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RSA

## POLICY AMENDMENT APPLICATION FORM 保單更改申請表

To: Royal & Sun Alliance Insurance plc 致: 皇家太陽聯合保險有限公司

Agent Name 代理人姓名: \_\_\_\_\_ Agent Code 代理人編號: \_\_\_\_\_

Contact No. 聯絡電話: \_\_\_\_\_ Fax No. 傳真號碼: \_\_\_\_\_ Email 電郵: \_\_\_\_\_

Policy No. 保單號碼: \_\_\_\_\_ Insured Name 投保人姓名: \_\_\_\_\_

Effective Date of Required Amendment 更改項目生效日期: \_\_\_\_\_

### Details of Amendment Required 所需更改資料

|   |  |
|---|--|
| <input type="checkbox"/> Amend Insured Name 更正投保人姓名   | <input type="checkbox"/> Amend Period of Insurance 更改保單承保期 |
| <input type="checkbox"/> Amend Postal Address 更改通訊地址  | <input type="checkbox"/> Amend Sum Insured 更改投保額           |
| <input type="checkbox"/> Amend Insured Location 更改投保地址<br>Gross Floor Area 建築面積:<br>Year of Built 落成年份:<br>Address 地址:  |  |
| <input type="checkbox"/> Amend Insured Domestic Helper 更改投保家傭 <sup>#</sup><br>Name 姓名:<br>Date of Birth 出生日期:<br>HKID No 香港身份證號碼 / Passport No. 護照號碼:<br>Position 職位:<br><input type="checkbox"/> Domestic Helper 家傭 <input type="checkbox"/> Gardener 園丁 <input type="checkbox"/> Chauffeur 司機 <input type="checkbox"/> Others (Please specify) 其他 (請註明) _____<br><input type="checkbox"/> Amend Insurance Plan 更改所選保障計劃 <sup>#</sup> Change to 更改為 <input type="checkbox"/> 計劃 Plan I <input type="checkbox"/> 計劃 Plan II <input type="checkbox"/> 計劃 Plan III<br>If domestic helper insured with Plan II or III* (applicable to Domestic Helper Insurance) or Plan B (applicable to ManuHome Protector), please complete the following about the health condition of new domestic helper?<br>如已投保計劃 II 或 III* (適用於家傭保險) 或 計劃 B (適用於宏居保), 請填寫有關您家傭的健康狀況:<br>1. Is he/she receiving or contemplating any medical attention or surgical treatment or taking any medicine?<br>他/她是否正在接受或打算接受任何醫療護理或手術或服食任何藥物? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否<br>2. Has he/she ever been rejected or subject to special terms and conditions when applying for accident or medical insurance?<br>他/她曾否被拒投保意外或醫療保險, 或需附加特別項目或條件才受保? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否<br><small>*15-day waiting period is applicable under Surgical &amp; Hospitalisation Expenses, Out-patient Benefits and Dental Expenses.<br/>外科手術、住院費用、門診保障及牙科費用等假期為 15 日</small><br>If any of the above answer is "Yes", please give details. 如以上任何一項答案為“是”, 請詳細說明。 |  |
| <input type="checkbox"/> Others (Please give details) 其他事項 (請在此詳述)  |  |

Any amendment on the policy will not be automatically accepted by Royal & Sun Alliance Insurance plc ("the company"). In case that the Company accepts the amendment, respective endorsement will then be issued. 任何保單上更改項目, 需由皇家太陽聯合保險有限公司("本公司")個別審核評保。如本公司接受有關更改將會以批單形式通知宏利代理人及投保人。

Signature of Policyholder 保單持有人簽署

Date 日期