

董事及主管專業責任保險投保書

PROPOSAL FORM FOR DIRECTORS' & OFFICERS' LIABILITY AND COMPANY REIMBURSEMENT INSURANCE

* 請據實填寫本投保書。

Please answer all questions in full leaving no blank spaces.

* 如本投保書中提供的空間不夠填寫答案，請另以紙書寫，註明日期並加蓋主要被保險機構之印章。

If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.

投保申請人資料 PARTICULARS OF THE PROPOSER/APPLICANT (必須填寫 MANDATORY INFORMATION)

1. 被保機構
Principal Organization : _____
2. 被保機構地址
Principal Address : _____
3. 營業項目
Nature of Activities : _____
手提電話 _____ 公司電話 _____ 電郵地址 _____
Mobile No.: 852- _____ Office Tel. No.: 852- _____ E-Mail Address: _____
4. 被保機構設立期間
How long has the **Principal Organization** continuously carried on business? _____
5. 各營業項目開始營運之日期
Names and dates under which the business was formerly carried on : _____
6. 被保機構是否為
Is the Principal Organization :

(a) 私人所有？ Private?	是 Yes	<input type="checkbox"/>	否 No	<input type="checkbox"/>
公開發行？ Public?	是 Yes	<input type="checkbox"/>	否 No	<input type="checkbox"/>
其他（請註明） Other (Specify)	_____			
(b) 股票在香港上市嗎？ Listed on Hong Kong stock exchange?	是 Yes	<input type="checkbox"/>	否 No	<input type="checkbox"/>
(c) 股票在國外上市嗎？ Listed on foreign stock exchange?	是 Yes	<input type="checkbox"/>	否 No	<input type="checkbox"/>
若是，請提供詳情 If yes, please give details :	_____			
7. (a) 被保機構是否曾公開透露目前正考慮任何之購併或合併提案？
Has the **Principal Organization** publicly revealed that it has under consideration at the present time any acquisitions, tender offers or mergers?
是 否
Yes No
- (b) 被保機構目前是否知悉任何有關其可能被購併之提案？
Are there at the present time any proposals of which the **Principal Organization** is aware relating to its acquisition by any other company?
是 否
Yes No
- (c) 被保機構是否曾公開表示其明年度將公開發行新的有價證券？
是 否
Yes No

Has the **Principal Organization** publicly announced its intention to make any new public offering of securities within the next year?

Yes

No

若是，請提供詳情

If yes, please give details : _____

被保機構中持有股份 5%以上 (含 5%) 之股東姓名與持股比例 (直接持股或受益人) :

8. Name and percentage of holdings of any shareholder owning 5% or more of the ordinary shares of the **Principal Organization** (directly or beneficially) :

請詳細列明被保機構去年年報中董事與主管之變動情形 :

9. Please give details of any change to the list of directors and officers given in the **Principal Organization's** last annual report and accounts :

請提供過去三年中所有被購併、設立、或清算之子公司名單及下列詳情 :

10. Please attach a complete list of all subsidiary companies that have either been acquired, created, divested or liquidated in the past three years. Could you please provide the following details for each :

(a) 登記設立國家

Country of registration : _____

(b) 被保機構持股比例

Percentage ownership by **Principal Organization** : _____

(c) 業務性質

Nature of activities : _____

(d) 若該子公司被購併、設立、或被清算，其日期？

Whether the subsidiary was acquired, created, divested or liquidated and the date of same : _____

被保機構過去投保此類保險，是否曾被拒保或被解除契約之紀錄？

11. Has the **Principal Organization** ever been refused this type of cover or had a similar policy cancelled?

是

否

若是，請提供詳情

If yes, please provide details : _____

下列第 12、13 及 14 題，僅供被保機構及/或其子公司在北美地區有業務營運或於美國股市有股票交易者回答。

Questions 12, 13 and 14 are to be completed only if the **Principal Organization** and/or its subsidiaries conduct any business in North America, or have any shares traded on a listed stock exchange in the United States of America.

請提供北美地區子公司之總資產毛額

12. Please give the total gross assets of the North American subsidiaries : _____

被保機構或其子公司有否於北美地區發行任何股票、股份或債券嗎？

13. Does the **Principal Organization** or any of its subsidiaries have any stock, shares or debentures in North America?

有

否

若是，上一次發行日期？

If yes, on what date was the last offer made? _____

被保機構有否於美國發行美國存託憑證(預托證券)？

14. Does the **Principal Organization** issue American depository receipts in the United states of America?

有

否

請提供於過去三年中有關董事及主管專業責任保險之投保記錄：

15. If directors and officers liability and company reimbursement insurance has been carried during the past three years, please state :

- a) 保險公司
Insurer _____
- b) 保單到期日
Expiry date of policy _____
- c) 保險金額
Indemnity limit _____
- d) 自負額
Deductible amount _____

16. 被保機構是否需要為外兼董事投保？
Does the **Principal Organization** require cover for any **Outside Directorships**? 是 否
Yes No

若是，請提供外兼董事之詳情。(外兼董事係指非為上述被保機構之子公司之董事或主管，且該職位是經被保機構認知、同意或指派)
If yes, please provide details of any **Outside Directorships**. (An **Outside Directorship** position is a position held as a director or officer of a company or other entity which is not a Subsidiary Company of the **Principal Organization** named above, which position is held with the KNOWLEDGE and CONSENT or at the SPECIFIC REQUEST of the **Principal Organization**).

有關外兼董事資料之提供需包括：(但若外兼董事之相關機構為非營利機構僅需回答第(1)，(2)，(3)題)
Information on each **Outside Directorship** must include the following: (Note: In regard to **Outside Directorships** on **Non-Profit Outside Entities** only answer questions (1), (2) and (3)).

- (1) 該相關機構之名稱
Name of **Outside Entity** : _____

- (2) 該相關機構之營業性質
Nature of activities of the **Outside Entity** : _____

- (3) 需要投保之董事姓名
Names of directors for whom coverage is required : _____

- (4) 該相關機構目前是否持有董事及主管專業責任保險？
Does the **Outside Entity** currently carry directors and officers insurance? 是 否
Yes No

若是，則 (a) 保險公司名稱？
If the answer is yes, then : Who is the insurer? _____

(b) 保險金額？
What is the limit of indemnity? _____

(c) 自負額？
What is the deductible? _____

- (5) 被保機構持有之股份比例
Percentage ownership of **Principal Organization** : _____

- (6) 持有該相關機構股份之股東中 5%以上(含 5%)之股東姓名與持股比例
Name and the percentage ownership of each entity which holds 5% or more of the share capital of the **Outside Entity** :

- (7) 該相關機構之設立登記國家
Country of incorporation : _____

- (8) 該相關機構之型態(私人持有、上市公司或信託機構)
Type of entity (e.g. Private, Public, Trustee etc) : _____

請附上每一外兼董事之相關機構最近財務報表(非營利機構除外)
Please attach latest financial reports of each **Outside Entity** except Non-profit **Outside Entities**.

17. 曾發生或目前尚未結案之指控？
Has there been or is there now pending against? _____

(a) 針對被保險機構之董事或主管；或
any director or officer of the **Principal Organization**; or, _____

(b) 針對有投保需求之外兼董事
an **Outside Director** requesting cover on an **Outside Entity**. _____

是否有因此而產生索賠？ 是 否

a **Claim** against them in their capacity as such? Yes No

若是，請提供詳情

If yes, please give details : _____

是否有任何將投保之董事或主管個人(含外兼董事)知悉任何事實或情況，而該事實或情況：
(a)將成為本保險承保範圍內索賠案件之依據；或(b)有產生索賠案件的可能性？

是 否

18. Is any person proposed for coverage cognisant of any facts or circumstances (a) which he or she has reason to suppose might afford valid grounds for any future Claim(s) such as would fall within the scope of the proposed coverage or (b) which indicate the probability of any such **Claim(s)**? (Please note: This question also applies to **Outside Directorship** positions.)

Yes No

若是，請提供詳情

If yes, please give details : _____

茲經同意，若有上述事實或情況存在，任何因此產生之索賠案件與請求行為均排除於承保範圍之外。

It is agreed that if such facts or circumstances exist, any **Claim** or action arising therefrom is excluded from this proposed coverage.

19. 投保金額
Amount of indemnity required : _____

20. 除此投保書外，請另提供下列文件：
Documents required by Insurer. Please enclose this proposal form :

(a) 最近兩期已受稽查過之年報
The last two audited Annual Reports.

(b) 最近兩期年度中期報表(若情況適用)
The last two Interim Statements (if applicable.)

報價單編號

Quotation Reference No.: _____

繳付保費方法 PREMIUM PAYMENT METHOD

請選擇下列方法繳付保費 Please select the premium payment method below :

銀行轉賬[△] Bank Transfer[△] 支票^{*} Cheque^{*}

[△]閣下可將應付保費轉賬至下列指定賬戶內並將轉賬收據或入數紙副本連同已簽署之投保書正本遞交至本公司辦理。

You can transfer the required premium to designated bank accounts below and return the original executed proposal form together with the copy of transfer/deposit slip to us.

銀行名稱 Bank Name	銀行賬戶編號 Bank Account Number
中國銀行(香港) Bank of China (Hong Kong)	031-350-1-0336036
恒生銀行 Hang Seng Bank	256-220138-668

*如選擇以支票付款，支票抬頭需填寫「中國交銀保險有限公司」。If paid by cheque, it should be made payable to "China BOCOM Insurance Co., Ltd."

投保申請人特別須知:

由2018年1月1日起，保險業監管局將會根據《保險業(徵費)令》及《保險業(徵費)規例》，向保單持有人收取保費徵費。有關徵費為應付保費的特定百分比，而且每份保單每保單周年均設有徵費上限，並透過保險公司向保單持有人收取。詳情請瀏覽保監局網頁 www.ia.org.hk。

Special Note to Insurance Applicant:

From 1 January 2018 onwards, a levy on insurance premiums for insurance policies will be payable to the Insurance Authority (IA) by policyholders pursuant to the Insurance (Levy) Order and Insurance (Levy) Regulation. Levy is a specific percentage to the premium payable with a levy cap applied per policy per policy year. The levy will be collected from policyholders through insurance companies. For details, please visit IA's website at www.ia.org.hk.

In the event the Insurance application consisting of personal information, such application will not be processed unless this personal information collection statement is duly read and signed by the insurance applicant. (effective from 1st April, 2013)

PERSONAL INFORMATION COLLECTION STATEMENT ("PICS")

PART 1 : COLLECTION AND USE OF PERSONAL DATA

China BOCOM Insurance Co., Ltd. (hereafter called "the Company") may use the personal data the Company collects from you (whether contained in the insurance application or otherwise) for the following purposes:

- processing and evaluating your insurance application and any future insurance application you may make;
- administering your insurance policy and providing services in relation to your insurance policy;
- investigating, processing and paying claims made under your insurance policy;
- invoicing and collecting premiums, deductibles for claim settlement and/or any outstanding amounts from you;

- (v) executing the Direct Debit Payment Authorization for premium payment;
- (vi) designing products/services for customers;
- (vii) conducting market research for statistical or other purposes;
- (viii) matching any data held which relates to you from time to time for any of the purposes listed herein;
- (ix) conducting identity and/or credit checks and/or debt collection;
- (x) carrying out other services in connection with the operation of the Company's business;
- (xi) promotion of insurance and/or financial products or services and/or providing of latest product privilege, new product and/or services information when they become available;
- (xii) contacting you for any of the above purposes;
- (xiii) other ancillary purposes which are directly related to the above purposes; and
- (xiv) complying with applicable laws, regulations or any industry codes or guidelines.

Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

The Company may disclose your personal data for the above purposes to the following classes of transferees:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist the Company to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers, bank for executing direct debit payment and data processors);
- (b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- (c) in the event of default, debt collectors and recovery agents;
- (d) insurance reference bureaus or credit reference bureaus;
- (e) reinsurers and reinsurance brokers;
- (f) your insurance broker (if you have one);
- (g) our legal and professional advisors;
- (h) our related companies;
- (i) the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- (j) the Insurance Claims Complaints Bureau and similar industry bodies; and
- (k) government agencies and authorities as required or permitted by law.

The Company may also use and disclose your personal data otherwise with your consent.

"Related companies" in this form means the holding company of the China BOCOM Insurance Co., Ltd (Bank of Communications Co., Ltd.) which includes branches, subsidiaries, representative offices and/or any corporations or legal entity under the effective management control by the Bank of Communications Co., Ltd. and/or any subsidiaries and/or representative offices of China BOCOM Insurance Co., Ltd, wherever situated.

PART 2 : DIRECT MARKETING

With your consent, the Company may also use your contact details, demographic information and policy details to contact you with direct marketing communications regarding financial and insurance products by mail, email, telephone or mobile message. Please tick the box below to inform us if you do not consent to receive such direct marketing communications.

With your consent, the Company may also provide your contact details, demographic information and policy details to our related companies who may send you direct marketing communications regarding financial and insurance products by mail, email, telephone or mobile message. Please tick the box below to inform us if you do not consent to us providing your personal data to our related companies and do not wish to receive direct marketing communications from our related companies.

I/We do not consent to receive marketing communications from the Company.

I/We do not consent to receive marketing communications from the related companies of the Company.

If you return this form without ticking the above box it means that you do not wish to opt-out from any form of direct marketing of the Company and/or its related companies

In the event you have informed us in this statement you do not consent to receive direct marketing communications from the related companies of the Company, we will not provide your personal information to the related companies of the Company. However it does not mean that you are not consent the use of personal data by related companies who held or collected your personal information either by its own way or from other channels other than the Company for the purpose of direct marketing communications.

IMPORTANT NOTE TO INSURANCE APPLICANT:

- (1) It is mandatory to provide all of the personal data requested on the insurance application/proposal form. Failure to provide all the personal data requested on this insurance application/proposal form may mean the Company are unable to process your application.
- (2) The above statement at Part 2 represents your present choice whether or not to receive direct marketing materials and it will supersede all previous choices communicated by you to the Company prior to this application.
- (3) You may in future withdraw your consent to the use and provision of your personal data for direct marketing. If you wish to withdraw your consent, please inform us in writing to the address in the section on "ACCESS AND CORRECTION OF PERSONAL DATA". The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.
- (4) If you want to know the use and provision of personal data in direct marketing, please contact the Company for further information.

ACCESS AND CORRECTION OF PERSONAL DATA:

Under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"), you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it. Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to: **Data Privacy Officer of China BOCOM Insurance Co., Ltd. 18/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong.**

投保申請人必須閱讀及簽署此收集個人資料聲明後有關的投保申請將會被處理(2013年4月1日起生效)

收集個人資料的聲明

部分1: 收集及使用個人資料

中國交銀保險有限公司(下稱"本公司")可能會使用客戶提供的個人資料(不論是否在投保申請書內所載或從其他途徑所取得)作以下用途:

- (i) 處理及審批 閣下的保險申請或 閣下將來提交的保險申請;
- (ii) 執行 閣下保單的行政工作及提供與 閣下保單相關的服務;
- (iii) 調查、處理及支付 閣下保單有關的索償;
- (iv) 發出繳交保費通知及向 閣下收取保費、自負額及欠款;
- (v) 執行直接付款方式授權繳付保費;
- (vi) 為客戶設計產品及/或服務;

- (vii) 為統計或其他目的進行市場研究；
- (viii) 不時就本條款所列的任何目的核對所持有的與閣下有關係的任何資料；
- (ix) 進行身份和／或信用核查和／或債務追收；
- (x) 開展與本公司業務經營有關的其他服務；
- (xi) 向閣下提供本公司最新的產品優惠、推廣、新產品及服務資訊；
- (xii) 就以上用途聯絡閣下；
- (xiii) 其它與上述用途有直接關係的附帶用途；及
- (xiv) 遵循適用法律，條列及業內守則及指引。

本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

本公司亦可因應上述用途披露閣下的個人資料予下列各方：

- (a) 就上述用途，向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問（包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商、執行直接付款方式繳付保費之銀行及數據處理服務商）；
 - (b) 處理索賠個案的理賠師、理賠調查員及醫療顧問；
 - (c) 追討欠款的收數公司或索償代理；
 - (d) 保險資料服務公司及信貸資料服務公司；
 - (e) 再保公司及再保經紀；
 - (f) 閣下的保險經紀（若有）；
 - (g) 本公司的法律及專業業務顧問；
 - (h) 本公司的關連公司；
 - (i) 香港保險業聯會（或同類的保險公司聯會）及其會員；
 - (j) 保險索償投訴局及同類的保險業機構；
 - (k) 法例要求或許可的政府機關。
- 經閣下同意，本公司可能會以其它方式使用及披露閣下的個人資料。

“關連公司”是指本公司的控股公司『交通銀行股份有限公司』其中亦包括交通銀行股份有限公司屬下之分行、附屬公司及代表處及/或任何被交通銀行股份有限公司在管理上控制的公司及/或中國交銀保險有限公司的附屬公司及代表處，不論其所在地。

部分2: 直銷促銷

經閣下同意，本公司可能使用閣下的聯絡資料、個人基本資料及保單資料，通過書信、電郵、電話或流動短訊與閣下聯絡，提供金融及保險產品的直接促銷通訊。若閣下不欲接收有關直接促銷通訊，請在以下的方格內填上☑。

經閣下同意，本公司亦可能提供閣下的聯繫資料、個人基本資料及保單資料給本公司的關連公司，關連公司可以以書信、電郵、或流動短訊與閣下聯絡，提供金融及保險產品的直接促銷通訊。若閣下反對本公司將閣下個人資料提供給關連公司及不欲接收關連公司的直接促銷通訊，請在以下的方格內填上☑。

- 若閣下反對接收本公司的直接促銷通訊，請在方格內填上☑
- 若閣下反對接收關連公司的直接促銷通訊，請在方格內填上☑。

如閣下遞交此聲明書而沒有在以上方格內以☑顯示閣下的選擇，即代表閣下並不拒絕接收任何形式的直銷推廣。

若閣下在此聲明中已表明不同意接收關連公司的直接促銷通訊，我司將停止提供閣下的個人資料給予本公司的關連公司，但這並不代表閣下反對本公司的關連公司使用由其公司原本擁有閣下的個人資料或其公司從自己的途徑或從其他非經由本公司的途徑收集獲得閣下之個人資料所作出的直接促銷用途。

申請人需留意的重要事項

- (1) 敬請注意，如果閣下不向本公司提供閣下的個人資料，本公司可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。
- (2) 以上部分2代表閣下現在接收直銷推廣資料的選擇，這亦取代任何閣下之前已告知中國交銀保險有限公司的選擇。
- (3) 閣下如欲撤回閣下給予本公司的同意，請發信至下文“個人資料的查閱和更正”部份所列的地址通知本公司。本公司會在不收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。
- (4) 閣下如欲了解更多本公司為促銷目的使用閣下的個人資料的政策，歡迎與本公司聯絡索取進一步資料。

個人資料的查閱和更正

根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：中國交銀保險有限公司位於香港中環紅棉路8號東昌大廈18樓個人資料保護主任收。

聲明 DECLARATION

1. 本人/本公司/簽署人茲聲明以上所述事項於目前所知之情況下均為屬實。於此投保書日期與保單生效日之間若上述事項有任何變動，將立即通知保險公司。雖然簽署人並不代表被保機構之董事與主管個人，但簽署人同意，若將來簽發保險單，此投保書所述事項將成為保險單之一部份。I/WE/the undersigned authorized officer of the **Principal Organization** declares that to the best of his or her knowledge and belief the statements set forth herein are true, and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of this insurance. Although the signing of the Proposal Form does not bind the undersigned on behalf of the directors and officers of the **Principal Organization**, to effect insurance, the undersigned agrees that this form and the said statements herein shall be on the basis of and will be incorporated in the Policy should one be issued.
2. 本人/本公司/簽署人明白本投保書被中國交銀保險有限公司接受後保障才正式生效，及同意該投保書和聲明將被用作雙方合約之根據。I/We/ the undersigned authorized officer understand that this application will not become effective until this proposal has been accepted by China BOCOM Insurance Co., Ltd. and agree that this Proposal and Declaration shall be the basis of the contract between me/us/**Principal Organization** and China BOCOM Insurance Co., Ltd.
3. 本人/本公司/簽署人確認已填報一切重要的有關資料，絕無隱瞞或保留，並同意將本投保書和聲明作為與中國交銀保險有限公司和本人/本公司/簽署人所訂合約之根據，並以保單上各條款為準則。I/WE/the undersigned authorized officer confirm that I/WE/the undersigned authorized officer have not withheld any material information and accept that this application and declaration shall be the basis of, and be incorporated in the contract between China BOCOM Insurance Co., Ltd. and myself or my company.
4. 本人/本公司/簽署人確認本人/本公司/簽署人已閱讀並明白收集個人資料的聲明。本人/本公司/簽署人確認本人/本公司/簽署人已被通知本人/本公司/簽署人須詳細閱讀該聲明，而本人/本公司已詳細閱讀該聲明對貴公司所收集或持有之本人/本公司/簽署人的個人資料的影響(不論是否投保申請書內所載或從其他途徑所取得)。根據以上所述，本人/本公司/簽署人特此確認並同意中國交銀保險有限公司根據該聲明使用及轉移本人/本公司/簽署人的個人資料，包括根據本人/本公司/簽署人在上述收集個人資料聲明部分 2 中給予貴司的指示在直接促銷中是否使用及將本人/本公司/簽署人個人資料提供予其他人士。I/WE/the undersigned authorized officer ACKNOWLEDGE AND CONFIRM that I/we/the undersigned authorized officer have read and understood the Personal Information Collection Statement ("PICS"). I/We/the undersigned authorized officer confirm that I/we/the undersigned authorized officer have been advised to read carefully the PICS, and I/we/the undersigned authorized officer have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in the insurance proposal/application or otherwise). Based on the foregoing, I/we/the undersigned authorized officer hereby give my/our/the undersigned authorized officer's acknowledgement and agree to the use and transfer of my/our/the undersigned authorized officer's personal data by China BOCOM Insurance Co., Ltd. in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing based on my/our/the undersigned authorized officer's instruction stated at PICS Part 2 above.

投保申請人蓋章及*簽署
Stamp and *Signatory
of Proposer/Applicant:

簽署日期
Date :

職稱

Title :

(*限董事長或常務董事)

(*Chairman of the Board or Managing Director only)

投保人須知 IMPORTANT NOTES TO PROPOSER

- (1) 閣下必須在其知悉範圍內提供所有有關會影響保險公司於接納或釐定此保單條文的資料，如對應透露的資料有任何疑問，請即向本公司或閣下的保險代理/經紀查詢。我們建議閣下將有關的資料作記錄(包括信件副本)，以備日後作參考之用。為確保閣下的利益，閣下應如實呈報所有有關資料，否則此保單將可能無法提供閣下所需的保障，甚至可能會導致此保單無效。Any other facts known to you which are likely to affect acceptance or assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance agent/broker. We recommend you keep a record (including copies of letters) for your future reference of any additional information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.
- (2) 本保險計劃的產品單張或其他有關本保險計劃的產品文件只限在香港特別行政區內派發，並不能詮釋為在香港特別行政區境外提供或出售或游說任何人士購買中國交銀保險有限公司的產品。本計劃只限在中國香港特別行政區境內範圍銷售及辦理投保手續。The product leaflets of this insurance plan &/or other documents related to this insurance plan is intended to be distributed within the territorial limit of Hong Kong SAR of PRC, and such act cannot be construed as offering or selling or lobbying any person to subscribe the products of China BOCOM insurance Co., Ltd. outside the territorial limit of Hong Kong SAR of PRC. The selling and processing of insurance application of this insurance plan are limited to within the territorial limit of the Hong Kong SAR of PRC.
- (3) 本投保書及相連之產品單張內容只供一般參考，有關保障內容及條款細節，應以保險單內條文為準。The information contained in the proposal form and related product brochure is merely for reference only. Please refer to the original policy for exact policy terms, conditions and exclusions.
- (4) 若本中英文譯本有不同，概以英文為準。If there is any difference between the Chinese and the English version, English version shall prevail.

此部份只供內部使用 INTERNAL USE ONLY

Agent Code:		Client Code:	
Payment Term	<input type="checkbox"/> CBD <input type="checkbox"/> COD <input type="checkbox"/> Premium Warranty <input type="checkbox"/> Credit Period	Premium Paid:	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid (Reason : _____)