

## 簡易投保方法

只需填妥投保表格並以下列方式交回：

✉ 華僑永亨保險代理有限公司  
香港筲箕灣耀興道3號東匯廣場16樓

💻 [ocbcwhhk.com](http://ocbcwhhk.com)

☎ 2272 8818

📠 2854 1103

投保本計劃須向利寶國際保險支付保費。利寶國際保險會向華僑永亨保險代理就銷售有關計劃提供佣金及業績獎金，而華僑永亨保險代理目前所採取之銷售員工花紅制度，已包含員工多方面之表現，並非只著重銷售金額。

本單張所載資料只供參考及說明之用，並不構成有關保單的任何部份。本單張並不詳細列明保單的條款和細則，如有任何差異，均以保單文件為準。華僑永亨保險代理及利寶國際保險絕對保留可於任何時間以任何其認為合適的方式修改此單張之內容的權利，而毋須發出任何通知。利寶國際保險保留最終批核的權力。

利寶國際保險保留決定是否接受任何有關本計劃投保申請的權利。如就本計劃的內容有任何爭議，利寶國際保險保留最終決定權。如有任何查詢，歡迎致電一般查詢熱線。

本計劃為利寶國際保險之產品，而非華僑永亨保險代理之產品。對於華僑永亨保險代理與客戶之間因銷售過程或處理有關交易而產生的合資格爭議(定義見金融糾紛調解計劃的金融糾紛調解中心職權範圍)，華僑永亨保險代理須與客戶進行金融糾紛調解計劃程序；然而，對於有關產品的合約條款的任何爭議應由利寶國際保險與客戶直接解決。

有關本產品的全部條款和細則，包括條款、定義、賠償、附表、保費徵費、批單、不承保事項、伸延保障及規定，詳細請參閱正式保單文件。如有任何爭議，概以英文本為準。

本計劃詳情的英文本與中文本如有任何歧異，概以英文本為準。

授權保險代理商：

華僑永亨保險代理有限公司  
OCBC Wing Hang Insurance Agency Limited

承保機構：



華僑永亨保險代理



尊貴  
汽車  
保障全面

# 「尊尚汽車」保險計劃為您的座駕提供全面保障

此保險計劃誠意為您提供一份切合您心意的汽車保險，根據您不同的需要，提供兩種保障類別。讓您能安心享受駕駛樂趣。

華僑永亨保險代理有限公司(「華僑永亨保險代理」)為華僑永亨銀行有限公司(「華僑永亨銀行」)之全資附屬機構。

「尊尚汽車」保險計劃(「計劃」)由利寶國際保險有限公司(「利寶國際保險」)承保，利寶國際保險已獲香港保險業監管局授權並受其監管。利寶國際保險將負責按保單條款為您提供保險保障以及處理索償申請。本計劃為利寶國際保險之產品，而非華僑永亨保險代理之產品。華僑永亨保險代理乃根據保險業條例(香港法例第41章)註冊為利寶國際保險於香港特別行政區分銷本計劃之授權保險代理商。

## 保障範圍<sup>#</sup>

### 第三者責任保險

保障您因使用受保車輛而引致第三者人身傷亡及 / 或其財物損毀之法律責任。

### 一小時免費法律諮詢服務

遇上牽涉第三者人身意外傷亡的交通事故，我們會提供一次性之一小時免費法律諮詢服務，安排指定律師與您會面及陪同出席相關法律程序。

### 私家車綜合保險

除上述保障外，綜合保險同時保障受保車輛因意外導致損毀或因失竊引致的損失，並提供一系列額外保障，給您與座駕一份全面的保障。

## 額外保障<sup>\*\*</sup>

- **保留「無賠償折扣」優惠保障**  
如保險期內曾申請賠償，而總賠償金額低於港幣60,000元或汽車投保額的15%(取其低者)，您便可保留原有的「無賠償折扣」，繼續享有保費優惠。
- **新車賠償**  
如受保車輛於意外中完全損毀或被竊，而車齡不超過一年，您可獲同款新車作為賠償，不扣減折舊。
- **擋風玻璃保障**  
若擋風玻璃因意外損毀，更換同類型的擋風玻璃不設自負額。
- **24小時緊急中途支援服務**  
受保汽車在香港境內於路上因交通意外或機械故障而無法行駛，請致電我們的24小時緊急支援熱線，我們的維修隊會即時趕到，協助您解決困難。

- **24小時免費拖車服務**

遇上受保汽車在香港境內於路上無法行駛及不能即時修妥時，我們樂於為您安排免費拖車服務，盡快將汽車拖到就近或所指定的車房進行維修。

- **租用臨時車輛費用**

如受保汽車因意外不能行駛或遭盜竊超過48小時（須經警方核實有關盜竊），我們可為您安排並支付租車費用，有關租用汽車的保險費用亦包括在內，最高可達港幣5,000元（每日限額為港幣1,000元）。

- **第三者責任賠償追討**

如意外確由第三者引起，我們可代您向第三者追討賠償，追討一旦成功，您之前所付之自負額亦可獲得退回，並且不影響您的「無賠償折扣」優惠。

- **24小時索償諮詢服務**

您可透過我們的熱線申報賠償，我們專業的服務員會樂意協助您辦理索償手續和解釋重要事項。

- **個人意外保障**

如您或記名司機駕駛受保汽車發生交通意外，我們將向死者的法定代表人支付一筆不超過100,000港元的總賠償額。

\* 私家車綜合保險客戶可免費享用以上各項額外保障及服務。

# 本計劃（包括保障範圍及不受保事項）受利寶國際保險繙發的正式保單的條款及條件所限制。以上資料與保單條款若有歧義，概以英文版本的保單條款為準（請參閱保單及華僑永亨銀行網站以了解更多資料）。

「尊尚汽車」保險計劃投保書

Platinum Motor Insurance Plan Proposal Form

請以英文正楷大寫填報 Please complete in English & BLOCK LETTERS  
請✔適用方格及\*刪去不適用者 Please tick the appropriate box and \*delete whichever is inappropriate

投保人資料 Proposer's Information

☐ 先生 Mr

☐ 太太 Mrs

☐ 女士 Ms

☐ 公司 Company

姓名  
Full name

香港身份證/護照/商業登記號碼\*  
HKID card/passport/BR no.\*

出生日期  
Date of birth

通訊地址  
Correspondence address

電話號碼 (非必須填寫)  
Phone no. (Optional)

職業/行業  
Occupation/Business

電郵地址 (非必須填寫)  
E-mail address (Optional)

保險資料 Insurance Information

投保類別  
Cover required

☐ 綜合保險  
Comprehensive

☐ 綜合保險 (加保中國廣東省)  
Comprehensive-extension to Guangdong

☐ 第三者責任保險  
Third Party Only

保險期限  
Period of Insurance

由  
From

至  
To

投保車輛細節("投保車輛")  
Information of the vehicle to be insured (the Vehicle)

車牌  
Registration mark

廠名及型號  
Make & model

車身類型  
Type of body

引擎號碼  
Engine no.

底盤號碼  
Chassis no.

汽缸容量  
Cylinder capacity

製造年份  
Year of manufacture

座位限額 (包括司機)  
No. of seat (incl. driver)

投保價(現值包括冷氣及音響裝置等附加設備)  
Estimated value (Present Value including accessories like air conditioner and audio)

港幣/元  
HK\$

投保車輛其他資料  
Other Information in relation to the Vehicle

1. 投保車輛是否有安裝防盜系統裝置？  
Any alarm installed?  
若“是”，請註明廠名及型號  
If “Yes”, please state the make & model

☐ 是 Yes

☐ 否 No

2. 投保車輛曾否作任何形式改裝或修飾？  
Has the Vehicle been modified in any way?  
若“是”，請註明  
If “Yes”, please state the details

☐ 是 Yes

☐ 否 No

3. 按揭公司名稱  
Name of hire purchase company

4. 投保車輛是否常規停泊於二十四小時保安停車場？  
Is the Vehicle regularly be parked in 24-hrs security parking?  
☐ 是，如通訊地址 Yes, same as correspondence address  
☐ 是，其他地址 (請註明) Yes, other location (please specify) \_\_\_\_\_  
☐ 否 No security parking

駕駛者資料 Drivers Information

請填上經常駕駛投保車輛的駕駛者資料(包括閣下在內)。若超過兩名駕駛者，每位加收保費百分之十。  
Details of regular drivers including yourself. For every driver in excess of two, an additional premium of 10% is charged.

	主要駕駛者一(投保人) Regular driver 1 (Proposer)	主要駕駛者二 Regular driver 2	主要駕駛者三 Regular driver 3
姓名 Full name			
職業 Occupation			
出生日期 Date of birth			
性別 Sex	男Male/女Female*	男Male/女Female*	男Male/女Female*
香港身份證號碼 HKID card no.			
與投保人關係 Relationship with proposer			
駕駛年數(香港) No. of years driving in Hong Kong			
駕駛年數 (外地) No. of years driving overseas			

投保車輛用途 Use of the Vehicle

投保車輛是用作  
☐ 消閒/個人業務之用(非作收費用途) Pleasure/Personal Business Use (Not for Reward)  
☐ 租賃 Hire for reward  
☐ 速遞/運輸 Courier/Delivery  
☐ 其他，請註明 Others , please specify \_\_\_\_\_

最近期的保險資料詳情 Latest Insurance Details

現時有可享有無索償折扣  
Currently entitled to "No Claims Discount" (NCD)  
☐ 有 Yes - 無索償折扣享有 NCD Entitlement for : \_\_\_\_\_ %  
☐ 否 No - 若未擁有無索償折扣，請註明原因  
If no NCD entitlement, please specify the reason:  
☐ 首次擁有車輛 First time owner of the Vehicle  
☐ 同時擁有第二或第三車輛 This is my 2nd or 3rd vehicle  
☐ 曾申索賠償 Have previously lodged claim(s)

前保險公司名稱  
Name of previous insurer

保單號碼 Policy no.:

車牌 Registration mark:

## 駕駛經驗 Driving Experience

若答“是”，請指出及詳細列明事件細節及日期。  
If your answer is "Yes", please provide full details in the space provided.

1. 閣下或其他投保車輛的駕駛者曾否在最近三年內遇上車輛意外或車輛損失？  
Have you or to your knowledge has any person who will drive the Vehicle been involved in any motor accident or loss within the last 3 years? ☐ 是 Yes ☐ 否 No
2. 閣下或其他投保車輛的駕駛者曾否在最近兩年內觸犯交通規則、被檢控或被罰停牌？  
(如“是”，請列出被扣的分數 \_\_\_\_\_)  
Have you or to your knowledge has any person who will drive the Vehicle been convicted of any motor offence within the last 2 years or have any prosecution pending or ever been disqualified from driving? (If "Yes", state number of demerit points \_\_\_\_\_) ☐ 是 Yes ☐ 否 No
3. 閣下或其他投保車輛的駕駛者曾否患有心臟病、糖尿、癲癇、心理或精神病？  
Have you or to your knowledge has any person who will drive the Vehicle suffered/been suffering from any heart disease, diabetes, epilepsy, psychological or psychiatric condition? ☐ 是 Yes ☐ 否 No

## 保費支付辦法 Premium Payment

本人選擇以下方法繳付保費 I would like to pay my premium by

- ☐ 信用卡 Credit Card  
☐ 華僑永亨銀行戶口 OCBC Wing Hang's account  
☐ 現金 Cash (請於各華僑永亨銀行分行繳付 Please pay at OCBC Wing Hang branch)  
☐ 支票 Cheque (支票抬頭人寫「華僑永亨保險代理有限公司」Cheque payable to "OCBC Wing Hang Insurance Agency Limited")

(請填寫以下信用卡 / 銀行戶口付款指示並簽署 Please fill in credit card / bank account details and sign below.)

本人現授權華僑永亨保險代理有限公司從本人下列之信用卡賬戶或儲蓄/往來戶口內扣取以上投保的「尊尚汽車」保險計劃之首年及隨後每年之保費，直至本人發出書面通知撤回上述授權為止。  
I hereby authorize OCBC Wing Hang Insurance Agency Limited to debit my credit card account or savings/current account below with the initial annual premium and subsequent annual premium payments of the above selected Platinum Motor Insurance Plan until further written notice from me to revoke the above authorization.

持卡人/ 戶口持有人姓名  
Name of the cardholder / account holder

持卡人/ 戶口持有人的香港身份證號碼  
Cardholder / Account holder HKID card no.

與投保人關係  
Relationship with proposer

本人之信用卡號碼為     -     -     -      
My credit card no. is

☐ Visa ☐ Master Card 信用卡有效期至  月  年  
Credit card expiry date M Y

或本人之華僑永亨銀行港元儲蓄 / 往來戶口號碼為：      -      
or my HKD Savings/Current Account No. at OCBC Wing Hang is:

持卡人 / 戶口持有人簽署  
Cardholder/Account holder signature(s) \_\_\_\_\_

日期 \_\_\_\_\_  
Date

簽署式樣須與華僑永亨銀行戶口/信用卡賬戶所用之簽名相符。除非聯名戶口簽署協議屬任何一人可簽署，否則所有聯名戶口持有人均須簽署。  
Signature(s) should correspond to the specimen signature of your OCBC Wing Hang / Credit Card Account. For Joint Account, all signatures are required unless either account holder is authorized to sign for all account holders.

## 個人資料收集聲明

利寶國際保險有限公司（以下簡稱『本公司』）根據『個人資料（私隱）條例』（香港法例第486章）（以下簡稱『條例』）就收集、持有、處理、使用和/或轉移個人資料承擔有關責任。

### 目的

本公司所收集或持有的客戶個人資料（包括但不限於保單持有人，投保人，受保人及受益人），可能會使用、存儲、處理、轉移、或披露或分享致以下各強制性的目的：-

- 處理和確定保險申請書、理賠，及持續提供保險服務；
- 處理付款事宜和直接付款授權書；
- 管理、調查和分析任何索償事宜、訴訟和/或針對客戶的訴訟，以及行使本公司根據保險條款賦予的權利，包括但不限於代位權；
- 從事統計資料或用於會計事務；
- 從事研究、保險調查及開發產品和設計之分析；
- 履行任何對本公司、母公司和附屬公司（『利寶互助保險集團公司』）具有約束力的本地或海外法律、法規、守則或指引之披露要求；
- 遵守香港特別行政區的法院命令和包括但不限於保監處、香港保險業聯會，核數師，政府機構和政府成立之相關監管機構對利寶互助保險集團公司具有約束力的合法要求；
- 協助本公司所授權之服務供應商向本公司和/或客戶提供上述目的之服務；
- 協助本公司的實質或建議受讓人評估有關之轉讓交易；
- 從事核實身份和/或信貸審查和/或追收債務；及
- 為相關保險產品進行具參考用途之醫療或健康調查；

如閣下不向我們提供個人資料，我們未必能夠簽訂保單、處理索償、提供保險產品、服務或處理您的要求。

### 直接營銷

本公司所收集或持有的客戶個人資料，特別是姓名和聯繫資料，如電話號碼、電子郵件地址和郵政地址，可能會用以提供本公司和/或利寶互助保險集團的公司的營銷材料，並進行有關本公司、利寶互助保險集團公司的保險及/或金融產品及服務和/或其他金融服務供應商的直接營銷活動（包括但不限於通過電子或其他手段促銷，推廣或銷售本公司、利寶互助保險集團公司或聯營公司有關保險或財務或投資產品或服務）。如果你不同意接收有關直銷通訊，請於本個人資料收集聲明下方 ☐ 標上 ☒ 號。如保客戶沒有「選擇退出」的要求，其保險申請書及於本公司持有之保單持續生效將被視為不反對本公司將其個人資料使用於此自願性的營銷目的。

### 個人資料之轉移

本公司所持有的個人資料將予以保密，但可能會與以下香港境內或境外人士分享：-

- 任何利寶互助保險集團公司，或任何其他從事與保險或再保險業務有關的公司，或中介人；
- 任何為本公司業務操作提供行政、電話、電腦、付款、銀行或其他服務的代理人、承包商、銀行或第三方服務供應商；
- 第三方服務供應商包括法律顧問、調查員、公証行、再保險公司、醫療和康復顧問、緊急救援公司、網絡醫生集團、醫療意見顧問、測量師、專家、維修、會計師和數據處理員；
- 信貸資料服務機構，在違約情況下，任何債務追收機構或辦理索償理賠或調查服務公司；
- 本公司或任何聯營公司在遵守由政府、監管機構或其他當權者推行的法規、守則或指引及履行法律責任時需要向其披露之任何人士；
- 根據有司法管轄權的法院命令受權之任何人士；
- 利寶互助保險集團公司的實質或建議受讓人或利寶互助保險集團公司與保單持有人相關權利的承讓人；
- 利寶互助保險集團公司旗下的公司；
- 為客戶盡職調查或打擊清洗黑錢的篩選之風險智能供應商；
- 如保客戶沒有「選擇退出」的要求，與本公司保持業務轉介或其他安排上之其他銀行/金融機構、商業或慈善組織作為直銷通訊用途；及
- 第三方營銷服務供應商和保險中介機構作為直銷通訊用途。

### 查閱及更正個人資料

根據條例的規定，所有保單持有人可聯絡本公司之個人資料私隱主任查閱、更正和/或更改自己的個人資料：

利寶國際保險有限公司，香港鰂魚涌華蘭路25號栢克大廈13樓

根據條例的規定，本公司在處理個人資料查閱申請時可向客戶收取合理的費用。

☐ 如你不同意接收有關直銷通訊，請標上 ☒ 號

中文版本只供參考，一切以英文版本為準



Personal Information Collection Statement (PICS)

Liberty International Insurance Limited (referred to hereinafter as the “Company”) recognizes its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (the “Ordinance”).

Purpose

The personal data of customers (including but not limited to policy owners, proposers, insureds and beneficiaries) collected or held by the Company may be used, stored, processed, transferred or disclosed or shared for the following obligatory purposes:-

- 1. Processing and determining insurance applications, insurance claims and providing ongoing insurance services;
- 2. Processing requests for payment and for direct debit authorization;
- 3. Managing, investigating and analyzing any claim, action and/or proceedings brought against the customers, and to exercise the Company’s rights as more particularly defined in applicable policy wording, including but not limited to subrogation rights;
- 4. Compiling statistics or using for accounting purposes;
- 5. Conducting research, insurance surveys and analysis for the purpose of product design and development;
- 6. Meeting disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company, its parent and affiliated companies(“Liberty Mutual Group of Companies”)
- 7. Complying with the legitimate requests or orders of the courts of Hong Kong Special Administrative Region and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and governmental-related establishments binding the Liberty Mutual Group of Companies;
- 8. Enabling an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment;
- 9. Conducting identity and/or credit checks and/or debt collection;
- 10. Conducting medical or health reference checks for relevant insurance products; and
- 11. Facilitating the Company’s authorized service providers to provide services to the Company and/or customers for the above purposes

Please note that if you do not provide us with your personal data, we may not be able to issue your policy, process claims or provide insurance products or services to you or process your request.

Direct Marketing

Certain personal data of customers collected or held by the Company, in particular, names and contact information such as telephone number, email address and postal address may be used by the Company and/or the Liberty Mutual Group of Companies to provide marketing materials and conduct direct marketing activities (including but not limited to promoting, marketing or selling of the Company, Liberty Mutual Group of Companies or co-branded insurance or financial or investment related products or services by electronic or other means) in relation to insurance and/or financial products and services of the Company, the Liberty Mutual Group of Companies and/or other financial services providers. Please tick the box at the bottom of this PICS if you do not consent to receive such marketing communications.

In the absence of any “opt-out” request from the customer, the Company shall treat the application and continuation of his/her policy(ies) held with the Company as an indication of no objection to the Company’s use of such personal data for this voluntary marketing purpose.

Transfer of personal data

Your personal data held by the Company will be kept confidential but may be shared with the following parties, within or outside of Hong Kong:-

- 1. Any Liberty Mutual Group of Companies, or any other company carrying on insurance or reinsurance related business, or an intermediary;
- 2. Any agent, contractor, banker or third party service provider who provides administrative, telecommunications, computer, payment, banking or other services to the Company in connection with the operation of its business;
- 3. Third party service providers including legal advisors, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, emergency assistance companies, medical doctor panel groups, medical advisory consultants, surveyors, specialists, repairers, accountants and data processors;
- 4. Credit reference agencies, and in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
- 5. Any person to whom the Company is under an obligation to make disclosure under the requirements of any law binding on the Company or any of its associated companies for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Company or any of its associated companies are expected to comply;
- 6. Any person pursuant to any order of a court of competent jurisdiction;
- 7. Any actual or proposed assignee of the Liberty Mutual Group of Companies or transferee of the Liberty Mutual Group of Companies’ rights in respect of the policy owners;
- 8. Companies within the Liberty Mutual Group of Companies;
- 9. Providers of risk intelligence for the purpose of customer due diligence or anti-money laundering screening;
- 10. Other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements for marketing communication if “no objection” is provided; and
- 11. Third party marketing service providers and insurance intermediaries for marketing communication if “no objection” is provided.

Access and correction of personal data

According to the Ordinance, all policyholders have the right to of access to, correct and/or change any of their own personal data held by the Company by contacting the Company’s Personal Data Privacy Officer at:

Liberty International Insurance Limited, 13/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong In accordance with the Ordinance, a reasonable fee may be charged by the Company for the processing of any data access request.

☐ Please tick here if you do not consent to receive marketing communications.

聲明及簽署 Declaration and Signature

- 1. 本人/吾等\*謹承認本投保書為本人/吾等\*與利寶國際保險有限公司（「貴公司」）訂立此保險契約及以後續約之根據， 並同意所列各項及願意接受保單上所載的一切條款。若本投保書經由他人代寫，填寫此投保書者只視作為本人/吾等\*之代理人論，其內容均屬經本人/吾等\*認可和授權。本人/吾等\*已獲有關人士授權在投保書上透露其個人資料。
- 2. 本人/吾等\*明白貴公司為「尊尚汽車」保險計劃（「此計劃」）之承保人，全面負責一切保障及賠償事宜。
- 3. 本人/吾等\*絕無向貴公司隱瞞任何事實（例如該等事實足以影響保險公司決定是否接受投保），如有任何有關事實未有正確列明或有所隱瞞，本保單將會作廢。
- 4. 本人/吾等\*已閱讀並明白此計劃之內容及承保範圍，豁免條款及其他有關規章及條款。若保單內容與本單張內容 (包括此聲明部份) 有任何不同之處，當以英文版本的保單內容為準。
- 5. 本人/吾等\*同意銷售本計劃的中介人已了解本人/吾等\*的需要及清楚解釋此計劃是適合本人/吾等\*，並已向本人/吾等\*解釋若本人/吾等\*作出任何欺詐行為，不披露或提出不準確資料的後果。本人/吾等\*已細閱及明白此投保小冊子及此投保書所載之條款及細則，並同意受其約束。
- 6. 此申請需經貴公司批核，接納與否全由貴公司決定。

- 1. I/We\* agree that this proposal form and Declaration shall be the basis of the contract between me/us\* and Liberty International Insurance Limited (“the Company”), and shall be deemed to be incorporated in such contract, and any renewal thereof which may be agreed, subject to the terms and conditions of the insurance policy issued by the Company. If any answer has been written by any other person, such person shall, for that purpose, be deemed to be my/our\* agent and not the agents of the Company. I/We\* confirm that I/we\* have obtained such person’s authorization to disclose the information in this proposal form.
- 2. I/We\* understand that the Company is responsible for all matters in relation to the insurance coverage and compensation under Platinum Motor Insurance Plan (“this Plan”).
- 3. I/We\* have not withheld any material facts (i.e. facts relevant to an insurer’s decision whether to provide coverage or not) from the Company and that if any material facts shall have been withheld or not truly or fairly stated, this insurance policy shall be null and voided.
- 4. I/We\* have read and understand the contents of this Plan and the insurance coverage, exclusion clauses and other relevant terms and conditions. If there is any inconsistency between the insurance policy and this leaflet (including this Declaration), the contents of the English version insurance policy shall prevail.
- 5. I/We\* hereby acknowledge the insurance agent has clearly explained that this is an appropriate plan with regard to my/our\* needs and has explained that the consequences of any fraud, non-disclosure and inaccuracies information provided by me/us\*. I/We\* have read and understand the terms and conditions as stated in this proposal form and leaflet and agree to be bound by them.
- 6. This application is subject to the approval of the Company which shall, in its absolute discretion, determine whether to accept this application or not.

本人/吾等\*欲向貴公司投保。本人/吾等\*現聲明投保書之陳述事項乃根據本人/吾等\*一切所知、所信皆屬實情，並無誤導、誤報或隱瞞任何事項。本人/吾等\*同意本投保申請將成為本人/吾等\*與貴公司之間合約基礎，並將視為納入承保單內。若本投保書由別人填寫，該位人士乃是本人作此用途之代理人，而非貴公司之代理人。本人/吾等\*更確認同意本投保書內之所有部份，包括個人資料收集聲明。

I/We\* wish to effect an insurance with the Company. I/We\* declare that the above statements and particulars of proposal form are to the best of my knowledge true and complete. No material facts have been mis-represented, mis-stated or withheld. I/We\* agree that this proposal shall form the basis of the contract between me/us\* and the Company and will be deemed as incorporated in the insurance policy to be issued. If this proposal has been written by anyone else that person is my/our\* agent for this purpose and not the agent of the Company. I/We\* further confirm my agreement to all sections in this proposal form including the Personal Information Collection Statement (PICS).

若中、英文版本之間有任何歧異或有所抵觸，概以英文版本為準。  
If there is any inconsistency or conflict between the English and Chinese versions, the English version shall prevail.

投保人簽署 Signature of Proposer

日期 Date