

Applicant 申請人 (須與回鄉證或旅行證件相同)
(must be same as re-entry permit or travel document)

Name in English (Mr/Miss/Mrs) _____

中文姓名 (先生/ 小姐/ 太太) _____

HKID/Passport No. 身份證/ 護照號碼 _____ Re-entry Permit No. 回鄉證號碼 _____

Date of Birth 出生日期 (D日/M月/Y年) _____ Telephone No. 聯絡電話 _____

Occupation (exact duties) 職業 (實際職務) _____ Effective Date 生效日期 (D日/M月/Y年) _____

Corresponding Address 通訊地址 _____

Plan Selected 選擇計劃：

(please tick as appropriate 請在所選空格內加☑)

Annual Premium 每年保費

類別 1

Class 1

HK\$ 580

類別 2

Class 2

HK\$ 720

Beneficiary shall be the Own Estate under Hong Kong Ordinance. 受益人乃根據香港法例下之合法承繼人。

Please make payment together with the proposal. Cheque should be made payable to:

保費須與申請書一併遞交。支票抬頭請付：

"Assicurazioni Generali S. p. A."

Any person who, knowingly and with intent to defraud any insurance company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Although the signing of this proposal does not bind the undersigned to effect insurance, the undersigned agrees that this proposal and its attachments shall be the basis of the contract should a policy be issued and shall be deemed to be attached to and shall form part of any such policy. The Company is hereby authorised to make any investigation and enquiry in connection with the proposal that it deems necessary.

任何人知情地及蓄意欺騙保險公司或第三者，提供虛假或隱瞞任何有關資料以投保保險及騙取保險，均屬違法。

投保書上的簽署並不代表保險已告生效，但簽署人同意若保單獲簽發，此投保書及所有附件將為合約的基礎並成為保單的一部份。本公司現獲授權於必要時調查及詢問與投保書有關的事項。

This insurance application will not be in force until it has been underwritten by the Company and the premium has been paid.

此保險申請須待保險公司覆核，接納投保書及繳訖保費後才能生效。

Declaration

I/We hereby declare that I am/we are in good health and agree that any pre-existing conditions or stationing in PRC for the purpose of obtaining medical treatment will not be covered under this insurance.

I/We further declare that all the above information is true to the best of my/our knowledge.

I/We consent that the personal information collected or held by Assicurazioni Generali S.p.A. is provided and may be held, used and disclosed to enable Generali for reference, communication and provide information believed may be of my/our interest.

I/We hereby agree and undertake to settle any medical expenses immediately that is not liable by the Company once notified by the Company. The cover and services attached to will be suspended if I/we fail to reimburse the Company within a reasonable time limit. Upon suspension, I/we have to return all China Medical Guarantee Cards and policies to the Company and will remain liable to the Company for any outstanding payment in arrears.

聲明

本人/吾等聲明本人/吾等健康良好並同意任何已存在的損傷或疾病，或任何以醫療為目的在國內逗留均不在承保之列。

本人/吾等聲明上述資料均屬正確無訛。

本人/吾等同意忠利保險有限公司收集、持有本人/吾等之個人資料以供忠利保險有限公司作諮詢、聯絡及提供可能於本人/吾等有利之資料。

本人/吾等同意並承擔於收到忠利保險有限公司通知後即時交還任何非由忠利保險有限公司負責之醫療費用，否則任何保障或有關服務將被終止。

保障或有關服務被終止後，本人/吾等同意須將所有中國醫療保證咭及保單交還，但仍須對上述欠款負責。

Signature of Applicant

投保人簽署 _____

Date

日期 _____

Authorized agent/broker

特許保險代理/經紀 _____



The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Assicurazioni Generali S.p.A. Assicurazioni Generali S.p.A. will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Assicurazioni Generali S.p.A. that he or she is authorized to do so.

The applicant further understands that the above agreement is necessary for Assicurazioni Generali S.p.A. to proceed with the application.

申請人明白、確知及同意，忠利保險有限公司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忠利保險有限公司確認他/她已獲該法人團體授權。

申請人亦明白忠利保險有限公司必須取得申請人的同意，才可以處理其保險申請。