



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
 Tel +852 2894 0555, Fax +852 2890 5741
msig.com.hk

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

Voluntary Health Insurance Scheme - VHIS Standard Care Application Form 自願醫保計劃 — 適健保投保申請書

H993

Type of the Certified Plan 認可產品類別：Standard Plan 標準計劃 Company Registration Number 公司註冊編號：00029
 Plan Certification Number 認可產品編號：S00029-01-000-02

Please complete this form in **ENGLISH BLOCK LETTERS**, tick "✓" the boxes as appropriate and return it with initial premium to:
 請以英文正楷填寫此申請表，在適當的方格內“✓”，連同首次保費寄回下列地址：

MSIG Insurance (Hong Kong) Limited - Healthcare Division
 三井住友海上火災保險（香港）有限公司 - 醫療保險部
 9/F 1111 King's Road, Taikoo Shing, Hong Kong
 香港太古城英皇道 1111 號 9 樓
 Tel 電話：(852) 2894 0555 Fax 傳真：(852) 2890 5741

(For office use only 本公司專用)

Policy no. : _____

Effective date (DD/MM/YY): _____

Initial premium should be made by cheque payable to "MSIG Insurance (Hong Kong) Limited". All application approved will be effective on the 1st day of the following month.

首次保費請以支票繳付，抬頭「三井住友海上火災保險（香港）有限公司」。所有申請批核確認後會於下月的一號開始生效。

Details of applicant (Each applicant should submit one application form, applicant must be aged 18 or above²) 申請人資料 (每位申請人應提交一份投保申請書，申請人必須為十八歲或以上之人士²)

Surname: 姓:		Given name: 名:		<input type="checkbox"/> HKID no. 香港身份證號碼: <input type="checkbox"/> Passport no. 護照號碼:	
Contact no.: 聯絡電話:			Email: 電郵:		
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					

Details of insured person¹ (Insured person must be aged² 15 days - 80) 受保人¹資料 (受保人必須為足十五天至八十歲之人士²)

Name 姓名: (No need to fill in if same as applicant) (如果與申請人相同，則無需填寫)	
Relation with applicant 與申請人之關係: <input type="checkbox"/> S-Spouse 配偶 <input type="checkbox"/> C-Children 子女 <input type="checkbox"/> P-Parents 父母 <input type="checkbox"/> Parents-in-law 配偶之父母	
<input type="checkbox"/> HKID no. 香港身份證號碼: <input type="checkbox"/> Passport no. 護照號碼:	Gender 性別: <input type="checkbox"/> M 男 <input type="checkbox"/> F 女
Date of birth (DD/MM/YYYY) 出生日期 (日/月/年)	Place (s) of residence: 居住地:
Occupation: 職業:	Job title: 職位:

¹ Only applicable to Hong Kong residents. If 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。

² Age at last birthday 以上年齡均以上一次生日計算。

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

- Annually by cheque** (Please attach cheque for premium of the 1st 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):
 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。

My bank name and branch 本人之銀行及分行名稱	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Bank no. 銀行編號</td> <td style="width: 25%;">Branch no. 分行編號</td> <td style="width: 25%;">My/Our account no. 本人 (等) 之賬戶號碼</td> <td style="width: 25%;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"> </td> <td style="border: 1px solid black; height: 20px;"> </td> <td style="border: 1px solid black; height: 20px;"> </td> <td style="border: 1px solid black; height: 20px;"> </td> </tr> </table>	Bank no. 銀行編號	Branch no. 分行編號	My/Our account no. 本人 (等) 之賬戶號碼					
Bank no. 銀行編號	Branch no. 分行編號	My/Our account no. 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)	<input type="checkbox"/> HKID no. 香港身份證號碼 : <input type="checkbox"/> Passport no. 護照號碼 :
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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)
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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/YY) 日期 (日/月/年)	Signature verified (Bank use only) 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[^] 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)
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)

[^] 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 1st 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。

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。		<input type="checkbox"/>	<input type="checkbox"/>
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 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）。			
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。		<input type="checkbox"/>	<input type="checkbox"/>
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 _____			

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>	<p>Yes 是</p>	<p>No 否</p>
<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) Hernia 疝氣（俗稱「小腸氣」）</p> <p>(b) Breast lesion (tumour/mass/lump/cyst/nodule/growth) 乳房病變（腫瘤/硬塊/腫塊/囊腫/結節/增生）</p> <p>(c) Uterine or ovarian lesion (tumour/mass/lump/cyst/polyp/nodule/growth) 子宮或卵巢病變（腫瘤/硬塊/腫塊/囊腫/瘻肉/結節/增生）</p> <p>(d) Benign prostatic hypertrophy 良性前列腺肥大</p> <p>(e) Gall bladder stone or urinary stone (renal stone, ureteric stones or urinary bladder stone) 膽結石或泌尿道結石（腎結石、輸尿管結石或膀胱結石）</p> <p>(f) Cataract, glaucoma or retinopathy 白內障、青光眼或視網膜病變</p> <p>(g) Arthritis or other joint disorder 關節炎或其他關節疾病</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<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> <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) Normal test result is advised 檢驗結果正常</p> <p>(b) Abnormal test result is advised 檢驗結果異常</p> <p>(c) The insured person is still awaiting test/test result 受保人正等候檢驗或檢驗結果</p> <p>(d) Test result is inconclusive or uncertain (retesting or follow up test is required) 檢驗結果為無定論或不確定（需要重新或進一步檢驗）</p> <p>(e) Medical advice has been sought or treatment is required for the test result (such as liver cyst/ brain cyst/joint degeneration or calcification/lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment) 就檢驗結果已尋求醫療意見或需要接受治療（例如一些未必需要即時治療的情況如肝囊腫/腦囊腫/關節退化或鈣化/於成像檢測中發現肺部或乳房或甲狀腺出現鈣化）</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<p>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>	<p>Yes 是</p>	<p>No 否</p>
<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> <ul style="list-style-type: none"> (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 (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 (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 (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 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>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> <ul style="list-style-type: none"> (a) Cancer 癌症 (b) Coronary heart disease 冠心病 (c) Diabetes mellitus 糖尿病 (d) Motor neuron disease 運動神經元疾病 (e) Multiple sclerosis 多發性硬化症 (f) Stroke 中風 (g) Parkinson’s disease 柏金遜症 (h) Hereditary diseases - including cystic fibrosis, familial adenomatous polyposis, Alzheimer’s disease, familial cardiomyopathy, inherited blood disorders (hemophilia, thalassemia, sickle cell disease), muscular dystrophy, polycystic kidney disease or Huntington’s disease. 遺傳病 - 包括囊性纖維化、家族性大腸腺息肉病、亞茲海默氏症、家族性心肌病、遺傳性血病（血友病、地中海貧血、鐮刀型貧血）、肌肉萎縮症、多囊性腎病或亨丁頓舞蹈症。 <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> <ul style="list-style-type: none"> (1) Which family member? 哪個親屬？ _____ (2) Which disease? 哪種疾病？ _____ (3) Onset age of disease <input type="checkbox"/> age at or below 30 <input type="checkbox"/> age 31-40 <input type="checkbox"/> age 41-50 <input type="checkbox"/> age 51-60 病發年齡 30歲或以下 31-40歲 41-50歲 51-60歲 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<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>			
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。

Declaration 聲明

I/We acknowledge and confirm that I/we have read through and understand all related terms and conditions as stated in this Voluntary Health Insurance Scheme - VHIS Standard Care Application Form and I/we hereby understand that the agent as named below is a licensed insurance agent of MSIG who introduces insurance business to MSIG. I/We understand and agree that SCF Insurance Management Limited ("SCF"), also a licensed insurance agent of MSIG, will be responsible for providing relevant insurance administrative services, including but not limited to client enquiry service, quotation document preparation, policy administration to me/us.

本人/我們承認並確認本人/我們已閱讀並明白本自願醫保計劃 - 適健保投保申請書中所述的所有相關條款和細則條件，並且本人/我們明白下述保險代理人為三井住友保險的持牌保險代理人，並為三井住友保險介紹保險業務。本人/我們明白並同意，錦豐保險管理有限公司「錦豐保險」亦為三井住友保險之持牌保險代理人，將負責向本人/我們提供相關保險的行政服務，包括但不限於客戶查詢服務、安排報價文件及保單管理服務。

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 foreseeably 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 VHS 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。

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 for any purposes. 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 agent, contractor or third party 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. 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 customers, 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 the 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.

Your personal data may be used for **obligatory purpose** or **voluntary purpose**. If personal data are to be used for an obligatory purpose, you MUST provide your personal data to MSIG if you want MSIG to provide the Product. Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The **obligatory purposes** for which your personal data may be used are as follows:-

- processing and evaluating your insurance application and any future insurance application you may make;
- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- invoicing and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings;
- exercising any right of subrogation by us;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes; complying with applicable laws, regulations or any industry codes or guidelines; and
- detecting and preventing fraud (whether or not relating to the policy issued in respect of this application).

The **voluntary purposes** for which your personal data may be used are any sales, marketing, promotion of other general insurance services and products provided by MSIG. The personal data we intend to use for voluntary purposes are your name, your address, your phone number and email address.

If you do not wish MSIG to use your personal data for the voluntary purposes 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 General enquiry form - Opt-out from direct marketing activities on our website at 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.

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- third party agents, contractors and advisors who provide administrative, communications, computer, payment, security 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);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance broker;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- the Insurance Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted by law;
- fraud prevention organizations;
- other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph);
- the police; and
- databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

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

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us. 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：致各客戶有關個人資料（私隱）條例（“條例”）通知書

三井住友海上火災保險（香港）有限公司（下稱「三井住友保險」、「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

三井住友保險極為重視您的私隱。為了保障您的個人資料，我們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。三井住友保險採取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，我們均不會出售您的個人資料給任何人。三井住友保險嚴格執行認可管制，只容許獲授權之職員在必需要的情况下，取用或處理您的個人資料。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 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」）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。

您的個人資料可被用於強制性或自願性用途。如個人資料是用於強制性用途，而您希望三井住友保險提供有關保單，則您必須向三井住友保險提供有關個人資料，否則三井住友保險將不能向您提供有關保單。

您的個人資料可被用於以下**強制性**之用途：

- 處理及審批您的保險申請或您將來提交的保險申請；
- 向您提供與保單及核保相關之日常運作及行政用途；
- 保單之更改、取消或續保用途；
- 發出繳交保費通知及向您收取保費及欠款；
- 評估及處理透過保單索償及任何繼後法律訴訟之用途；
- 由本公司行使代位權利之用途；就以上用途聯絡您；
- 其他與上述用途有直接關係的附帶用途；
- 遵循適用法律，條例及業內守則及指引；及
- 偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的用途。

而**自願性用途**則指任何三井住友保險提供的其他一般保險服務及保單產品之銷售、市場營銷及推廣。用作自願性用途之個人資料則為您的姓名、地址、電話號碼及電郵地址。

如您不欲三井住友保險將您的個人資料用作上述自願性用途，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服務所必須提供的資料（詳情如下）郵寄至下列地址。您亦可填妥本公司網頁 msig.com.hk 的一般查詢表格 — 拒絕直銷活動。



為讓我們能夠處理您以上提出的拒絕服務之請求，請提供以下資料並寄至三井住友海上火災保險（香港）有限公司
的資料保護主任：香港太古城英皇道1111號9樓。

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：此拒絕服務要求將會取代您先前給予三井住友保險一切關於直接促銷的指示。

就任何上述的用途，我們所收集的個人資料可能會被轉移至：

- 向我們提供行政、通訊、電腦、付款、保安及其他服務的第三方代理、承包商及顧問（包括：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；
- 再保公司及再保經紀；
- 您的保險經紀；
- 我們的法律及專業業務顧問；
- 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（或同類的保險公司聯會）及其會員；
- 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；
- 防欺詐組織；
- 其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；
- 警察；及
- 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）。

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。

根據有關法例及規例，您有權查閱及更正本公司所持的任何載有您的個人資料之記錄。如您欲行使以上權利，可以書面形式投寄至香港太古城英皇道1111號9樓三井住友海上火災保險（香港）有限公司，通知本公司的資料保護主任。

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)