

Application Supplement For “The ONE” Accident Protector

「智全為您」意外保障計劃附加申請書

Policy No.:

保單編號

Proposed Insured/Applicant/Owner:

準受保人/保單申請人/持有人

Free Family Accidental Protection 免費家人意外保障

The below section only applicable if proposed insured and applicant/owner of the application is the same person.
以下部份只適用於準受保人與保單申請人/持有人為同一人。

Free Family Accidental Protection provides a one-year free coverage of accidental death and accidental dismemberment benefits, up to 100% of the sum assured of **The One Accidental Protector** in the first year, subject to an upper limit of HK\$2,340,000/US\$300,000 for each eligible family member. Eligible family member refers to the legally recognized spouse and/or children of the insured and reside in Hong Kong/China at the date of issue.

免費家人意外保障提供合資格的家庭成員為期一年相等於「智全為您」保障額或最高二百三十四萬港元/三十萬美元的免費意外死亡或傷殘保障。合資格的家庭成員指準受保人於續發日居於香港/中國之合法配偶及/或子女。

Please indicate family members you want to enroll for Free Family Accidental Protection by ticking below box and filling in relevant information. If you have more than 5 children, please provide details on the “**Supplement of New Application for Policy**” (NB053).
請於欲申請免費家人意外保障的家庭成員旁加“✓”。如申請的家庭成員多於五名子女，請以「**保險申請補充資料**」(NB053)填寫。

Family Members 家庭成員	Sex 性別	DOB (DD/MM/YY) 出生日期	Occupation 職業	Residence Country 居住國家
<input type="checkbox"/> Spouse 配偶	_____	_____	_____	_____
<input type="checkbox"/> Child 1 子女1	_____	_____	_____	_____
<input type="checkbox"/> Child 2 子女2	_____	_____	_____	_____
<input type="checkbox"/> Child 3 子女3	_____	_____	_____	_____
<input type="checkbox"/> Child 4 子女4	_____	_____	_____	_____
<input type="checkbox"/> Child 5 子女5	_____	_____	_____	_____

Declaration & Authorization 聲明及授權

I/WE HEREBY DECLARE AND AGREE THAT: (1) I/We have read the **IMPORTANT NOTE** from the application form. I/We fully understand the consequences of my/our failure to discharge my/our duties stipulated therein; (2) All statements and answers to all questions in this application and any questionnaire or declarations of insurability or health completed in connection with this application including without limitation 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; (3) All answers to such questions, together with this application shall form the basis and become a part of the insurance policy to be issued by the Company upon its approval of this application; (4) Except for disclosure in the preceding section, I/we confirm that I/we am/are acting solely on my/our behalf in respect of this policy. In the event that I/we am/are acting on behalf of another person, without limitation, as trustee, nominee or agent, I/we understand and agree that I/we am/are needed to complete a **“Supplementary Form of Beneficial Owner/Controlling Person/Successor Owner”** (NB222) to provide identity information and documents, including but not limited to any copies of identification documents of the beneficial owner and any documentary proof of my/our legal capacity and authority in so acting; (5) The Company is not bound by any statement which I/we may have made to any person, including without limitation the Agent named herein if not written or printed here; (6) I/We shall disclose to the Company any change in the health or insurability of the Proposed Insured(s) subsequent to the signing of this application but prior to any policy being issued AND the failure to disclose any material facts and/or circumstances relating to any change in the health or insurability of the Proposed Insured(s) shall render the contract voidable; (7) Any payment made in connection to this application does not guarantee immediate approval of the coverage applied. The insurance coverage applied for shall only take effect where the relevant policy(ies) has/have been issued and the first premium duly paid during my/our life time and good health. **I/We hereby irrevocably authorize** (i) any employer, doctor, hospital, clinic, insurance company, government office or any organizations or 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 (1) 本人/吾等已詳閱申請書上的**重要指示**，本人/吾等完全明白一切若違反合約所需負上之責任；(2) 就此份申請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；(3) 上述問題的所有資料及此投保書，將成為保單發出的根據，並在貴公司核準發出保單後成為保單的一部份；(4) 除上述披露外，對本人/吾等確認本人/吾等是完全代表自己行事而申請此保單，如果本人/吾等是代表其他人行事，不論是作為託管人、代名人或代理人，本人/吾等明白和同意填寫「**實益擁有人/控權/繼任持有人補充資料表格**」(NB222) 以提供任何實益擁有人的身份資料及文件，包括但不限於實益擁有人身份證明文件副本，以及任何證明本人/吾等代表客戶的法律能力和授權行事的證明文件；(5) 本人/吾等對任何人，包括此保單的壽險顧問所作出的任何聲明，如沒有在此投保書上填寫或印出，貴公司不須受其約束；(6) 由簽署申請書當日起至保單發出期間，本人/吾等必須有責任向貴公司申報有關投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/吾等之間的保單合約；(7) 與本申請書有關的任何付款，並不保證此申請可即時獲得接納。而所申請的保障將會在保單發出及於本人/吾等在生時繳清保費後，並在本人/吾等身體健康的情況下，方為生效。**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披露、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。

I/We hereby declare and warrant that solicitation of sales and all other marketing activities on part of the agent/representative of the broker and sale formalities (including but not limited to my/our signing of this application and payment of premium) took place in the Hong Kong Special Administrative Region.

本人/吾等謹此聲明及保證 有關壽險顧問/中介人公司所提供的推銷、有關壽險宣傳及辦理銷售手續 (包括但不限於本人/吾等對貴公司交收保費及簽署文件) 皆在香港特別行政區境內進行。

_____ Name of Witness/Agent/Intermediary 見證人/保險代理/中介人姓名		Signature must be consistent with that in your life application form. 閣下簽署模式應與申請書上之簽署相同，以作核對。	
_____ Signature of Witness/Agent/Intermediary 見證人/保險代理/中介人簽署	_____ Date 日期	_____ Signature of Proposed Insured/Applicant/Owner 準受保人/保單申請人/持有人簽署	_____ Date 日期

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