CHUBB®

Agent's/Intermediary's name 保險代理/中介人姓名 _____

Agent's/Intermediary's contact phone no. 保險代理/中介人聯絡電話 _____

Agent's/Intermediary's code 保險代理/中介人代號 _____

Agency 組別 ___ – ___

Statement Of Insurability

投保資料申報書

To: ☐ NB ☐ POS ☐ **New Request 新更改申請** ☐ **Reply 回覆**

Please tick ☑ appropriate box(es) for request 請於適當之空格內加上☑號

Application for 申請 ☐ Add Other Proposed Insured 加其他準受保人 ☐ Addition of Riders/Increase of Benefits 增加附加保障/增加保障利益
☐ Reinstatement 保單復效 ☐ Reinstatement by re-dating 保單復效及更改保單生效日期
☐ Others 其他 _____

*** Not applicable for Disability Income Plan (DI) 不適用於個人入息保障計劃**

Policy Number: 保單編號	Full Name of Insured: 受保人姓名	Full Name of Policyowner: 保單持有人姓名

1) In compliance with the legal and regulatory requirements with respect to the prevention of money laundering and terrorist financing, Chubb Life Insurance Company Ltd. (the "Company") requires to review the customer identity information of the Policy Owner and/or Beneficial Owner ("you") to ensure they are up-to-date and relevant. For any change of customer identity information provided previously, you are required to provide i) the up-to-dated identity information by completing the relevant request form for policy change; and ii) the relevant identification documents proof for the purpose of identification, verification and record keeping.
根據相關法律及監管機構就防止洗錢及恐怖分子資金籌集活動的規定，安達人壽保險有限公司(「本公司」)必須不時覆核保單持有人及/或實益擁有人(「您」)以確保其身份資料反映最新現況及仍屬相關的。如任何身份資料與之前提供的資料有所不同，您必須提供 i) 相關的更改保單事項通知書以更新最新的身份資料；及 ii) 有關的身份證明文件以作識別、驗證及存檔之用。

2) In compliance with the legal and regulatory requirements with respect to U.S. Foreign Account Tax Compliance Act (FATCA) and Automatic Exchange of Financial Account Information (AEOI), the Company requires you to provide certain information (including but not limited to place of birth, address, telephone number, citizenship, residency and Taxpayer Identification Number (TIN) etc) by completing the relevant request form for policy change of the Company and other relevant form where it is applicable if you have any change on the tax residence.
根據相關法律及監管機構就美國海外賬戶稅收合規法案及自動交換財務帳戶資料，如您更改稅務居民身份，本公司會要求您填寫相關的更改保單事項通知書以提供相關資料(包括但不限於出生地、住址、電話號碼、公民身份、居籍及稅務編號等等)及其他適用的相關表格。

Personal Details 個人資料	**A. Insured 受保人**	**B. Applicant/Owner 保單申請人/持有人** (If other than the Insured 若非受保人) ☐ The Applicant/Owner is also the Other Proposed Insured. 保單申請人/持有人 亦是其他準受保人	**C. Other Proposed Insured 其他準受保人** (If other than Applicant/Owner 若非保單申請人/持有人)
1. Surname in English 姓氏 (英文)			
2. Other name in English 名字 (英文)			
3. Name in Chinese 姓名 (中文)			
4. Relationship to the Insured 與受保人之關係			
5. Date of birth 出生日期			
6. Place of birth 出生地			
7. H.K. ID card/Business Registration/Passport No. 香港身份證/商業登記證/護照號碼			
8. Sex 性別	☐ Female 女 ☐ Male 男	☐ Female 女 ☐ Male 男	☐ Female 女 ☐ Male 男
9. Residential Address (city/country) 住宅地址 (城市/國家)			
10. Employer's name 僱主名稱			
11. Industry/Nature of business 行業或公司業務性質			
12. Present occupation 現任職業 (including any part-time job) (包括任何兼職)			
13. Exact duties 職務			

14. What is your monthly earned remuneration in average for the past 12 months? (Gross earnings excluding investment income less business expenses but before tax)
您過去十二個月每月平均的勞動收入？（不計算投資收入並扣除營業支出的稅前總收入）

Insured's basic monthly salary (HK$)
受保人的基本每月薪金(港元): _____

Commission/bonuses/tips (HK$)
佣金/花紅/賞錢(港元): _____

15. Does applicant/owner/insured hold foreign citizenship or residency? 保單申請人/持有人/受保人是否擁有外國國籍或居留權？

☐ Yes 是 ☐ No 否

If"Yes", please state the country(ies) of which the applicant/owner/insured holds citizenship or residency.
如「是」，請列明保單申請人/持有人/受保人擁有外國國籍或居留權之國家名稱 _____

Please complete the questions for "Other Proposed Insured" if Applicant/Owner or Other Proposed Insured applied **Child's Protection Benefit (CPB), Juvenile Accident Protector (JAP) and/or Lady's Partner Plan (LD).**
如保單申請人/持有人或其他準受保人申請**兒童保障利益，「兒安保」意外保障計劃及/或「全儷保」女性保障計劃**，請回答「其他準受保人」之問題。

16. Do you have any in-force or pending insurance with the Company or other insurer(s) (new application or reinstatement) ? If "Yes", please state amount/sum assured and currency.
您是否在本公司或其他保險公司持有任何現已生效或審核中之保險（新申請或續保）？如「是」，請詳述金額/保障額及幣值。

(a) Insured 受保人	☐ Yes 是 ☐ No 否	Insurer 承保公司	Life 人壽	Critical Illness 危疾保障	Disability Income 傷殘入息	Hospital Income 住院入息	Weekly Accident Indemnity 每週意外定額賠償	Accident Insurance 意外保障	Date of Issue 保單簽發日期 (mm月 /yyyy年)
(b) Other Proposed Insured 其他準受保人	☐ Yes 是 ☐ No 否	Insurer 承保公司	Life 人壽	Critical Illness 危疾保障	Disability Income 傷殘入息	Hospital Income 住院入息	Weekly Accident Indemnity 每週意外定額賠償	Accident Insurance 意外保障	Date of Issue 保單簽發日期 (mm月 /yyyy年)
(c) Applicant/ Owner 保單申請人/持有人	☐ Yes 是 ☐ No 否	Insurer 承保公司	Life 人壽	Critical Illness 危疾保障	Disability Income 傷殘入息	Hospital Income 住院入息	Weekly Accident Indemnity 每週意外定額賠償	Accident Insurance 意外保障	Date of Issue 保單簽發日期 (mm月 /yyyy年)

	Insured 受保人		Other Proposed Insured 其他準受保人	
	Yes 是	No 否	Yes 是	No 否
17. Have your policy(ies) ever been voided/non-renewed or you ever been refused for applying insurance or reinstatement of it, or been offered a policy different in plan, term, amount/sum assured or premium from that applied for with other insurer(s)? If "Yes" , please give name of insurer, date of application, amount/sum assured and the reason. 您的保單有否曾被告無效或遭拒絕續保/您有否在投保或要求恢復保單效力時遭拒絕，或獲保險公司提供異於閣下申請之計劃、條件、金額/保障額或保費？如「是」，請詳述保險公司名稱、申請日期、金額/保障額及原因。 Details 詳情: _____	☐	☐	☐	☐
18. Do you participate or intend to participate in any hazardous activities whether related to your work or recreation? If "Yes" , please complete and submit the appropriate questionnaire(s). 您有否參加或打算參加與工作或嗜好有關的危險運動？如「是」，請填寫有關問卷。	☐	☐	☐	☐
19. Do you intend to travel outside of your declared resident country/city (including business trips and study) except holidays? If "yes", what is the purpose of the trip, for how long will you be away, what is the destination and how often will you go per year? 除假期外，您有否打算到您所申報的居住國家/城市以外的其他地方（包括公幹或讀書）？如「是」，請填寫原因、每年平均公幹次數、逗留時間及地點。 Details 詳情: _____	☐	☐	☐	☐

20. Please provide the following information of the physician of the Insured last visited.
請提供受保人最後一次與醫生求診資料。

a. Full name of the physician 醫生姓名: _____

b. Address 地址: _____

c. Phone no. 電話: _____

d. Last consultation date (dd / mm / yy) 最後求診日期 (日/月/年): _____ / _____ / _____

e. Consultation reason, diagnosis and recovery date 求診原因、診斷結果及康復日期:

_____

	Insured 受保人	Other Proposed Insured 其他準受保人	Insured 受保人		Other Proposed Insured 其他準受保人	
21. a. Height 高度：	___ m米 ____ cm厘米 / ___ ft呎 ____ inch吋	___ m米 ____ cm厘米 / ___ ft呎 ____ inch吋				
b. Weight 體重：	_____ kg公斤 / _____ lbs磅	_____ kg公斤 / _____ lbs磅	Yes 是	No 否	Yes 是	No 否
c. Have you experienced weight loss of more than 5kgs (11lbs.) during the past 12 months? 過去十二個月內，您的體重有否減少5千克(11磅)以上? If "Yes" , please state exact weight loss amount and the reason. 如「是」，請詳述減少的重量及原因。			☐	☐	☐	☐
22. This question is applicable **for female only**. (Applicable to age 12 or above) 此問題**只適用於女性受保人**。(只適用於年齡為十二歲或以上之女性)						
a. In the past 10 years, have you ever had or been told to have or been treated for, or intending to be treated for disorder of pelvic organs, breast, menses or pregnancy? Are you now pregnant? If "Yes" , please state the expected delivery date. 在過去十年內，妳曾否患有或獲告知患有或因此曾經接受或將會接受盤腔器官、乳房、經期或妊娠疾病的治療？妳現在是否懷孕？如「是」，請註明預產日期。			☐	☐	☐	☐
b. Have you ever had, or been told to have, or are you intending to have mammogram, ultrasound of breast or pelvis, pap smear, cone biopsy or colposcopy? 妳曾否接受或被建議接受或打算接受乳房X光像、乳房或盤腔超聲波檢查、子宮頸細胞塗片檢驗、錐形切片檢查或陰道鏡檢查？			☐	☐	☐	☐
c. Have you ever had complications of pregnancy during gestation in the past 10 years (e.g. ectopic pregnancy, miscarriage, disseminated intravascular coagulation, diabetes or hypertension, etc.)? 在過去十年內，妳曾否在妊娠期間患有併發病（例如: 宮外孕、流產、瀰漫性血管內凝血、糖尿病或血壓高等）?			☐	☐	☐	☐
23. This question is applicable **for juvenile only**. (Applicable to age on or below 15) 此問題**只適用兒童受保人**。(只適用於年齡為十五歲或以下之兒童)						
a. Was the child's birth premature or postmature? 受保人是否早產或過期出生？			☐	☐	☐	☐
b. Any special care needed after birth? 出生後曾否接受特別護理?			☐	☐	☐	☐
c. Has the child had any physical defects or shown any sign of slow physical or mental development? 受保人有否身體缺陷或生理上或心智發育緩慢的跡象?			☐	☐	☐	☐
24. Have any of your parents or siblings died or suffered from blood disease, liver disease (including hepatitis B carrier), heart or polycystic kidney disease, stroke, diabetes, hypertension, cancer, AIDS or known hereditary disease? If "Yes", please provide the relationship with insured/ other proposed insured, name of disease together with the onset age. 您的父母、兄弟姊妹是否患有血液疾病、肝病(例如: 乙型肝炎帶菌者)、心臟病或多囊性腎病、中風、糖尿病、高血壓、癌症、後天免疫能力缺乏症或遺傳性疾病; 或因上述疾病死亡？如「是」請提供與受保人/其他準受保人所屬關係、疾病名稱及發病年齡。			☐	☐	☐	☐
Insured 受保人		Other Proposed Insured 其他準受保人				
(i) Relationship 關係: _____		(i) Relationship 關係: _____				
(ii) Disease(s) 疾病: _____		(ii) Disease(s) 疾病: _____				
(iii) Onset age 病發年齡: _____		(iii) Onset age 病發年齡: _____				
25. a. Do you drink alcohol on regular basis? if "Yes", please provide the type and unit of alcohol consumed per week? 您是否有飲酒習慣？如「是」，請提供種類及每週飲用量。 Type 種類: _____ Unit of consumption per week 每週飲用量: _____			☐	☐	☐	☐
b. Do you take or have you ever taken any narcotics or habit forming drugs or been treated or consulted for alcohol? If "Yes", please provide details. 您有否或曾否服用任何麻醉劑或成癮性藥物；或接受戒酒治療或輔導？如「是」，請提供詳情。			☐	☐	☐	☐
c. Do you use or have you ever used any tobacco products in the past 12 months? If "Yes", please complete (1) average daily consumption; and (2) number of years. If ceased in consuming any tobacco products, please also provide the termination cause and date. 您是否有或曾否在過去十二個月內有吸食任何煙草產品？如「有」，請註明；(1)每日平均消耗量；及(2)吸煙年期。如已停止吸食任何煙草產品，請另行提供停止吸食之原因及日期。 Average daily consumption 每日平均消耗量: _____ Number of years 吸煙年期: _____ Termination cause and date 停止原因及日期: _____			☐	☐	☐	☐

	Insured 受保人		Other Proposed Insured 其他準受保人	
26. Have you ever had or been told to have or been treated for or intending to be treated for any of the following diseases or conditions: 您曾否患有或獲告知患有或因此曾經接受或將會接受以下疾病或機能失調的治療:	Yes 是	No 否	Yes 是	No 否
a. Disease or disorder of circulatory system, including cardiovascular system and lymphatic system, e.g. chest discomfort, palpitation, raised blood pressure, rheumatic fever, heart attack, shortness of breath or dyslipidemia? 循環系統，包括心血管系統及淋巴系統之疾病或功能異常，例如：胸部不適、心悸、高血壓、風濕性熱、心臟病發作、呼吸困難或血脂問題？	☐	☐	☐	☐
b. Disease or disorder of respiratory or endocrine system, e.g. asthma, persistent hoarseness or cough, diabetes, thyroid disease or disorder? 呼吸系統或內分泌系統之疾病或功能異常，例如：哮喘、持久沙啞或咳嗽、糖尿病、甲狀腺疾病或功能異常？	☐	☐	☐	☐
c. Disease or disorder of digestive system such as jaundice, ulcer, colitis, disorder of stomach, liver disease or disorder (including hepatitis : please specify the exact type), bowels, gall bladder disease or disorder? 消化系統之疾病或功能異常，如黃膽病、潰瘍、結腸炎、胃功能異常、肝疾病或功能異常（包括肝炎: 請註明為何種肝炎）、腸、膽之疾病或功能異常？	☐	☐	☐	☐
d. Disease or disorder of genitourinary system or reproductive organs, e.g. abnormal urine or bladder, prostate, breasts, uterus, uterus cervix or kidney disease or disorder? 泌尿系統或生殖器官疾病或功能異常，例如：尿液異常或膀胱、前列腺、乳房、子宮、子宮頸或腎臟之疾病或功能異常？	☐	☐	☐	☐
e. Disease or disorder of eye or other sensory organs, dizziness, convulsions, epilepsy, neuritis, paralysis, stroke, mental or other nervous system disease or disorders? 眼或其他感官器官疾病或功能異常、暈眩、痙攣、癲癇、神經炎、癱瘓、中風、精神或其他神經系統疾病或功能異常？	☐	☐	☐	☐
f. Deformity, lameness or amputation, arthritis, gout or spinal cord, systemic lupus erythematosus, other musculoskeletal or autoimmune disease or disorders? 畸形、跛或斷肢、關節炎、痛風或脊髓、紅斑性狼瘡、其他肌肉骨骼或自體免疫性疾病或功能異常？	☐	☐	☐	☐
g. Cancer, tumour, cyst, any disease or disorders of skin, lymph node or blood? 癌症、腫瘤、囊腫、皮膚、淋巴結或其他血液疾病或功能異常？	☐	☐	☐	☐
h. Sexually transmitted disease or HIV infection? 經性接觸傳染之疾病或愛滋病病毒感染？	☐	☐	☐	☐
27. In the past 5 years, do you plan to attend, or are you currently attending or have been advised to, attended any hospital, clinic or doctor for any investigating (other than routine health check) or diagnostic test (e.g. cholesterol, AIDS, hepatitis including hepatitis B, anaemia etc)? 過去五年內，您是否打算或現正、或曾被建議，或曾於任何醫院、診所或醫務所接受任何檢查（例行體檢除外）或診斷檢驗（例如: 膽固醇、後天免疫能力缺乏症、肝炎包括乙型肝炎或貧血等）？	☐	☐	☐	☐
28. Other than covered above, have you ever had, or are you currently awaiting, or have been advised to, or do you intend to be counselled, tested, medically advised or treated in connection with any other illness, disease, signs and symptoms or disorder for more than 7 days, or undertaking operation, medical advice or hospitalization for more than 3 days? 您曾否、或會否打算、或曾被建議就以上未提及的身體不適、疾病、病徵、機能失調、而接受輔導、檢驗、診斷、治療或藥物治療超過七天；或因此而接受外科手術、診症或住院留醫多於三天？	☐	☐	☐	☐

29. Supplement 補充

If the answer for Questions 21-28 is/are "Yes" , please give details in Question 29.
如第二十一至二十八問題的答案為「是」，請在問題二十九填寫詳情。

Question no. 問題號碼	Surname & other name of person to whom "Yes" applies 答「是」人士之姓名	Reason - nature and severity of conditions (Include frequency, diagnosis, treatment, medication, surgery and results) 原因－性質及情況之嚴重性 (包括發病次數、斷症、治療、食用藥物、手術及結果)	Onset (mm/yyyy) 發生時間（月/年）	Recovery (mm/yyyy) 已康復（月/年）	Names and addresses of physicians, hospitals or medical facilities 醫生、醫院或醫療機構之名稱及地址

Remarks & additional questions for "Happy Living Guaranteed Income Plan" and "Happy Living Guaranteed Saving Plan":
「樂無憂」保證入息計劃及「樂無憂」保證儲備計劃備註及附加問題:

* Reinstatement **within the first 4 policy years** (for all GIP plan) and the insured's attained age is before 60. Please complete Questions 30 & 31 only. 首四個保單週年內復保(包括所有樂無憂計劃)及受保人年齡60 以下，只需完成問題30及31。
* Reinstatement **after the 4th policy year (for GIP8A, GIP8B, GIP8C)** and the insured's attained age is before 60. Please complete Questions 30 & 31. 於第四個保單週年後復保(只適用**GIP8A, GIP8B, GIP8C**) 及受保人年齡60以下，只需完成問題30及31。
* Reinstatement **after the 4th policy year (for GIP12, GIP18 & GIP22)** and the insured's attained age is before 60. 於第四個保單週年後復保(只適用**GIP12, GIP18 & GIP22**)及受保人年齡60以下。
  - Lapsed over 62 days and within 1 year, please complete Questions 1-31. 失效超過62日及1年內復保，請回答問題1至31。
  - Lapsed over 1 year and within 3 years, please complete Questions 1-31 and medical requirement will be requested. 失效超過1年及3年內復保，請回答問題1至31及醫療資料將會要求。

	Insured 受保人		Other Proposed Insured 其他準受保人	
	Yes 是	No 否	Yes 是	No 否
30. Have you been advised by a doctor that you have a terminal illness with a life expectancy of less than 12 months? 您曾否被醫生診斷患有末期疾病而預期壽命少於十二個月？	☐	☐	☐	☐
31. Are you currently under palliative or intensive care? 您是否正在接受姑息治療或深切治療？	☐	☐	☐	☐

Supplementary question for "Partner Income Protection (PIP)/Partner Income Protection Supreme (PIPS)"
「安逸保」入息保障/「安逸保」入息至尊保障附加問題

Please submit supporting financial evidence if total monthly benefit amount insured is greater than HK$25,000.
如受保人每月總補償金額大於港幣HK$25,000，請提交「財務證明」。

32. Indicate the approximate percentage of time devoted to the following duties 負責職務的大約時間分配比例

_____% Sale 推銷 _____% Outdoor 戶外工作 _____% Manual 體力勞動

_____% Managerial/Admin. 管理/行政 _____% Others 其他，please specify 請註明 _____

33. How long have you been in this industry? 您從事現任行業多久？

34. How long have you been in your present occupation? 您從事現職多久？

35. Do you have any other occupation? If "Yes", please specify: 您有否其他工作？若「有」，請列明：

36. What is your monthly earned remuneration in average for the past 12 months? (Gross earnings excluding investment income less business expenses but before tax) 您過去十二個月每月平均的勞動收入?(不計算投資收入並扣除營業支出的稅前總收入)

Basic monthly salary (HK$)
基本每月薪金(港元) _____

Commission / bonuses / tips (HK$)
佣金/花紅/賞錢(港元) _____

37. Will you receive any benefits, other than provided under the mandatory employees compensation ordinance, from your employer or other sources as a result of your disability? If "Yes" , please give details. 除法例規定之僱員補償條例下，您會否因傷殘而獲取僱主或其他來源之任何補償？如答「是」，請填寫詳情。

38. What professional or trade qualifications do you have? 您持有甚麼專業或行內認可資格？

Section A: Declaration & Authorization 第一部份: 聲明及授權

I/WE HEREBY DECLARE AND AGREE THAT: (1) All statements and answers to all questions in this Statement of Insurability ("Statement") and any questionnaire or declarations of insurability or health answered and made in this statement including but not limited to those made/completed in any related medical examinations, whether or not written by my/our own hands are to the best of my/our knowledge and belief full, complete and true; (2) All answers to such questions, together with this application shall form the basis and become part of the Policy issued by Chubb Life Insurance Company Ltd. (herein after known as "the Company"); (3) The Company is not bound by any statement which I/we may have made to any person, including but not limited to the Agent named herein if not written or printed here; (4) I/We shall disclose to the Company any change in the health or insurability of the Insured(s) subsequent to the signing of this Statement but prior to any endorsement/confirmation letter being issued AND the failure to disclose any material facts and/or circumstances relating to any change in the health or insurability of the Insured(s) shall render the contract voidable; (5) (Where applicable) Any payment made in connection with application of this Policy does not guarantee immediate approval of the coverage applied. The insurance coverage applied for shall only take effect when due premiums are paid during the lifetime and continuous good health of the Insured(s); (6) I/We have provided my/our original H.K.ID card/Passport/Business Registration to the Agent (where applicable) to verify that my/our identity details match with the information provided in this Statement and shown in the copy of H.K.ID card/Passport/ Business Registration.

I/We hereby irrevocably authorize (i) any employer, doctor, hospital, clinic, insurance company, government office or any organizations of persons who have any records, knowledge or information of me/us (whether medical or otherwise) to disclose, release or transfer to the Company or its representative such record, knowledge or information pertinent to this application for insurance, reinstatement and any claim arising therefrom; (ii) the Company or any of its appointed medical/para-medical examiners or laboratories to perform necessary medical assessment and tests to evaluate the health status of me/us in relation to this application for insurance, reinstatement and any claim arising therefrom. This authorization shall bind the successors and assignees of me/us and remains valid notwithstanding my/our death or incapacity. A photocopy of this authorization shall be as valid as the original.

本人/吾等謹此聲明及同意 (I) 就此份投保資料申報書(「申報書」)及任何有關問卷上的一切陳述及所有資料及對可投保性作出的聲明，包括但不限於在驗身時作出的聲明或填報的資料，不論是否本人/吾等親手所寫，就本人/吾等所知所信，均為事實之全部並確實無訛；(2) 上述問題的所有資料及此申報書，將成為保單發出的根據，並在安達人壽保險有限公司（以下簡稱為「貴公司」）核準發出保單後成為保單的一部份；(3) 本人/吾等對任何人，包括但不限於此保單的壽險顧問所作出的任何聲明，如沒有在此申報書上填寫或印出，貴公司不須受其約束；(4) 由簽署此申報書當日起至批註書/確認信發出期間，本人/吾等必須及有責任向貴公司申報有關受保人的健康狀況或可投保性的轉變。如本人/吾等隱瞞以上所提及者，貴公司有權取消與本人/吾等間的保單合約；(5) 與本申報書有關的任何付款(如適用)，並不保證此申請可即時獲得接納。而所申請的保障將會在受保人在生時繳清保費後並在受保人身體健康的情況下，方為有效；(6) 本人/吾等已提供本人/吾等的香港身份證/護照/商業登記證的正本給與壽險顧問(如適用)以作為核實本人/吾等於此申報書上所提供的身份資料及香港身份證/護照/商業登記證副本相符。

本人/吾等並授權(i) 任何僱主、醫生、醫院、診所、保險公司、政府部門或其他機構及人士，如具有本人/吾等的任何紀錄、知識或資料，可將該等資料向貴公司或貴公司代表透露、發放或移交，用以作為該份投保書、保單復效或任何由此而提出索償申請的參考；(ii) 貴公司或貴公司委任的醫療/輔助醫療檢查員或檢驗所，就有關該份投保書、保單復效或由此而提出索償的申請，進行醫療評估或測驗，以檢定本人/吾等的健康狀況。該授權書對本人/吾等的繼承人及承讓人均有約束力，即使在本人/吾等死亡或喪失行為能力後仍然有效。該授權書的影印本具有與正本同等的效力。

Section B: Use Of Personal Information Collection Statement And Consent 第二部份: 個人資料收集聲明及授權

I/WE UNDERSTAND AND CONSENT THAT, by signing this application, any personal data collected or held by Chubb Life Insurance Company Ltd. (the "Company") is provided and may be used, processed, stored, disclosed, transferred by the Company to the companies within the group of which the Company is a subsidiary (the "Group Companies"), its authorized agents, reinsurers, claims investigators, loss adjudicators, medical advisors, recovery agents, insurance industry associations, federations and their members, credit reference bureaus, government or judicial or regulatory bodies or any person to whom the Company is under legal and/or regulatory obligation to make disclosure, and the Company's appointed third party agents, contractors and advisors, in each case whether within or outside of Hong Kong to (i) process and evaluate this application and any future insurance application and claim I/we may make; (ii) provide all services related to this application, administer and process policy, medical and underwriting checks, payment instructions, premiums collection, data matching, and communicate with me/us for such purposes; (iii) enable the industry associations, the federations and their members, the government or regulatory bodies to carry out the functions and requirements that may be assigned to them from time to time and are reasonably required in their interest and that of the insurance industry; and (iv) provide payment, data processing, administration, communications, computer, security and other services (including medical services, emergency assistance services, mailing and IT services) in connection with the operation of the Company and the provision of services to me/us. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our data with the information collected by the insurance industry associations, the federations and their members, the government and regulatory bodies and medical personnel or organizations. I/We am/are obliged to supply the information required from me/us under this application which is a condition precedent for me/us to apply this application. Failure to supply the required information may result in the Company being unable to process this application. I/We understand that I/We have the right to obtain access to and to request correction of any personal data held by the Company or be given reasons for any refusal of access or correction. I/We also understand that a reasonable fee may be charged by the Company for processing of any access. Any questions regarding personal data, access to or correction of personal data should be made in writing and forwarded to The Data Protection Officer of Life Administration of Chubb Life Insurance Company Ltd. at 33/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

就簽署此申請，本人/吾等明白及同意安達人壽保險有限公司（「貴公司」）可以使用、處理、儲存、透露、轉移任何貴公司所收集或持有任何本人/吾等的個人資料與貴公司隸屬同一集團附屬公司之其他公司（「集團公司」）、其獲授權的代理人、再保險公司、理賠調查員、處理索賠個案的理賠師、醫療顧問、索償代理、保險行業協會、聯會及其會員、信貸資料服務公司、政府或司法或監管機構或對貴公司具有法律及/或監管責任而須予以披露的任何人士，及貴公司指定的第三方代理、承包商及顧問，不論屬本地或海外，以 (i) 處理及審批此申請及本人/吾等將來提交之保險申請及索償; (ii) 提供所有關於此申請之服務，管理及處理保單、醫療和核保檢查、付款指示、保費收取、資料核對，及因此等用途與本人/吾等聯絡; (iii) 令保險行業協會、聯會及其會員、政府或監管機構執行其經不時修定及為合理要求以維護其及保險行業利益的功能及規定; 及 (iv) 提供因貴公司營運及給予本人/吾等服務之相關付款、數據處理、行政、通訊、電腦、保安及其它服務 (包括醫療服務、緊急救援服務、郵寄服務及資料科技服務)。此外，貴公司獲授權向保險行業協會、聯會及其會員、政府及監管機構、及醫務人員或機構取閱及/或核實任何該等機構向本人/吾等收集之資料。本人/吾等有責任提供就此申請之所需資料，以作為此申請之先決條件。如未能提供所需的資料，可能會導致貴公司無法處理此申請。本人/吾等明白本人/吾等有權取閱及要求更正任何貴公司持有之有關本人/吾等的任何個人資料，或被給予拒絕查閱或更正的理由。本人/吾等亦明白貴公司可能會收取任何查閱資料的要求之合理費用。如欲查詢有關個人資料事宜，查閱或更正個人資料必須以書面形式向貴公司壽險行政部的資料保護主任提出，並送交至香港銅鑼灣告士打道311號皇室大廈安達人壽大樓33樓。

Signed at Hong Kong On 簽署於香港	Signature of Witness (Name :) 見證人簽署 (姓名：)	* Signature of Insured * 受保人簽署
dd / mm / yyyy 日 月 年	Signature of Applicant/Owner (if other than Insured) 保單申請人/持有人簽署 (若非受保人)	* Signature of Other Proposed Insured (if other than Application/Owner) * 其他準受保人簽署 (若非保單申請人/持有人)

* Signature is required for the person whose age is 18 or above
滿18歲或以上之人士必須簽署

Chubb. Insured.℠