



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

- Annually by cheque (Please attach cheque for premium of the 1<sup>st</sup> year)**  
以支票年繳 (請連同首年保費的支票寄回)
- Monthly by direct debit (Please fill in the attached Direct Debit Authorisation Form and attach cheque for premium of the first 2 months)**  
以自動轉賬月繳 (請填寫附表的自動轉賬授權書並連同首兩個月保費的支票寄回)
- Annually by credit card (Please fill in the attached Credit Card Authorisation Form)**  
以信用咁年繳 (請填寫附表的信用咁付款授權書)

## 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):

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.

收款之一方（受益人）：

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

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，  
予上述受益人。

<b>My bank name and branch</b> 本人之銀行及分行名稱	<b>Bank no.</b> 銀行編號 <b>Branch no.</b> 分行編號 <b>My/Our account no.</b> 本人（等）之賬戶號碼
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**My name (as recorded on statement/passbook)**  
本人名稱（在結單存摺上所有記錄名稱）

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

**My address**  
本人之地址

<b>Name of debtor (if other than account holder)</b> 債務人之姓名 (若非賬戶持有人)	<b>Debtor's reference</b> (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)
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<b>My signature</b> 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)	<b>Date of completion (DD/MM/YY)</b> 日期 (日/月/年)	<b>Signature verified (Bank use only)</b> 以下由銀行填寫
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## Payment instruction and authorisation 付款說明及授權書

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

Payment mode  Visa  MasterCard 萬事達  
付款方式

Credit card account number (Accept credit card in Hong Kong currency only)  
信用卡賬戶號 (只接受港幣信用卡)

Expiry date  
有效日期至

MM (月) YY (年)

Issuing bank  
發卡銀行 \_\_\_\_\_

HKID no.  
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)

<sup>^</sup>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.

<sup>^</sup>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。

## 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。

## Health declaration 健康聲明

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

Part A – General information 甲部 – 基本資料		Yes 有	No 否
1. Height (cm) 身高（厘米） :	2. Weight (kg) 體重（公斤） :		
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五年內曾否吸煙？如「有」，請在以下的問題提供更多資料。			
<p>i. Type of tobacco product 煙草產品種類 _____</p> <p>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 _____</p> <p>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>			
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? If 'yes', please provide additional information below. 在過去十二個月的時間內，受保人是否平均每週飲用酒精飲品超過三次？如是，請在以下的問題提供更多資料。			
<p>i. Type of alcoholic beverage 酒精飲品種類 _____</p> <p>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 _____</p>			

## Part B – Health information 乙部 – 健康資料

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 5 – 12 below is "Yes", please proceed to answer the relevant follow-up questions in Part C. 若以下第5至12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。		Yes 有	No 否
5. (a) Cancer or carcinoma in situ 癌症或原位癌	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Brain tumor 腦部腫瘤	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Heart disease 心臟疾病	<input type="checkbox"/>	<input type="checkbox"/>	
(d) Stroke (including transient ischemic attack (TIA)) 中風（包括短暫性腦缺血，俗稱「小中風」）	<input type="checkbox"/>	<input type="checkbox"/>	
(e) Hypertension 高血壓	<input type="checkbox"/>	<input type="checkbox"/>	
(f) Diabetes mellitus or impaired glucose tolerance 糖尿病或葡萄糖耐量異常	<input type="checkbox"/>	<input type="checkbox"/>	
(g) Kidney disease 腎病	<input type="checkbox"/>	<input type="checkbox"/>	
(h) Prolapsed intervertebral disc or degenerative spine conditions 椎間盤突出或脊椎退化性疾病	<input type="checkbox"/>	<input type="checkbox"/>	
(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	<input type="checkbox"/>	<input type="checkbox"/>	
(j) Human immunodeficiency virus ("HIV") infection 人體免疫力缺乏病毒（愛滋病病毒）感染	<input type="checkbox"/>	<input type="checkbox"/>	
(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）	<input type="checkbox"/>	<input type="checkbox"/>	
(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	<input type="checkbox"/>	<input type="checkbox"/>	
(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）	<input type="checkbox"/>	<input type="checkbox"/>	
(n) Hypercholesterolemia or Hyperlipidemia 高膽固醇症或高血脂症	<input type="checkbox"/>	<input type="checkbox"/>	
(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）	<input type="checkbox"/>	<input type="checkbox"/>	
(p) Multiple sclerosis 多發性硬化症	<input type="checkbox"/>	<input type="checkbox"/>	

<p>If your answer to any of the questions 5 – 12 is "Yes", please proceed to answer the relevant follow-up questions in Part C. 若第5至12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。</p>		Yes 是	No 否
<p>6. Does the insured person currently have any of the following diseases or medical conditions? 受保人目前是否患有下列疾病或健康狀況？</p>			
<p>(a) <b>Hernia</b> 疝氣（俗稱「小腸氣」）</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>(b) <b>Breast lesion (tumour/mass/lump/cyst/nodule/growth)</b> 乳房病變（腫瘤/硬塊/腫塊/囊腫/結節/增生）</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>(c) <b>Uterine or ovarian lesion (tumour/mass/lump/cyst/polyp/nodule/growth)</b> 子宮或卵巢病變（腫瘤/硬塊/腫塊/囊腫/瘤肉/結節/增生）</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>(d) <b>Benign prostatic hypertrophy</b> 良性前列腺肥大</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>(e) <b>Gall bladder stone or urinary stone (renal stone, ureteric stones or urinary bladder stone)</b> 膽結石或泌尿道結石（腎結石、輸尿管結石或膀胱結石）</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>(f) <b>Cataract, glaucoma or retinopathy</b> 白內障、青光眼或視網膜病變</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>(g) <b>Arthritis or other joint disorder</b> 關節炎或其他關節疾病</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>7. In the last 5 years, has the insured person 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? 在過去五年內，受保人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>8. In the last 5 years, has the insured person been advised by his/her 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，受保人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時間的處方藥物？</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>9. In the last 5 years, has the insured person been admitted into a hospital? 在過去五年的時間內，受保人是否曾入住醫院？</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>10. In the last 5 years, has the insured person undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital? 在過去五年的時間內，受保人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>11. In the last 5 years, has the insured person 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，受保人是否曾接受或曾被建議接受檢查（例如驗血、驗尿、心電圖、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）？</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>If the answer is "Yes", does the investigation result(s) include the followings? 如果答案屬「是」，檢查結果是否包括下列情況？</p>			
<p>(a) <b>Normal test result is advised</b> 檢驗結果正常</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>(b) <b>Abnormal test result is advised</b> 檢驗結果異常</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>(c) <b>The insured person is still awaiting test/test result</b> 受保人正等候檢驗或檢驗結果</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>(d) <b>Test result is inconclusive or uncertain (retesting or follow up test is required)</b> 檢驗結果為無定論或不確定（需要重新或進一步檢驗）</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>(e) <b>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)</b> 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"/>

<p>If your answer to any of the questions 5 – 12 is "Yes", please proceed to answer the relevant follow-up questions in Part C. 若第5至12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。</p>		Yes 是	No 否
<p>12. Apart from anything the insured person has already disclosed in Questions 5 – 11, does the insured person have any of the following conditions? 除了受保人在第5至11項問題中已披露的資料外，受保人是否有下列情況？</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, the insured person had or has 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，受保人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 the insured person is 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>			
<p>13. At your best knowledge, has any of the insured person's parents or siblings by blood been diagnosed with any of the following diseases or medical conditions at or before age 60: 就您所知，受保人的親生父母或兄弟姊妹曾否於六十歲或以前被確診下列疾病或健康狀況：</p> <p>(a) Cancer 癌症</p> <p>(b) Coronary heart disease 冠心病</p> <p>(c) Diabetes mellitus 糖尿病</p> <p>(d) Motor neuron disease 運動神經元疾病</p> <p>(e) Multiple sclerosis 多發性硬化症</p> <p>(f) Stroke 中風</p> <p>(g) Parkinson's disease 柏金遜症</p> <p>(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、鐮刀型貧血）、肌肉萎縮症、多囊性腎病或亨丁頓舞蹈症。</p>			
<p>If you have answered "Yes" of the any of question 13, please answer the followings. 對於第13項的任何一條問題回答「是」，請回答以下問題。</p> <p>(1) Which family member? 哪個親屬？ _____</p> <p>(2) Which disease? 哪種疾病？ _____</p> <p>(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</p>			

<p>* Part C – Supplementary health information 丙部 – 健康資料補充</p>																							
<p>* If the answer to any of the questions 5 – 12 in Part B is "Yes", please provide additional information as applicable – 若乙部第5至12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 –</p>																							
<table border="1"> <tr> <td>Question no. 問題號碼</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1) Disease/medical condition/sign and symptom 疾病/健康狀況/病徵及症狀</td> <td></td> <td></td> <td></td> </tr> <tr> <td>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）</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3a) Treatment/investigations/tests/scans that have been performed 已進行的治療/檢查/測試/掃描</td> <td></td> <td></td> <td></td> </tr> <tr> <td>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）</td> <td></td> <td></td> <td></td> </tr> </table>				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）			
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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。

## Declaration 聲明

I/We hereby declare that:

- the information given in this application form is true and complete to the best of my/our knowledge and belief. I/We am/are unaware of the existence of any other medical condition or circumstance foreseeable requiring treatment in the future, and understand that the benefits will not apply to treatment or expenses arising from medical conditions which originated or were known to exist or for which treatment, medication, advice or diagnosis was sought or received prior to my/our application to the policy.
- I/We authorised any doctor who has attended to me/us to release any information that maybe required by MSIG Insurance (Hong Kong) Limited (hereunder called "MSIG"). A photocopy of the authorisation shall be as effective and valid as the original.
- I/We will co-operate fully with MSIG and furnish any additional medical evidence as may be required in support of my/our application/claims.
- I/We agree to accept insurance as specified in my/our policy and that this application and declaration shall be the basis and a part of the contract between me/us and MSIG.
- I/We understand that the insurance cover will not commence unless the application has been accepted and the initial premium received by MSIG.
- I/We understand this application will be subject to approval and acceptance by MSIG and an additional premium or restriction may be imposed depending upon underwriting result.
- I/We understand that if the non-health related information of the insured person that may impact the risk assessment by MSIG (including but not limited to age, sex, smoking habit, place of residence or occupation) is misstated in the application or in any subsequent information or document submitted to MSIG for the purpose of the application, including any updates of and changes to such requisite information after submission of the application and before the effective or issuance of the policy, MSIG may adjust the premium, for the past, current or future policy years, on the basis of the correct information. I/We notice that if additional premium is required, no benefits shall be payable unless the additional premium has been paid. If the additional required premium is not paid within a grace period of 30 days after the due date as notified by MSIG to me/us, MSIG shall have the right to terminate the policy with effect from such due date and refund the overpaid premium, if any. I/We also understand that if based on the correct information of the insured person, MSIG consider that the application of the insured person should have been rejected, MSIG shall have the right to void the policy and notify me/us that no cover shall be provided for the insured person. In such circumstances, MSIG shall have the right to demand refund of the benefits previously paid and MSIG will refund the premium received, subject to a reasonable administration charge payable to MSIG.
- I/We understand that MSIG shall have the right to void the policy and notify me/us that no cover shall be provided for the insured person if any material fact relating to the health related information of the insured person which may impact the risk assessment by MSIG is incorrectly stated in, or omitted from, the application or any statement or declaration made for or by the insured person in the application or in any subsequent information or document submitted to MSIG for the purpose of the application, including any updates of and changes to such requisite information after submission of the application and before the effective or issuance of the policy. The circumstances that a fact shall be considered "material" include, but not limited to, the situation where the disclosure of such fact as required by MSIG would have affected the underwriting decision, such that MSIG would have imposed premium loading, included case-based exclusion(s), or rejected the application. In such case, MSIG shall have the right to demand refund of the benefits previously paid and MSIG will refund the premium received, subject to a reasonable administration charge payable to MSIG.
- I/We understand that any application or claim submitted is fraudulent or where a fraudulent representation is made, MSIG shall have the right to void the policy and notify me/us that no cover shall be provided for the insured person, MSIG shall have the right to demand refund of the benefits previously paid and not to refund the premium received.

本人（等）特此聲明：

- 在本申請表內填報的資料，根據本人（等）所知全部正確無訛。本人（等）並未發現任何其他身體上的問題而導致將來需要診治，並明白本保障不包括診治任何已知疾病的費用。
- 本人（等）授權任何曾診治本人（等）的醫生向三井住友海上火災保險（香港）有限公司（以下簡稱「三井住友保險」）提供資料，此授權的副本或正本同時有效。
- 本人（等）於投保/索償時會充分與三井住友保險合作，提供所需要之額外健康資料。
- 本人（等）同意接受本人（等）的保單所列明的保障，並同意本投保申請表及本聲明作為合約的一部份及根據。
- 本人（等）明白保障在本投保申請被接納及三井住友保險收到有關之首次保費之前不會生效。
- 本人（等）明白三井住友保險有權決定是否接納投保申請，調整保費或附加限制。
- 本人（等）明白若在投保申請文件或任何其後相關申請（包括相關必需資料在遞交投保申請文件後至保單簽發或生效前的任何更新及改動），提交予三井住友保險的資料或文件中錯誤申報受保人的非健康相關資料（包括但不限於年齡、性別、吸煙習慣、常居地或職業），將可能影響三井住友保險作出的風險評估，三井住友保險可按正確資料調整過去、現在或未來保單年度的保費。本人（等）知道到若因此需補交額外保費，三井住友保險不會在本人補交額外保費前支付任何賠償。若本人（等）在三井住友保險通知的保費到期日後30日的寬限期內仍未補交保費，三井住友保險有權行使自保費到期日起終止保單的權利。三井住友保險須予以退還多繳保費，如適用。本人（等）亦明白若按受保人的正確資料，三井住友保險認為受保人的投保申請應當被拒絕時，三井住友保險有權廢止保單並通知本人本保單不會再為受保人提供保障，在這種情況下，三井住友保險有權追討已支付的賠償及會退還已繳交的保費，三井住友保險亦有權收取合理的行政費用。
- 本人（等）明白若在投保申請文件，或在投保申請文件或任何其後就相關申請提交予三井住友保險的資料或文件，所作出的陳述或聲明中，就受保人健康狀況的重要事實作出失實聲明或遺漏資料（包括相關必需資料在遞交投保申請文件後至保單簽發或生效前的任何更新及改動），三井住友保險有權廢止保單並通知本人（等）本保單不會再為受保人提供保障。「重要事實」包括但不限於由三井住友保險要求提供或會影響三井住友保險對受保人的核保決定的事實。若披露該事實三井住友保險有可能因而徵收附加保費，增加個別不保項目或拒絕投保申請。在此情況下，三井住友保險有權追討已支付的賠償及會退還已繳交的保費，三井住友保險亦有權收取合理的行政費用。
- 本人（等）亦明白若在投保申請文件中或索償時作出欺詐或有欺詐成分的申述，三井住友保險有權廢止保單並通知本人（等）本保單不會再為受保人提供保障，三井住友保險有權追討已支付的賠償及不退還已繳交的保費。

#### **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（「三井住友保險」）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三井住友保險確認他/她已獲該法人團體授權。申請人亦明白三井住友保險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 MSIG VHIS 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「自願醫保計劃」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收回所有已繳保費（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。

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Signature of applicant 申請人簽署

Date 日期

(DD日/MM月/年YYYY)

## 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;
- 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.

\_\_\_\_\_  
Proposer's signature

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所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（如有關條例中所定義）；
- 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。

投保人簽署

日期 \_\_\_\_\_ (日/月/年)