



# MSIG

**MSIG Insurance (Hong Kong) Limited**  
 三井住友海上火災保險（香港）有限公司  
 9/F 1111 King's Road, Taikoo Shing, Hong Kong  
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**msig.com.hk**

A Member of **MS&AD** INSURANCE GROUP

## Employee Top Up Medical Insurance Application Form 僱員增值醫療保險投保申請書

**H1050**

Please complete this application form in **ENGLISH BLOCK LETTERS**. Tick "✓" the boxes as appropriate.  
 請以英文正楷填寫此申請表。在適當的方格內“✓”。

1. Please complete all relevant items carefully and return or post the form with initial premium to: MSIG Insurance (Hong Kong) Limited – Healthcare Division (9/F 1111 King's Road, Taikoo Shing, Hong Kong). Any queries, please call us at +852 3122 6988.  
 請小心填妥投保書所有相關項目，並連同首次保費，直接交回或寄回三井住友海上火災保險（香港）有限公司－醫療保險部（香港太古城英皇道1111號9樓）。如有任何查詢，請致電 +852 3122 6988。
2. All dependant members currently enrolled in group medical policy must select the same plan.  
 所有家屬必須選擇與現時團體醫療保險之同一計劃。
3. Change of plan (no upgrade is allowed) or addition of optional out-patient benefits is subject to underwriting approval and only takes effect on the policy anniversary date.  
 更改計劃（不能提升保障級別）或新增自選門診保障須經由核保部審批，並只於保單周年日生效。
4. Claim payment shall be made against the group medical policy of the insured person first (if any). Any unpaid portion of the eligible expense shall then be paid under Employee Top Up Medical Insurance policy (subject to the coverage under the policy).  
 索償款項須先從受保人的團體醫療保險中支付（如有），餘下合資格開支將由僱員增值醫療保險保單支付（受限於保單保障範圍）。

### Details of applicant and eligibility confirmation 申請人資料及資格確認 (except for spouse and children under 18 years old<sup>1</sup>, each applicant should submit one application) (除配偶及18歲<sup>1</sup>以下之子女外，每位申請人須提交一份投保申請書)

MSIG Employee Top Up Medical Insurance is only applicable to existing member/dependant and/or immediate family member of a covered member under MSIG Group Medical Insurance.  
 MSIG 僱員增值醫療保險只適用於現有MSIG團體醫療保險之成員/受保家屬及/或其直系親屬。

Existing MSIG Group Medical Insurance policy no. (mandatory for all applicants)  
 現有MSIG團體醫療保險計劃保單號碼（所有申請人必須填寫）

Company name  
 公司名稱

Name of the existing MSIG Group Medical Insurance member (You or your related member)  
 現有MSIG團體醫療保險成員姓名（您或您的相關成員）

Relationship with the above existing MSIG Group Medical Insurance member  
 (multiple selections are allowed if applicable)  
 與上述現有MSIG團體醫療保險成員關係（可在適當的地方選擇多於一個項目）

☐ Self 本人 ☐ Spouse 配偶 ☐ Children 子女  
☐ Parents 父母 ☐ Brother 兄弟 ☐ Sister 姊妹

Membership number of the member from MSIG Group Medical Insurance  
 MSIG團體醫療保險成員號碼

Are you currently an existing covered member under any MSIG Group Medical Insurance?  
 您是否現有MSIG團體醫療保險的受保成員？

☐ Yes 是  
☐ No 否 (if no, please complete Health Declaration and Questionnaire Part 1-3 如「否」，請填寫健康聲明及問卷第1至3部分)

Valid since date display on MSIG medical card (not applicable for non-existing group medical insurance members)  
 顯示於MSIG醫療卡上的初始生效日（不適用於非現有團體醫療計劃成員）

dd日/mm月/yyyy年

Last employment day of MSIG Group Medical Insurance member (if applicable)  
 MSIG 團體醫療保險計劃成員最後受僱日期（如適用）

dd日/mm月/yyyy年

Surname:  
 姓：

Given name:  
 名：

Gender  
 性別：

M 男 ☐ F 女 ☐

Place of residence:  
 居住地：

☐ HKID no. 香港身份證號碼：  
☐ Passport no. 護照號碼：

Date of birth (DD/MM/YYYY):  
 出生日期（日/月/年）：

Contact no.:  
 聯絡電話：

Email:  
 電郵：

Occupation:  
 職業：

Job title:  
 職位：

<sup>1</sup> Aged at last birthday. 年齡以上一次生日計算。

Correspondence address 通訊地址： Flat/Room 室		Floor 樓	Block 座
Building/Estate 大廈/屋苑			
Street/Road & district area 街道及地區		<input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界	
Period of insurance: 保障期：	Commence on 本保單由	(D) (日)	(M) (月)
		(Y) <sup>2</sup> (年) <sup>2</sup> 生效	

<sup>2</sup> Please note that the period of insurance/policy effective date stated by the applicant in this application form is for indication only and is subject to final underwriting assessment and approval by MSIG Insurance (Hong Kong) Limited. The actual policy effective date and period of insurance may therefore differ from the dates filled in by the applicant and will be confirmed in the policy schedule upon policy issuance.  
請注意：申請人於本申請表內填寫的保障期/保單生效日期僅供參考，須經MSIG保險（香港）有限公司核保審批後方為最終決定。因此，實際保單生效日期及保障期可能與申請人所填寫的日期有所不同，並以正式簽發的保單承保表為準。

Plan selection 選擇計劃	
Mandatory inpatient confinement benefits 必選住院及手術保障	
<input type="checkbox"/> Plan 計劃 1 (No deductible 沒有自負額)	<input type="checkbox"/> Plan 計劃 2 (Deductible 自負額 HK\$50,000)
<input type="checkbox"/> Plan 計劃 3 (No deductible 沒有自負額)	<input type="checkbox"/> Plan 計劃 4 (Deductible 自負額 HK\$100,000)
<input type="checkbox"/> Plan 計劃 5 (No deductible 沒有自負額)	<input type="checkbox"/> Plan 計劃 6 (Deductible 自負額 HK\$200,000)
Optional outpatient benefits (if required) 自選門診保障（如需要）	
<input type="checkbox"/> Plan 計劃 1 <input type="checkbox"/> Plan 計劃 2 <input type="checkbox"/> Plan 計劃 3 <input type="checkbox"/> Plan 計劃 4	

You can only select the plan at a benefit level same as or lower than your existing Group Medical Insurance's current benefit level (no benefit upgrade is allowed). Once a benefit level has been selected, no further benefit upgrade or transfer would be allowed. If the benefit level is not specified in the company group medical insurance, please refer to the below table for corresponding plan entitlement based on daily room and board limit.

您可以選擇與您現有團體醫療保險相同或以下的保障級別（不能提升保障級別）。一經選定保障級別，成員不能提升保障級別或轉移。如團體醫療保險並沒有列明保障級別，將按以下住院及膳食費用每日限額相應之保障等級釐定。

Benefit entitlement in group medical 團體醫療保障等級		Corresponding plan entitlement in Employee Top Up Medical Insurance 相應僱員增值醫療保險保障等級
Daily room and board limit (HK\$) 住院及膳食每日限額（港幣/元）	Room level entitlement 可享有的病房級別	
1,399 or below 或以下	General ward 普通房	Plan 計劃 1 & Plan 計劃 2
1,400 - 2,999	Semi-private 半私家房	Plan 計劃 3 & Plan 計劃 4
3,000 or above 或以上	Standard private 標準私家房	Plan 計劃 5 & Plan 計劃 6

## Eligibility confirmation for existing MSIG Group Medical Insurance members 現有MSIG團體醫療保險成員投保資格確認

Applicable to existing MSIG Group Medical Insurance member, please confirm that one of the eligibility requirements below has been fulfilled at the time of making this application.

適用於現有MSIG團體醫療保險成員，請確認在提交此申請時已符合以下其中一項投保資格。

(Please only select one option below 請只選擇以下一個項目)

- ☐ 1. If the member has ceased employment, the application must be made within 30 days before the last day of MSIG Group Medical Insurance membership<sup>3</sup>

如成員離職，必須於MSIG團體醫療保險成員最後受保日前的30天內申請<sup>3</sup>

Last day of MSIG Group Medical Insurance membership

MSIG 團體醫療保險成員最後受保日

dd日/mm月/yyyy年

Reason for ceasing employment 離職原因

- ☐ 2. If the member is going to retire, the application must be made within 30 days before the last day of Group Medical Insurance membership<sup>3</sup>

如成員退休，必須於MSIG團體醫療保險成員最後受保日前的30天內申請<sup>3</sup>

Last day of MSIG Group Medical Insurance membership

MSIG 團體醫療保險成員最後受保日

dd日/mm月/yyyy年

- ☐ 3. If the member is newly covered under MSIG Group Medical Insurance, the application must be made within 30 days from the member's coverage commencement date of MSIG Group Medical Insurance<sup>3</sup>

如新加入成為MSIG團體醫療保險成員，必須於MSIG團體醫療保險保障開始日起計30天內申請<sup>3</sup>

Commencement date of MSIG Group Medical Insurance membership

MSIG團體醫療保險成員保障開始日

dd日/mm月/yyyy年

- ☐ 4. If the member's MSIG Group Medical Insurance policy is renewed within 30 days, the application must be made within 30 days from the anniversary date<sup>3</sup>

如成員之MSIG團體醫療保險於30天內續保，必須於保單周年日起計30天內申請<sup>3</sup>

Anniversary date of MSIG Group medical insurance

MSIG團體醫療保險計劃之保單周年日

dd日/mm月/yyyy年

<sup>3</sup> At the time of submitting this application, if the member's employer's MSIG Group Medical Insurance covers less than 10 employees, MSIG will only accept applications that meet the eligibility criteria for "ceased employment" or "retire". All applications are subject to MSIG's approval.

若成員於提交本申請時，其僱主的MSIG團體醫療保險僅涵蓋少於10名僱員，MSIG只接受符合「離職」/「退休」投保資格的申請。所有申請須經MSIG審批。

<b>Details of additional insured person<sup>4</sup> (Insured person must be aged 15 days - 64<sup>1</sup>)</b> <b>額外受保人資料<sup>4</sup> (受保人年齡必須為15天至64歲<sup>1</sup>)</b>				
Spouse full name 配偶全名		Surname: 姓 :	Given name: 名 :	Gender 性別 : M 男 <input type="checkbox"/> F 女 <input type="checkbox"/>
<input type="checkbox"/> HKID no. 香港身份證號碼 : <input type="checkbox"/> Passport no. 護照號碼 :		Date of birth (DD/MM/YYYY): 出生日期 (日/月/年) :		
Place of residence: 居住地 :		Occupation: 職業 :	Job title: 職位 :	
Do you have more than one MSIG Group Medical Insurance policy? If 'yes', please provide the following information. 您是否有多於一份MSIG團體醫療保險保單? 如選擇「是」, 請提供以下資料。 <div><input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</div>				
Company name and MSIG Group Medical Insurance policy no. 公司名稱及MSIG團體醫療保險計劃保單號碼				
Unmarried child(ren) who has attained the age of 15 days and is under 18 years old (or up to 25 years old if he/she is registered as a full time student at a recognised educational institution) and financially solely dependent on the existing member, please fill-in the below details. 未婚的子女年齡在15日至18歲以下 (或不超過25歲而在認可學府註冊就讀的全日制學生), 並在財政上完全依靠現有成員, 請填寫以下資料。 <div>Note 註 : For child(ren) who has attained aged 18 or above and who is not a full time student, he/she should complete a separate application form. 子女為 18 歲或以上而非全日制學生, 必須另行填寫申請表格。</div>				
Full name in English 英文全名	Date of birth (DD/MM/YYYY) 出生日期 (日/月/年)	Gender 性別	HKID card/Birth certificate no./ Passport no. 香港身分證/出生證明書號碼/護照號碼	
		<input type="checkbox"/> M 男 <input type="checkbox"/> F 女		
		<input type="checkbox"/> M 男 <input type="checkbox"/> F 女		
		<input type="checkbox"/> M 男 <input type="checkbox"/> F 女		
		<input type="checkbox"/> M 男 <input type="checkbox"/> F 女		

<sup>1</sup> Aged at last birthday. 年齡以上一次生日計算。  
<sup>4</sup> Only applicable to Hong Kong residents. If there is more than one insured person, please submit separate application form.  
只適用於香港永久居民。如多於一位受保人, 請提交另一份投保申請書。

## Method of premium and levy^ payment 繳付保費及保費徵費^方式

- ☐ Monthly by direct debit 以自動轉賬月繳  
(Please fill in the attached Direct Debit Authorisation Form and attach cheque for premium of the first 2 months. If the company bank account is used, please attach a copy of the Business Registration or Certificate of Incorporation that you have used to open the company bank account.)  
(請填寫附表的自動轉賬授權書並連同首兩個月保費支票寄回。如公司銀行賬戶付款，請附上用以開立公司銀行賬戶的商業登記或註冊證書的副本。)
- ☐ Annually by credit card (Please fill in the attached Credit Card Authorisation Form)  
以信用卡年繳（請填寫附表的信用卡付款授權書）

## Direct debit authorisation form 直接付款授權書

Please complete and return this form to: MSIG Insurance (Hong Kong) Limited - Healthcare Division - 9/F 1111 King's Road, Taikoo Shing, Hong Kong.

請依次填寫，並將此授權書送交：三井住友海上火災保險（香港）有限公司－醫療保險部－香港太古城英皇道1111號9樓。

Name of party to be credited (the beneficiary) : MSIG Insurance (Hong Kong) Limited  
收款之一方（受益人）：A/C: 003-447-1-662641-4

Name of party to be credited (the beneficiary) 收款之一方（受益人）：  
MSIG Insurance (Hong Kong) Limited A/C: 003-447-1-662641-4

- I/We hereby authorise my/our below named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instruction as my/our Bank may receive from the beneficiary from time to time.
- I/We agree that my/our Bank shall not be obliged to ascertain whether or not any notice of 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 authorised, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which the Bank may take the usual charge and that it may cancel this authorisation at any time on one week's written notice. This authorisation shall have effect until further notice.
- I/We agree that any notice of cancellation or variation of this authorisation which I/We may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.
- 本人（等）現授權本人（等）之下述銀行，（根據受益人或其往來銀行不時給予本人（等）銀行之指示）自本人（等）之賬戶內轉賬予上述受益人。
- 本人（等）同意本人（等）之銀行毋須證實該等轉賬通知是否已交予本人（等）。
- 如因該等轉賬而令本人（等）之賬戶出現透支（或令現時之透支增加），本人（等）願共同及各自承擔全部責任。
- 本人（等）同意如本人（等）之賬戶並無足夠款項支付該等授權轉賬，本人（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。本授權書將繼續生效直至另行通知為止。
- 本人（等）同意，本人（等）取消或更改本授權書之任何通知，須於取消/更改生效日期最少兩個工作天之前交予本人（等）之銀行。

My bank name and branch  
本人之銀行及分行名稱

Bank no. Branch no./My/Our account no.  
銀行編號 分行編號 本人（等）之賬戶號碼

My name (as recorded on statement/passbook)  
本人名稱（在結單存摺上所有記錄名稱）

HKID/ Passport no.  
香港身份證/護照號碼

My address  
本人之地址

Name of debtor (if other than account holder)  
債務人之姓名（若非賬戶持有人）

Debtor's reference  
(i.e. Policy Number - to be completed by MSIG Insurance (Hong Kong) Limited)  
債務人備註（即保單號碼－由三井住友海上火災保險（香港）有限公司填寫）

My signature 本人之簽名  
(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之簽名與銀行賬戶所簽者完全相同)

Date of completion (DD/MM/YYYY)  
日期（日/月/年）

Signature verified  
(Bank use only)  
以下由銀行填寫

## Credit card authorisation form 信用卡付款授權書

I shall arrange premium and levy payment^ with  
本人將安排保費及保費徵費^

Payment mode ☐ Visa ☐ MasterCard 萬事達  
付款方式

Credit card account number (Accept credit card in Hong Kong currency only) Expiry date  
信用卡賬戶號 (只接受港幣信用卡) 有效日期至

\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_ MM (月) \_\_\_\_ YY (年)

Issuing bank HKID no.  
發卡銀行 香港身份證號碼

Name of cardholder  
持卡人姓名 \_\_\_\_\_ (\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_)

I hereby authorise MSIG Insurance (Hong Kong) Limited to charge the total amount of the policy to my credit card account for this insurance.  
本人謹此授權三井住友海上火災保險 (香港) 有限公司從本人信用卡賬戶中扣除本保險的總費用。

### Cardholder's signature

持卡人簽署

(Signature should correspond to the specimen  
signature of the above credit card account.  
簽署必須與上述信用卡戶口式樣相同。)

Date  
日期 \_\_\_\_\_ (DD日/MM月/YYYY年)

^Important note: Collection of levy on insurance premium - The Insurance Authority (IA) has announced the collection of levy on insurance premium under the "Insurance Ordinance" with effect from 1<sup>st</sup> January 2018. As a result, all premium amounts shown in this proposal form are subject to levy.

^重要事項：收取保費徵費之新規定-保險業監管局 (保監局) 已於《保險業條例》中公佈有關收取保費徵費的新規定，並於2018年1月1日正式生效。因此，本投保書上所列明的保費金額將附加保費徵費。

Please complete one health declaration form per insured person.  
請每位受保人填寫一份健康聲明表格。

### Health declaration and questionnaire: part 1 – general information

#### 健康聲明及問卷：第1部分 – 基本資料

(non-existing MSIG Group Medical Insurance members are required to fill in this section. 非現有MSIG團體醫療保險成員必須填寫此部分。)

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

1. Height (cm) 身高 (厘米) :	2. Weight (kg) 體重 (公斤) :	Yes 有/是	No 否
3. Smoking habit 吸煙習慣 Does the insured person smoke or has the insured person smoked in the last 5 years? If 'yes', please provide additional information below. 受保人有沒有吸煙或在過去5年內曾否吸煙? 如「是」, 請在以下的問題提供更多資料。  i. Type of tobacco product 煙草產品種類 _____  ii. 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 _____  For the purpose of this question, the meaning of "smoking" includes but 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)。		<input type="checkbox"/>	<input type="checkbox"/>
4. Alcohol consumption 飲酒 In the last 12 months, on average does the insured person drink alcoholic beverage for more than 3 times in a week on average? If 'yes', please provide additional information below. 在過去12個月內, 受保人是否平均每週飲用酒精飲品超過3次? 如「是」, 請在以下的問題提供更多資料。  i. Type of alcoholic beverage 酒精飲品種類 _____  ii. 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 _____		<input type="checkbox"/>	<input type="checkbox"/>

## Health declaration and questionnaire: part 2 – health information 健康聲明及問卷：第2部分 – 健康資料

Note for applicant(s): Questions of Part 2 do not require the applicant(s) to disclose information regarding the medical conditions or treatments below –

申請人須知：無需於第2部分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 5 – 15 below is “Yes”, please proceed to answer the relevant follow-up questions in Part 3. 若第5至15項任何一項問題之答案為「有/是」者，請於第3部分回答相關的跟進問題。

Yes  
有/是

No  
否

5. Has the insured person ever been diagnosed with any of the following diseases or medical conditions?

受保人是否曾被確診下列疾病或健康狀況？

(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

☐ ☐





## Health declaration and questionnaire: part 3 – supplementary health information\* 健康聲明及問卷：第3部分 – 健康資料補充\*

If the answer to any of the questions 5 – 15 in Part 2 is “Yes”, please provide additional information as applicable –  
若第2部分第5至15項任何一項問題之答案為「有/是」者，請在適用的問題提供更多資料 –

Question no. 問題號碼			
1) Disease/medical condition/sign and symptom 疾病/健康狀況/病徵及症狀			
2) Date of first occurrence of sign and symptom (DD/MM/YYYY) 首次出現病徵及症狀的日期 (日/月/年)			
3a) Treatment/investigations/tests/scans that have been performed 已進行的治療/檢查/測試/掃描			
3b) Date of such treatment/investigation/tests/scan (DD/MM/YYYY) 有關治療/檢查/測試/掃描日期 (日/月/年)			
4) Present condition (such as whether fully recovered, follow up action/medication/next follow up date) (DD/MM/YYYY) 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 (日/月/年))			
5) Date of last follow-up medical consultation/treatment (DD/MM/YYYY) 最後覆診/治療日期 (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。

Please use a separate sheet if space provided is insufficient.  
如空位不敷應用，請另頁書寫。

# Written consents from applicant are needed before an insurance company may approach the applicant's doctor for access to his/her medical records.  
在保險公司聯絡申請人的醫生以獲取其醫療記錄前，需獲得申請人的書面同意。

## Statement for collection of Information 資料收集聲明

- (i) This questionnaire collects health-related information solely for the purpose of underwriting which is a process for MSIG Insurance (Hong Kong) Limited (hereunder called "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.
- (ii) 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.
- (iii) 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.
- (iv) 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 (ii), or if you have not notified the Company on any changes to or updates of the information in time according to (iii).
- (i) 此問卷收集與健康相關的資料僅作為核保之用途，而核保是三井住友海上火災保險（香港）有限公司（下稱「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。
- (ii) 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。
- (iii) 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。
- (iv) 即使已成功投保並獲簽發保單，若閣下未按（ii）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（iii）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。

## Declaration 聲明

1. I/We declare that all statements and information provided in this application form, whether made by me/us or on my/our behalf, are true, complete, and accurate to the best of my/our knowledge and belief. I/We understand that any misrepresentation, non-disclosure, or omission of material facts may result in policy cancellation, denial of claims, or nullification of coverage. I/We confirm that I/we am/are not aware of any existing medical condition or foreseeable circumstance requiring future treatment. I/We understand that benefits will not apply to treatment or expenses arising from medical conditions that originated, were known to exist, or for which treatment, medication, advice, or diagnosis was sought or received before the application date.
2. I/We authorize any doctor or medical practitioner who has attended to me/us to release any medical records, reports, or other relevant information required by MSIG Insurance (Hong Kong) Limited ("MSIG"). I/We also authorize MSIG to obtain such medical information from hospitals, clinics, or other healthcare providers if necessary for underwriting or claims assessment. A photocopy of this authorization shall be as effective and valid as the original.
3. I/We agree to cooperate fully with MSIG and provide any additional medical evidence required in support of my/our application or claims. Failure to provide the requested information may result in a delay or denial of coverage or claims.
4. I/We acknowledge that this application and declaration shall form the basis of the contract between me/us and MSIG, and that I/we agree to accept insurance coverage as specified in my/our policy. I/We also confirm that I/we have read, understood, and agree to comply with all terms, conditions, exclusions, and premium adjustment provisions stated in the policy.
5. I/We understand that insurance coverage will not commence unless the application has been accepted and the initial premium has been received by MSIG. I/We acknowledge that no benefits shall be payable for claims incurred during the grace period unless the overdue premium is fully settled before the end of the grace period. If the premium remains unpaid after the grace period, the policy will terminate automatically, and no further coverage shall be provided.
6. I/We understand that this application is subject to MSIG's approval, and that an additional premium or policy restriction may be imposed depending on the underwriting result.
7. I/We understand that if any non-health-related information of the insured person that may impact MSIG's risk assessment (including but not limited to age, sex, place of residence, or occupation) is misstated in this application or in any subsequent updates before policy issuance, MSIG reserves the right to adjust the premium for past, current, or future policy years based on the correct information. If an additional premium is required, no benefits shall be payable unless the additional premium has been paid. If the additional premium is not paid within a 30-day grace period, MSIG reserves the right to terminate the policy from the due date and refund any overpaid premium. If the correct information would have led to a rejection of the application, MSIG reserves the right to void the policy and notify me/us that no coverage shall be provided. In such cases, MSIG may demand reimbursement of any benefits previously paid and refund the premium received, subject to a reasonable administration charge.
8. I/We acknowledge that MSIG shall have the right to void the policy and notify me/us that no coverage shall be provided if any material fact related to the insured person's health, medical history or lifestyle information, which may impact MSIG's risk assessment, is incorrectly stated or omitted in the application, declaration, or subsequent information submitted before policy issuance. A material fact includes, but is not limited to, any information that, if disclosed, would have resulted in premium loading, case-based exclusions, or rejection of the application. In such cases, MSIG reserves the right to demand reimbursement of any benefits previously paid and refund the premium received, subject to a reasonable administration charge.
9. I/We acknowledge that if any application or claim submitted is fraudulent, or if a fraudulent representation is made, MSIG reserves the right to void the policy, deny coverage, and demand reimbursement of any benefits previously paid, without refunding any premium received.
10. In the event of any discrepancy or inconsistency between the English and Chinese versions of this Declaration, the English version shall prevail.

1. 本人/我們聲明，本申請表中所提供的所有陳述和信息，不論是由本人/我們或代表本人/我們所作，均屬真實、完整和準確，並且是本人/我們所知所信的最佳表述。本人/我們明白，任何虛假陳述、未披露或遺漏重要事實，可能導致保單取消、索賠被拒或取消保障。本人/我們確認，本人/我們並不知悉任何現有的疾病或可預見的情況可能需要將來接受治療。本人/我們明白，保障不適用於在申請日期之前已存在、已知存在或已尋求或接受治療、藥物、建議或診斷的醫療狀況所引起的治療或費用。
2. 本人/我們授權任何曾為本人/我們診治的醫生或醫療從業者向三井住友保險（「MSIG」）提供任何醫療記錄、報告或其他相關資料。本人/我們亦授權MSIG在需要時，從醫院、診所或其他醫療機構獲取此類醫療信息，以便進行核保或索賠評估。本授權書的影印本與正本具有同等效力。
3. 本人/我們同意全力配合MSIG，並提供任何額外的醫療證明，以支持本人/我們的申請或索賠。未能提供所要求的信息，可能導致延遲或拒絕保障或索賠。
4. 本人/我們確認，本申請及聲明將構成本人/我們與MSIG之間合同的基礎，並且本人/我們同意按照保單所載條款接受保險保障。本人/我們亦確認已閱讀、理解並同意遵守保單中列明的所有條款、條件、除外責任及保費調整條款。
5. 本人/我們明白，保險保障將不會生效，除非本申請已獲MSIG接納，並且已收到首期保費。本人/我們確認，如未能於寬限期內繳清逾期保費，寬限期內發生的索賠將不獲賠償。如果保費在寬限期後仍未支付，保單將自動終止，並且不再提供任何保障。
6. 本人/我們明白，本申請需經MSIG批准，並且根據核保結果，可能會增加保費或施加保單限制。
7. 本人/我們明白，如果本申請或在保單簽發前的任何後續更新中，投保人的任何非健康相關資料（包括但不限於年齡、性別、居住地或職業）被錯誤陳述，並且該等資料可能影響MSIG的風險評估，MSIG保留根據正確資料調整過去、現在或未來保單年度保費的權利。如果需要額外保費，除非已支付額外保費，否則不會支付任何賠償。如果在30天寬限期內未支付額外保費，MSIG保留從到期日起終止保單並退還任何多付保費的權利。如果正確資料會導致申請被拒絕，MSIG保留取消保單並通知本人/我們不提供保障的權利。在此情況下，MSIG可能要求退還已支付的任何賠償並退還已收取的保費，並收取合理的行政費用。
8. 本人/我們確認，如果在申請、聲明或在保單簽發前提交的後續信息中，與受保人健康、病歷或生活方式相關的任何重要事實被錯誤陳述或遺漏，MSIG保留取消保單並通知本人/我們不提供保障的權利。重要事實包括但不限於任何如果披露會導致保費增加、個案排除或申請被拒絕的信息。在此情況下，MSIG保留要求退還已支付的任何賠償並退還已收取的保費，並收取合理的行政費用。
9. 本人/我們確認，如提交的申請或索賠屬虛假，或提供任何虛假陳述，MSIG保留取消保單、拒絕提供保障及要求退還已支付賠償的權利，而已繳保費將不予退還。
10. 如本聲明的英文版本與中文版之間出現任何差異或不一致，應以英文版本為準。

**Declaration of broker commission (if applicable):**

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by MSIG Insurance (Hong Kong) Limited ("MSIG"), MSIG will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to MSIG that he or she is authorised to do so. The applicant further understands that the above agreement is necessary for MSIG to proceed with the application.

**經紀佣金聲明（如適用）：**

申請人明白、確知及同意，三井住友海上火災保險（香港）有限公司（「MSIG」）會就申請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。假如申請人為法人團體，代表申請人簽署的獲授權人員須向MSIG確認他/她已獲該法人團體授權。申請人亦明白MSIG必須取得申請人以上的同意，才可以處理其保險申請。

**Important note: Please refer to the Employee Top Up Medical Insurance Policy (which will be issued to you upon acceptance of your proposal) for the applicable terms, conditions and exclusions.**

注意事項：有關條款細則及不承保範圍，請參閱僱員增值醫療保險保單（於接納您的投保書後奉上）。

**Cancellation rights and refund of premium(s):**

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 MSIG Insurance (Hong Kong) Limited at 9/F, 1111 King's Road, Taikoo Shing, Hong Kong within 21 days after the delivery of the policy or issuance of a notice to the Policy Holder or the Policy Holder's representative, whichever is the earlier.

**取消保單權益及發還保費：**

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，並確保三井住友海上火災保險（香港）有限公司 - 香港太古城英皇道1111號9樓於以下時段內直接收到該通知：保單交付本人或本人的代表後或《通知書》發予本人或本人的代表後，起計的21天，以較先者為準。

Appendix: Notice to customers relating to The Personal Data (Privacy) Ordinance ("the Ordinance")

MSIG Insurance (Hong Kong) Limited ("MSIG", "we" or "us") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

Privacy Policy

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone without your consent. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agents, contractors or third parties who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purposes. If you have any questions or inquiries regarding our Privacy Policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the 'Privacy Policy' link on our website homepage at [msig.com.hk](http://msig.com.hk). You should check the Privacy Policy regularly for changes.

Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customer, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product or any claim made under the Product.

If you do not provide us with your personal data, we may not be able to provide the Product you need or process your request.

We may use your personal data for:-

- processing and evaluating your insurance application and any variation or renewal of the Product;
- administration of the services and facilities in relation to the Product provided to you;
- conducting identity and/or credit checks;
- invoicing, processing payment instructions and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product;
- conducting statistical or actuarial research and/or analysis by us;
- automated decision-making processes, including profiling, for risk assessment and claims management;
- other ancillary purposes which are directly related to the above purposes;
- conducting matching procedures (as defined under the Ordinance);
- complying with applicable laws, regulations or any industry codes or guidelines; and
- detecting, investigating and preventing fraud and/or other illegal activity (whether or not relating to the Product issued in respect of this application).

In connection with any of the above purposes, the personal data that we have collected might be disclosed or transferred to the following persons and/or entities (who may be located within or outside of Hong Kong, or may process or store your personal data outside of Hong Kong):

- third party agents, contractors, service providers and advisors (including but not limited to debt collection agencies, credit reference bureaus or call centers) who provide administrative, communications, computer, data processing and storage, payment, security, information technology, marketing or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance

- service providers, telemarketers, mailing houses, IT service providers and data processors);
- loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance intermediary;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar insurance industry association or federation);
- the Insurance Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted by law;
- the police and fraud investigation or prevention organizations;
- databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; and
- in the event that we transfer all or a substantial part of our business to another company, the transferee of that business, who may then use your personal data to continue carrying out that business.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

MSIG also intends to use your name, your address, your phone number and email address from time to time to provide marketing materials and conduct direct marketing (including but not limited to promotion, marketing and sales) of the Product.

If you do not wish MSIG to use your personal data for direct marketing as listed above, you should tick the box on the right and send us a copy of this Notice at the address listed below together with the required information which are necessary for us to process your opt-out request. You may also notify us by filling in the "Enquiry form – Opt-out from direct marketing activities" on our website at [msig.com.hk](http://msig.com.hk). In your notification, you must supply the same required information as listed below.

To enable us to process your opt-out request, please provide us below information and send to: The Data Protection Officer at 9/F, 1111 King's Road, Taikoo Shing, Hong Kong.	
Full name:	
Contact number:	
HKID number:	(for identification purpose)
Policy/Certificate/Acknowledgement number (if you have one):	
Note: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.	

Under the Ordinance, you have the right to: (a) be informed of the kind of personal data held by us; (b) be informed of the main purposes for which personal data held by us are or are to be used; (c) request access to your personal data held by us; (d) request correction of your personal data held by us; and (e) ascertain our policies and practices in relation to personal data. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F, 1111 King's Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at +852 3122 6922.

Signature of the applicant

Name of the applicant

Date (DD/MM/YYYY)

## 附錄：關於《個人資料（私隱）條例》（「條例」）的客戶通知

三井住友海上火災保險（香港）有限公司（下稱「MSIG」、「我們」或「本公司」）請您仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異，將以英文版本為準。

### 私隱政策

MSIG極為重視您的私隱。為了保障您的個人資料，我們以有關法例及規例為準則，向公司內部傳達並執行我們定立之私隱及保障指引。MSIG採取切實可行的預防措施以保障您的個人資料免遭受遺失、盜竊、誤用，以及在未經許可之情況下被取用、洩露、更改及破壞。此外，除非得到您的同意，我們均不會出售您的個人資料給任何人。MSIG嚴格執行認可管制，只容許獲授權之職員在必需要的情況下，取用或處理您的個人資料。此外，我們會向職員定期提供培訓，確保他們知悉任何有關私隱法律及規例的新發展。

我們只會在法律容許並必需用於業務及稅務用途之情況下，保留您的個人資料作為我們的業務記錄。我們會向以本公司之名義提供行政或其他服務之代理、承辦商或第三者，要求他們遵循本政策保護有可能收到的個人資料。本公司不會容許他們使用有關資料於任何其他目的。如您對我們的私隱政策有任何疑問，歡迎聯絡我們查詢。

我們可能不時修改此範本。修改後的範本可於本公司網頁 [msig.com.hk](http://msig.com.hk) 下載。您應定期查閱此範本所修改的內容。

### 個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，您須向我們不時供給與我們提供之一般保險服務及保單產品（下稱「保單產品」）相關的個人資料，讓我們可向您提供客戶服務及改善服務質素。當中包括但不限於您在申請表填寫或任何與保單有關之文件上或任何透過保單索償上所載之個人資料。

如您未能向我們提供您的個人資料，我們可能無法提供您所需的產品或處理您的請求。

我們可能將您的個人資料用於以下用途：

- 處理和評估您的保險申請及任何保單產品的變更或續保；
- 管理與保單產品相關的服務和設施；
- 進行身份和/或信用審查；
- 發出賬單、處理付款指示及向您收取保費和未結清款項；
- 評估及處理與產品相關的索償；
- 進行統計或精算研究和/或分析；
- 風險評估和索償管理的自動化決策過程，包括分析；
- 與上述目的直接相關的其他輔助用途；
- 進行配對程序或相關活動（如有關係例中所定義）；
- 遵守適用的法律、法規或任何行業守則或指引；及
- 偵測、調查和防止欺詐及/或其他非法活動（無論是否與本申請下所發出的保單產品有關）。

在以上任何目的下，我們收集的個人資料可能會被披露或轉移至以下人士和/或實體（他們可能位於香港境內或境外，或可能在香港境外處理或儲存您的個人資料）：

- 向我們提供行政、通訊、電腦、數據處理和儲存、支付、保安、資訊科技、營銷或其他協助我們實現上述目的的服務的第三方代理、承包商、服務供應商及顧問（包括但不限於追討欠款機構、信用調查局或呼叫中心，以及醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商）；
- 處理索賠個案的理賠師、理賠調查員及醫療顧問；

- 再保險公司及再保險經紀；
- 您的保險中介人；
- 我們的法律及專業顧問；
- 我們的關連公司（以《公司條例》內的定義為準）；
- 香港保險業聯會（或同類的保險行業協會或聯會）；
- 保險投訴局及同類的保險業機構；
- 法例要求或許可的政府機關；
- 警方及防止或調查欺詐的組織；
- 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）；及
- 在我們將全部或大部分業務轉讓給其他公司時，該業務的受讓人可繼續使用您的個人資料來執行該業務。

為了確保您的個人資料之準確性，您同意授權本公司查閱並核實任何由保險業界內保險公司聯會所收集有關您的個人資料。

MSIG亦擬不時使用您的姓名、地址、電話號碼及電郵地址提供產品的市場推廣及直接促銷（包括但不限於推廣、營銷及銷售）。

如您不欲MSIG將您的個人資料用作直接促銷用途，您應於右列方格加上剔號並將此通告之副本連同您要求拒絕直接促銷活動所必須提供的資料（詳情如下）郵寄至下列地址。您亦可填妥本公司網頁 [msig.com.hk](http://msig.com.hk) 的「[查詢表格—拒絕直銷活動](#)」通知我們。在您的通知中，您必須於提供以下列出的相同所需資料。



為讓我們能夠處理您以上提出的拒絕直接促銷活動之請求，請提供以下資料並寄至：香港太古城英皇道1111號9樓，資料保護主任收。

姓名：

聯絡電話：

香港身份證號碼：  
（作識別之用）

保單號碼/證書編號/確認編號（如適用）：

附註：此拒絕直接促銷活動要求將會取代您先前給予MSIG一切關於直接促銷的指示。

根據條例，您有權：(a) 知悉我們所持有的個人資料種類；(b) 知悉我們所持有的個人資料的主要用途；(c) 查閱我們所持有的您的個人資料；(d) 更正我們所持有的您的個人資料；及 (e) 查詢我們有關個人資料的政策和實務。如您希望行使這些權利，請致函香港太古城英皇道1111號9樓，我們的資料保護主任收。

如您對此個人資料收集聲明有任何疑問或須協助，請致電 +852 3122 6922 與我們聯絡。

申請人簽署

申請人姓名

日期 \_\_\_\_\_（日/月/年）