

Policy No. _____

Proposed Effective Date _____

Detail of New Insured Person (Overseas Helper)

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

Gender Male
 Female

Date of Birth (DD/MM/YY)
(Aged 18 or above but below 60) _____ / _____ / _____

Passport No. _____ Nationality _____

Hong Kong Identity Card No. _____

Other information

1. Do proposed overseas helper have any foreseeable need for treatment or for consulting any medical practitioner? Yes No
2. Have you ever been refused or cancelled or accepted on special term by any insurance company for similar insurance plan? Yes No
3. Have you made any kind of insurance claims in the past two years? Yes No

(if "Yes" to any of questions above, please provide details)

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.

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.

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 :

- 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

This information may be transferred to :

- 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.

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.

Proposer's Signature: _____

Authorised Agent/Broker: _____

Date: _____