

Details of the Proposer

Name (In Capital Letter) Mr/Ms/Miss _____

Hong Kong Identity Card No. _____ Contact Phone No. _____

Address _____

Relationship with Person to be insured _____

Nature of Work _____

Period of Insurance required From _____

Detail of the Insured Person (Age Limit 18 to 60)

Name (In Capital Letter) Mr/Ms/Miss _____

Hong Kong Identity Card No. _____ Date of Birth (DD/MM/YY) ____ / ____ / ____

Occupation _____ Nature of Work _____

Name of Employer (In Capital Letter) _____

Beneficiary

Name (In Capital Letter) Mr/Ms/Miss _____

Relationship with Person to be insured _____

Hong Kong Identity Card No. _____

Type of Cover

Type of Cover	Amount to be Insured
A. Accident Death or B. Permanent Disablement	HK\$
C. Temporary Total Disablement (per week)	HK\$
D. Medical Expenses	HK\$

Are you or the person to be insured normally residing in Hong Kong? Yes No

If the answer to any of question below is "Yes" , please give details.

Do you or the person to be insured's occupation or profession involve manual work of supervision of manual work?

Yes _____ No

Are you or the person to be insured at present holding any Life, Accident or Medical Insurance effected with us or other insurers?

Yes _____ No

In respect of Life, Accident or Medical Insurance, has any insurer ever declined to insure you or refused to renew your Insurance or imposed special terms on your insurance or cancelled your insurance?

Yes _____ No

In respect of Life, Accident or Medical Insurance, have you or the person to be insured ever made any claims against any insurers during the last 5 years?

Yes _____ No

Are you or the person to be insured suffering or ever suffer from any major medical conditions mental disease, or physical defects or infirmity?

Yes _____ No

Do you engage or intend to engage in any dangerous sports or activities?

Yes _____ No

Occupation Classification
Class 1 – Persons engaged in door or professional, administrative, managerial, clerical, and non-manual occupation. e.g. Accountant, Banker, Clerk, Doctor, Teacher, Secretary, etc.
Class 2 – Persons engaged in outdoor duties of non-manual works and/or work of a supervisory nature. e.g. Outdoor Salesman, Commerical Traveller, Domestic Servant, Merchandiser, Messenger, Civil Engineer, etc.
Class 3 – Persons engaged in light manual work without using heavy machine. e.g. Restaurant Waiter, Private Car Driver (within Hong Kong), Garment Worker, etc.
Class 4 – Persons engaged in manual works. e.g. Car Mechanic, Electricain, Plumber (indoor), Commerical Vehicle Driver (within Hong Kong) etc.

*Those occupations not listed above will be considered on application

<p>Important Notes: Any other facts know to you which are likely to influence the acceptance and assessment of the insurance proposal must be disclosed. If you are in any doubt about facts considered materials, you should disclose them. We recommend that you keep a record of all information provided (including copies of letters) for future reference. A copy of this proposal form will be supplied upon your request with a period of three months after its completion. For your own interest, please make sure that all materials facts are disclosed to us failing which your policy may be not afford the cover you require or may even become void. This proposal form only contains a summary of the coverage. For more details about the terms, conditions and exclusion, please refer to the policy wordings. A policy specimen will be supplied on request.</p> <p>Declaration : I/We declare that the statements and particulars given in this proposal are, to the best of my/our knowledge and belief, true and complete and that this proposal shall form the basis of my/our contract with MIN XIN INSURANCE CO.,Ltd. I/We agree that the insurance will not be in force until the proposal has been accepted by the Company.</p>	<p>Personal Information Collection Statement : The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of :</p> <ul style="list-style-type: none"> - any insurance of financial related product or services or any alterations, variations, cancellation or renewal of such product or services; - any claim or investigation or analysis of such claim; and - exercising any right of subrogation <p>This information may be transferred to :</p> <ul style="list-style-type: none"> - any related company or any other company carrying on insurance or reinsurance related business or an intermediary or other services provider providing services relevant to insurance business for any of the above or related purposes; - any association, federation or similar organization of insurance companies ("Federation") that exists or is formed time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and - any members of the "Federation" by the "Federation" for any of the above or related purposes. <p>Moreover, MIN XIN INSURANCE CO., LTD. is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right to obtain access to and to request correction of any personal information concerning yourself by the Company.</p>
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Proposer's Signature: _____

Authorised Agent/Broker: _____

Date: _____