

FOR BROKER'S USE ONLYAgency No. CMA INSURANCE AGENT LTD. Policy No. _____
代理編號： _____ 保單號碼： _____**BODYGUARD PROPOSAL FORM 平安樂投保書**

(Please use English block letters 請用英文正楷填寫)

Full Name 姓名 (Mr先生/Mrs太太/Miss小姐) : _____ HKID Card / Passport No. 香港身份證 / 護照號碼 : _____

Date of Birth 出生日期 : _____ Height 高度 : _____ Weight 體重 : _____
dd日/mm月/yy年

Address 地址 : _____

Tel 電話 : (Home 住宅 / Mobile 手提) _____ (Office 辦公室) _____

Fax 傳真 : _____ Email Address 電郵地址 : _____

Period of Insurance 承保日期 : From 由 _____ To 至 _____
dd日/mm月/yy年 dd日/mm月/yy年

Industry 在職行業 : _____ Position 職位 : _____

Job Duties 職務 : _____

Beneficiary 受益人 (Mr先生/Mrs太太/Miss小姐) : _____ Relationship to Proposer 與投保人關係 : _____

Covers required 要求保障額 :

| | | |
|---|---------|-------------|
| 1. Accidental Death & Permanent Disablement 意外死亡及永久傷殘 | HK\$ 港幣 | 元 |
| 2. Temporary Total Disablement 短期完全失去活動能力 | HK\$ 港幣 | 元 / week 每週 |
| 3. Medical Expenses 醫療費用保障 | HK\$ 港幣 | 元 |

Please Note 注意事項 :

- Accidental Death & Permanent Disablement is a compulsory cover
意外死亡及永久傷殘是必須投保項目。
- Minimum annual gross premium is HK\$500
每年最低保費為港幣500元。
- The benefit for Temporary Total Disablement cannot exceed 75% of the proposer's average weekly earnings (maximum sum insured HK\$5,000/week)
短期完全失去活動能力的賠償額最高不超過投保人平均週薪的75%。(每星期之最高保額為港幣5,000元)
- The benefit for Medical Expenses cannot exceed 10% of the sum insured for Accidental Death & Permanent Disablement (maximum sum insured HK\$250,000)
醫療費用之保障額，不能超過意外死亡及永久傷殘的賠償限額的10%。(最高保額為港幣250,000元)
- Proposer's age limit : 16 to 65
投保人年齡限制：16歲至65歲。

Please answer all questions listed below 請回答下列問題

- Please tick the appropriate box 請在適當空格內加 (If "Yes" please give full details 若答「是」請詳細列明)
- | | Yes 是 | No 否 |
|--|--|--|
| 1. Are you involved in any manual or outdoor duties at work? 您的職務是否需要體力勞動或往室外工作? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will you be travelling overseas, including China? 您會否到外地(包括中國大陸)旅遊或公幹? If Yes, please indicate 如會: i) will you travel for more than 2 times a month? 您會否於一個月內外遊兩次或以上? ii) will your travel last for more than 7 days per trip? 您每一次外遊的期間會否長達七日以上? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 3. Are you receiving or contemplating any medical attention or surgical treatment or taking any medicine? 您是否現正接受醫藥治療、接受觀察、接受手術護理，或服用任何藥物? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever suffered from any serious injury or illness? 您曾否染上嚴重疾病或嚴重身體受傷? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you holding any insurance against accident or illness? 您現時有否購買其他意外或醫療保險? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever made any claim to accident or medical insurance in the past three years? 您於過去三年內曾否向投保之意外或醫療保險索償? | <input type="checkbox"/> | <input type="checkbox"/> |

7. Have you ever been refused by accident or medical insurance or subject to special terms and conditions?
您曾否被其他保險公司拒絕接受投保意外或醫療保險或要附加特別條件?

8. Will you stay in Hong Kong less than 180 days in a year?
您會否一年內居港少於180日?

Declaration 聲明

1. I (Proposer) declare to the best of my knowledge and belief that the information given is true in every respect.
本人(投保人)謹此聲明,根據本人所知及所信,本投保表格上所填之資料均屬實無訛。
2. I understand that this proposal will not become effective until it has been accepted by Allied World Assurance Company, Ltd ("Allied World") and agree that this proposal and declaration shall be the basis of the insurance contract between me and Allied World.
本人明白本投保書被 Allied World Assurance Company, Ltd 世聯保險有限公司(「貴公司」)正式接納後,保險責任始正式生效。本人同意本投保書和聲明將成為保險合約的基礎。
3. Cover will be effective only with signature on this document and receipt of premium by Allied World or its authorised representative.
投保書需經貴公司或其授權代表簽署,並於收妥保費後,此保障計劃始正式生效。
4. I have read, understood and agreed to the Personal Information Collection Statement attached to this proposal form.
本人已閱讀、明白及同意隨本投保書附上的個人資料收集聲明。
 I do not want to receive any promotion materials or updates on other products, services or offers of Allied World.
本人不願接收任何貴公司的其他產品、服務或優惠之市場推廣資料和最新消息。
5. The proposer understands, acknowledges and agrees that, as a result of the proposer purchasing and taking up the policy to be issued by Allied World Assurance Company, Ltd ("Allied World"). Allied World will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the proposer is a body corporate, the authorised person who signs on behalf of the proposer further confirms to Allied World that he or she is authorised to do so.
The proposer further understands that the above agreement is necessary for Allied World to proceed with the application.
投保人明白、確知及同意, Allied World Assurance Company, Ltd 世聯保險有限公司(「本公司」)會就投保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。假如投保人為法人團體,代表投保人簽署的獲授權人員須向本公司確認他/她已獲該法團體授權。
投保人亦明白本公司必須取得投保人以上的同意,才可以處理其保險申請。

Signature of Proposer _____ Date _____
投保人簽署: _____ 日期: _____

Underwritten by 承保公司: Allied World Assurance Company, Ltd 世聯保險有限公司 (incorporated in Bermuda with limited liability)

Payment Instruction and Authorisation 支付保費方法與授權書

(Please tick the appropriate box or consult your agent/broker regarding methods of payment. 請在適當的空格內加 或與您的保險代理諮詢付款方法。)

Cheque payable to 支票抬頭請寫: _____
Allied World Assurance Company, Ltd 世聯保險有限公司 Cheque No. 支票號碼: _____

Visa Mastercard Amex Credit Card No. 信用卡號碼: []

Name of Cardholder 持卡人姓名: _____

Issuing Bank 簽發銀行: _____ Expiry Date 有效日期: _____

I hereby authorise Allied World Assurance Company, Ltd to charge all relevant premium to my credit card account, including any additional premium arising from policy endorsements. 本人授權 Allied World Assurance Company, Ltd 世聯保險有限公司從本人信用卡戶口內支取有關保單保費(包括批單保費)。

Signature 簽署: _____ Date 日期: _____

(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簽署式樣相同。)

Personal Information Collection Statement

Purpose of Collection

Allied World Assurance Company, Ltd ("Allied World") may collect and use your personal data to enable it to carry on its insurance business and to serve the purposes of:

- Processing your insurance application;
- Arranging a contract of insurance with you and administering the policy issued;
- Claims handling, investigation and analysis;
- Designing products and/or services for customers;
- Promoting, improving and furthering the provision of products and/or services by Allied World and its group companies; and
- Complying with any legal or regulatory requirements applicable to Allied World.

In general it is voluntary for you to provide Allied World with your personal data. However, if you do not provide sufficient information, Allied World may not be able to provide insurance services to you.

Transferee

Data held by Allied World relating to you will be kept confidential but Allied World may, for the purposes set out above, transfer your personal data to:

- Allied World's group companies;
- Reinsurers;
- intermediaries including insurance brokers and insurance agents;
- claims investigators, loss adjusters and other professional advisors;
- Allied World's other appointed service providers, including for the following services: telecommunications, information technology, administration, data processing, payment processing, emergency assistance, legal, and medical;
- any insurance industry association or federation and their respective members; and
- any other person necessary to comply with applicable legal or regulatory requirements, or orders of competent authorities,

in each case both within and outside of the Hong Kong Special Administrative Region.

Marketing and Promotion

Treating you as a valued customer, Allied World and its group companies may use the personal data, including name and contact details, collected from you for the purposes of direct marketing of Allied World and its group companies' general insurance products, services or offers and for sending you the promotional materials or updates of such products, services or offers when they become available.

Allied World may not use your personal data for direct marketing if you have indicated objection to such use by ticking the box next to the statement above the proposer's signature block in the proposal form. You may also, at any time, request Allied World to cease the use of your personal data for direct marketing purposes, by informing Allied World's Compliance Officer at the contacts set out below.

Access Requests and Corrections

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Allied World. Requests can be made to the Compliance Officer of Allied World Assurance Company, Ltd, by mail to 32/F, Dorset House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong or fax to +852 2968 5111, or email to hkcompliance@awac.com.

個人資料收集聲明

資料收集目的

Allied World Assurance Company, Ltd 世聯保險有限公司(「本公司」)可能收集並使用閣下的個人資料，作為營運其保險業務及下列目的之用：

- 處理閣下的保險申請；
- 安排保險合約及管理已發出的保單；
- 索償處理、調查及分析；
- 為客戶設計產品或服務；
- 推廣、改善及進一步提供本公司及其集團公司的產品、服務；及
- 遵守適用於本公司的法律或規則要求。

一般而言，閣下向本公司提供個人資料屬自願性質。如閣下未能給予足夠的資料，本公司可能無法提供所需保險服務。

資料轉移

本公司持有的客戶資料將予保密，但本公司可能會把閣下的個人資料提供給下列各方作上述用途：

- 本公司的集團公司；
- 再保險公司；
- 中介人包括保險代理人及保險經紀；
- 索償調查者、公證行及其他專業顧問；
- 本公司其他指定服務提供者，提供包括以下服務：電訊、資訊科技、行政、數據處理、付款處理、緊急援助、法律及醫療；
- 任何保險業組織或聯會及其成員；及
- 任何必要人士以符合任何相關的法律或規則要求，或監管機構之命令，

以上各項適用於香港特別行政區境內及境外。

市場推廣

貴為本公司的重要客戶，本公司及其集團公司可能會透過閣下所提供的個人資料如姓名及聯絡方法，向閣下推廣本公司及其集團公司的一般保險產品、服務或優惠，及為閣下提供該等產品、服務或優惠的市場推廣資料和最新消息。

如閣下已於投保書勾選位於投保人簽署上方的空格表示不願接收任何市場推廣資料和最新消息，本公司將不會使用閣下的個人資料作直接推廣用途。閣下亦可隨時要求本公司停止使用閣下的個人資料作直接推廣用途。屆時請按照下述聯絡方式通知本公司的條例事務主任。

資料查閱要求及更改

閣下有權要求查閱及更改本公司所持有的任何有關您的個人資料。有關申請可循下列途徑向本公司之條例事務主任提出：郵寄至香港鰂魚涌英皇道979號太古坊多盛大廈32樓，或傳真至+852 2968 5111，或電郵至hkcompliance@awac.com。