9

I/We hereby authorize my/our below-named Bank to effect transfers from my/our account to that of the above-named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).

I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization at any time on one week's written notice.

A 5 days' notice in writing from your Bank not to comply with or act further on this instruction (with a copy being sent to the Beneficiary) Provide always that such notice shall deem to be received by me/us if posted to my/our address on your record, its subsequent returned undelivered notwithstanding.

This authorization shall have effect until further notice.

I/We agree that any notice of cancellation or variation of this authorization which I/We may give to my/our Bank shall be given at least five working days prior to the date on which such cancellation/variation is to take effect.

If the Beneficiary shall inform your Bank any change of the account above mentioned into which the transfers are to be made, your Bank shall be entitled, at your Bank's discretion without consulting me/us either to accept or reject such change.

本人/吾等現授權本人/吾等之下述銀行，根據受益人不時給予本人/吾等銀行之指示，自本人/吾等之賬戶內轉賬予上述受益人，惟每次轉賬金額不得超過以下指定之限額。

本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。

如因該等轉賬而令本人/吾等之賬戶出現透支 (或令現時之透支增加)，本人/吾等願共同及個別承擔全部責任。

本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。

貴行可以五天書面通知不再履行本指示 (該通知副本應同時送受益人)，如該等通知郵寄本人/吾等在貴行紀錄的地址，即使郵遞延誤或退回，本人/吾等都當作已收到。

本授權書將繼續生效直至另行通知為止。

本人/吾等同意，本人/吾等若取消或更改本授權書之任何通知，須於取消/更改生效日最少五個工作日之前交予本人/吾等之銀行。

若受益人通知貴行更改上述接收轉賬之賬戶，貴行有權根據貴行的決定是否接受，而毋需諮詢本人/吾等之意見。

My/Our Bank Name and Branch 本人/吾等之銀行及分行之名稱	Bank Code 銀行編號	Branch Code 分行編號	My/Our Account 本人/吾等之賬戶號碼
My/Our Name as recorded on Statement/Passbook 本人/吾等在結單/存摺上所紀錄之名稱	My/Our Signature(s) ** 本人/吾等之簽名		
Limit/amount for each payment* 每次付款之金額/限額			
Debtor's Reference 債務人參考編號			
Pay on the day of each month 每月第 日為付款日			
Day Time contact telephone No. 日間聯絡電話	Date 日期		
		年	月 日

For Bank Use Only 以下由銀行填寫

Signature Verified 簽署核實	Remarks (if any) 其他備註
-------------------------	-----------------------

Notes 附註

* If the amount of your payments is likely to vary each time, set the maximum limit for each payment you would expect to pay at any time.
如 台端付款之數額每次可能不同，則請定每次付款之最高限額。

** Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
請保證 貴戶在此授權書內之簽名，與銀行賬戶所簽署的相同