



閩信保險有限公司
MIN XIN INSURANCE COMPANY LIMITED

香港總行

Hong Kong Head Office

香港中環紅棉路8號東昌大廈17樓

17/F., Fairmont House, 8 Cotton Tree Drive,
Central, Hong Kong

電話 Tel: (852) 2826 3673

傳真 Fax: (852) 2526 7364

電郵 E-mail: cs@mxic.com.hk

網址 Website: www.mxic.com.hk

閩信（香港）人身意外綜合保險計劃投保書

MIN XIN (HONG KONG) PERSONAL ACCIDENT COMPREHENSIVE
INSURANCE PROPOSAL FORM

保險顧問 / 經紀業務適用
For broker business

(請以英文正楷填寫及於適當方格內劃上答案) (Please use Block Letters and tick the appropriate box)

I. 申請人資料 (申請人必須為 18 至 65 歲) Applicant Information (Applicant should be aged 18 to 65)

投保人英文姓名 (此欄必須填寫) Name of Applicant (in English) (Must fill in this column)	投保人中文姓名 Name of Applicant (in Chinese)	性別 Sex 男 / M 女 / F <input type="checkbox"/> <input type="checkbox"/>
聯絡電話 (家居 / 辦公室 / 手機) Tel No. (Home/Office/Mobile)	住所 / 家居地址 (香港) Residential Address (Hong Kong)	保單生效日期 (日 / 月 / 年) Policy Effective Date (dd/mm/yy)
通訊地址 (如申請人為公司, 請註明公司名稱及地址) Correspondence Address (if Policyholder is a Company/Employer, please also state the Company/Employer's Name and Address)		
受僱公司名稱及地址 Name and Correspondence Address of Employer		

II. 受保人資料 Insured Person's Personal Information

	第一受保人 1st Insured Person	配偶 Spouse	子 / 女 Son/Daughter	子 / 女 Son/Daughter
受保個人 / 家庭成員姓名 (英文及中文) Name of Individual/Covered Family Members (English and Chinese)				
出生日期 (日 / 月 / 年) Date of Birth (dd/mm/yy)				
性別 (男 / 女) Sex (M/F)				
香港身份證 / 護照號碼 HKID/Passport No.				
職業 / 職位 (實際職務) * Occupation/Position (Exact Job Duties) *				
入讀學校名稱 (全職學生) School Name (Full-Time Student)				
班級 Class or Grade in School				
身高 (厘米) / 體重 (公斤) Height (cm)/Weight (kg)				
左手為強手 Left Handed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 請列明所有職業及實際職務 (包括正職及兼職)

* Please state all occupations/exact job duties (including full-time/part-time)

III. 保障項目 Benefit Required		投保額 (港幣) Sum Insured (HK\$)	
		第一受保人 1st Insured Person	配偶 Spouse
個人綜合計劃 Individual Package Plan		<input type="checkbox"/> 計劃一 Plan 1	<input type="checkbox"/> 計劃二 Plan 2 <input type="checkbox"/> 計劃三 Plan 3
個人自訂計劃 Individual Tailor-made Plan			
基本保障 Basic Benefits	A1) 意外死亡及永久完全或部份傷殘 Accidental Death and Disablement		
	A2) 意外醫療費用 Accidental Medical Expenses		
個人附加保障 Individual Optional Benefits			
附加保障 Optional Benefits	B) 暫時完全傷殘 Temporary Total Disablement	每週 per week	每週 per week
	C) 雙倍賠償 Double Indemnity		
	D) 骨折及燒傷保障 Broken Bones and Burns		
保費需與投保書一併遞交。支票抬頭請付： Please make payment together with the Proposal Form. Cheque should be made payable to: 閩信保險有限公司 或 Min Xin Insurance Company Limited			
註：受益人乃根據香港法例之合法承繼人。 Remark: Beneficiary shall be the Legal Estate under the Hong Kong Ordinance.			

IV. 其他保險及健康狀況資料 Past Experience and Insurance History		
請將各問題填妥。 倘各項問題中，若答案是「是」者，請在以下空間提供詳細資料，註明有關問題號碼，並提供有關之醫生姓名及地址 (如需要更多空間填寫，可另加紙張，並須附有簽署)。		
All questions must be answered fully. If any of the answer is "Yes", please give further details in the space below, noting the question number(s), the name(s), address(es) of any doctor(s) consulted (if more space is required, please write on a separated sheet and sign your name on the original proposal form).		
1. 閣下或其他受保家庭成員有否已投保或現正申請投保人壽、意外身故、傷殘、或醫療保險？如有，請註明保險公司、保障項目、投保額等。 Do you or other covered members currently have or are you applying for any life, accident or medical insurance? If yes, please state the Insurer, benefit, sum insured, etc.	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
2. 閣下或其他受保家庭成員有否已投保意外、疾病、傷殘、醫療或人壽保險被拒保、延擱或撤銷或曾持有該種保險或證書，而事後曾被修正、增加保費、取消、或被拒絕續保？如有，請註明保險公司、保障項目、投保額、原因、現狀等。 Have you or other covered members' applications of life, accident or medical insurance ever been declined or postponed, or your insurance ever been modified, rated up, cancelled or refused invitation for renewal? If yes, please state the Insurer, benefit, sum insured, reason, condition, etc.	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
3. 閣下或其他受保家庭成員之身體或四肢有無任何殘缺？如有，請註明殘缺部位或病徵等。 Do you or other covered members have any physical or mental impairment or condition? If yes, please state the suffered area or diagnosis, etc.	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
4. 閣下或其他受保家庭成員曾否患有或正在治療以下疾病：心臟病、高血壓、糖尿、癌症、腫瘤、潰瘍、肺結核、哮喘、癲癇、氣腫、肋膜炎、結腸炎、風濕性高熱病、梅毒、或任何腦部、中樞神經系統、腸胃、肝臟、胰、或生殖泌尿器等疾病？ Have you or other covered members ever suffered from hypertension, heart disease, mental disorder, diabetes mellitus, cancer, tumour, ulcer, tuberculosis, asthma, epilepsy, stroke, emphysema, pleurisy, colitis, rheumatic fever, venereal disease; or any other disease of brain, central nervous system, gastro-intestinal tract, liver (or is Hepatitis B Carrier), pancreas, kidney, genito-urinary organs, back, spinal column, etc? If yes, please state suffered date, extent of recovery or any recurrence, etc.	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
5. 閣下或其他受保家庭成員於過去五年是否曾經或打算將來接受任何醫藥治療、外科手術或服食任何藥物？如有，請註明手術及藥物名稱、主診醫生姓名及地址。 Have you or other covered members received in the past 5 years, currently receiving or will you contemplate to receive any medical, surgical treatment or medication? If yes, please state the type of surgery and medicine, doctor's name and address.	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
6. 閣下是否須經常離港？如是，請列明往何國家及每年外遊次數。 Are you or other covered members frequent traveler? If yes, please state the traveling country(ies) and number of trips per year.	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
7. 閣下是否自僱人士？ Are you self-employed?	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>

V. 聲明 Declaration

1. 本人／吾等現投保申請閣信（香港）人身意外綜合保險計劃（「計劃」）。本人／吾等特此聲明此投保書的資料乃根據本人／吾等所知及所信為確實及完全而填報，屬實無誤，所有已披露的信息已經由本人／吾等核實正確無誤。在適用的情況下，本人／吾等聲明本人／吾等已獲受保人授予全權簽署此投保書並披露所要求的任何個人資料，以作評估申請之用。本人／吾等明白本人／吾等與閣信保險有限公司（「貴公司」）的保險合約將照此投保書及聲明而訂立。
2. 本人／吾等授權 貴公司有權向受保人之醫生索取有關病歷資料，本人／吾等亦同意提供任何進一步與此計劃有關之資料並自付所需費用。
3. 本人／吾等明白所有保障範圍、不承保事項、條款及細則概以此計劃保單為準。
4. 本人／吾等明白本人／吾等必須完成及提供此投保書要求之所有資料，否則 貴公司將不會受理本人／吾等資料不全之保單申請。
5. 本人／吾等聲明受保人現在生理／心理健全，並無任何殘廢或缺陷。（如有，請另紙詳述之。）
6. 本人／吾等明白、確知及同意，貴公司會就本人／吾等購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。假如本人／吾等為法人團體，代表本人／吾等簽署的獲授權人員向貴公司確認他／她已獲該法人團體授權。

本人／吾等亦明白貴公司必須取得申請人同意，方可以處理其保險申請。

1. I/We hereby apply for Min Xin (Hong Kong) Personal Accident Comprehensive Insurance Plan ("Plan"). I/We declare that to the best of my/our knowledge and belief the information on this proposal form is true and complete in every respect and all information disclosed have been verified by me/us as true and correct. Where applicable, I/we declare that I/we have full and complete authority from the insured person(s) to sign this application and disclose any personal information being requested to assess this application. I/we understand and agree that this proposal form and declaration will form the basis of the contract between me/us and Min Xin Insurance Company Limited (the "Company").
2. I/We authorize the Company to obtain medical information from the insured person's medical practitioner(s) and I/we agree to supply additional information relevant to the policy of this Plan at my/our own expense.
3. I/We understand that I/we shall refer to the Policy of this Plan for details of the insurance coverage, exclusion clauses and terms and conditions.
4. I/We understand I/we must complete and provide all information requested in this proposal form, failing which the Company cannot process my application for this Plan.
5. I/We declare that the insured person(s) is/are in good health and free from physical and mental impairment or deformity. (otherwise, please provide details on a separate sheet)
6. I/We understand, acknowledge and agree that, as a result of my/our purchasing and taking up the policy to be issued by the Company, the Company will pay the authorized insurance broker commission during the continuance of the policy including for renewals, for arranging the said policy. Where I/we am/are a body corporate, the authorized person who signs on behalf of me/us further confirms to the Company that he or she is authorized to do so.

I/We further understand that the above consent is necessary for the Company to proceed with the application.

此保險申請須待 貴公司覆核，接納投保書及收訖保費後才能生效。

In force application will not be in force until the application(s) has been accepted by the Company and the premium has been paid.

VI. 收集個人資料聲明 Personal Information Collection Statement

- a) 閣下須要不時向閣信保險有限公司（「本公司」）提供關於閣下自己、保單持有人、受保人、受益人、索償人及／或其他有關人士的資料（「個人資料」），以讓本公司為閣下提供保險及／或相關產品與服務，處理經由本公司發出及／或安排的保單之下的索償事宜，及／或處理閣下提出的任何或所有其他要求、查詢和投訴。
- b) 閣下是自願向本公司提供個人資料的。然而，若閣下未能提供個人資料，可能導致本公司不能夠為閣下提供保險及／或相關產品與服務，處理經由本公司發出及／或安排的保單之下的索償事宜，及／或處理閣下提出的任何或所有其他要求、查詢和投訴。
- c) 個人資料可被用於以下用途：
 - i) 處理（包括但不限於承保）及／或審批保險及／或相關產品與服務的申請，以及該等產品與服務的任何附加、更改、變更、取消、續期及／或復效；
 - ii) 管理經由本公司發出及／或安排的保單；
 - iii) 處理（包括但不限於調查、分析、評估和裁定）及／或理賠經由本公司發出及／或安排的保單之下的索償事宜；
 - iv) 如適用的話，行使代位權；
 - v) 向客戶追收尚欠金額（如有）；
 - vi) 經由本公司發出及／或安排的保單之下簽訂共同保險及／或再保險；
 - vii) 透過電話、郵件、電郵、傳真及其他通訊方式與客戶通訊；
 - viii) 客戶服務（包括但不限於處理查詢和投訴）、推銷，以及其他相關活動；
 - ix) 進行資料核對程序；
 - x) 設計保險及／或相關產品與服務供客戶使用；
 - xi) 推銷本公司的保險及／或其他相關產品與服務；
 - xii) 就閣下事前訂明的同意（如有）約束之下，直接促銷保險及／或其他相關產品與服務，而閣下可在任何時間知會本公司以行使撤回同意的權利；
 - xiii) 本公司、相關的保險業協會或聯會、監管當局、政府部門及／或其他法定監管機構的統計或精算研究；
 - xiv) 遵從任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及及本公司應要遵守的任何其他有關規定，包括但不限於披露有關資料；及
 - xv) 實現與上述（i）至（xiv）直接有關的任何其他用途。
- d) 由本公司持有的個人資料將受到保密，但本公司可依據以上（c）段所列的用途向以下各方（不論在香港特別行政區境內還是境外）提供個人資料，事前無須知會閣下及／或該等個人資料所涉及的任何其他有關人士：
 - i) 就本公司的業務營運向本公司提供行政、電訊、電腦、付款、推銷、調查、諮詢及／或其他服務的代理人、中介人、索償調查公司、共同保險公司、再保險公司、第三方服務提供商、銀行及信用卡公司、健康及醫療機構、專業顧問、承包商、業務夥伴及／或其他任何有關各方，以適用者為準；
 - ii) 相關的保險業協會或聯會，及／或該等協會或聯會的成員；
 - iii) 本公司的海外辦事處或分行，以適用者為準；
 - iv) 根據任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及及應要遵守的任何其他有關規定之下，本公司負有義務須向其作出披露的人士；
 - v) 根據對本公司有約束力的任何法律之下，本公司須向其提供資料的任何法院、監管當局、政府部門或其他法定監管機構（包括但不限於稅務局）；
 - vi) 本公司的合法繼承人或受讓人；及
 - vii) 對本公司負有保密責任的人士。
- e) 本公司可使用由相關的保險業協會或聯會及／或該等協會或聯會的成員所收集及發放或轉移的資料，來核實任何或所有個人資料。
- f) 根據《個人資料（私隱）條例》：
 - i) 任何人士均擁有權：
 - A) 查詢本公司有沒有持有其資料，如有的話，可取得一份該等資料；
 - B) 要求本公司改正其任何不正確的個人資料；及
 - C) 查明關於本公司的個人資料政策和處事常規，並可獲通知有關本公司所持個人資料的種類；及
 - ii) 本公司有權就處理任何查閱個人資料的要求之下收取合理的費用。
- g) 如欲查閱及或改正個人資料及／或查詢關於本公司的政策和處事常規及所持個人資料的種類，請向以下人員提出要求：

個人資料保護主任

閣信保險有限公司

香港中環紅棉路8號

東昌大廈17樓

VII. 收集個人資料聲明 (續) Personal Information Collection Statement (Continue)	
<p>a) From time to time, it is necessary for you to supply Min Xin Insurance Company Limited (the "Company") with data about yourself(ves), policyholder(s), life insured(s), beneficiary(ies), claimant(s), and/or other relevant individual (the "Personal Data") in connection with the provision of insurance and/or related products and services to you, the processing of claims under insurance policies issued and/or arranged by the Company, and/or the processing of any or all other requests, enquiries and complaints from you.</p> <p>b) Provision of the Personal Data to the Company by you is voluntary. However, failure to supply the Personal Data may result in the Company being unable to provide insurance and/or related products and services to you, process claims under insurance policies issued and/or arranged by the Company, and/or process any or all other requests, enquiries, or complaints from you.</p> <p>c) The purposes for which the Personal Data may be used are as follows:</p> <ul style="list-style-type: none">i) processing (including, without limitation, underwriting) and/or approving applications for insurance and/or related products and services, and any addition, alteration, variation, cancellation, renewal and/or reinstatement of such products and services;ii) administering insurance policies issued and/or arranged by the Company;iii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and/or settlement of claims under insurance policies issued and/or arranged by the Company ;iv) exercising rights of subrogation, if applicable;v) collection of amounts outstanding (if any) from customers;vi) arranging coinsurance and/or reinsurance in respect of the insurance policies issued and/or arranged by the Company;vii) communicating with customers via telephone, mail, e-mail, facsimile and other communication means;viii) customer services (including, but not limited to, processing enquires and complaints), marketing, and other related activities;ix) conducting data matching procedures;x) designing insurance and/or related products and services for customers' use;xi) marketing insurance and/or other related products and services of the Company;xii) direct marketing of insurance and/ or other related products and services subject to your prior prescribed consent (if any), and you can exercise the right of opt-out by notifying the Company at any and/or any time;xiii) statistical or actuarial research of the Company, relevant insurance industry associations or federations, supervisory authority, government department and/or other competent authority;xiv) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company is expected to comply with, including, without limitation, making disclosures of the relevant information; andxv) fulfilling any other purposes directly relating to (i) to (xiv) above.	<p>d) The Personal Data held by the Company shall be kept confidential, but the Company may provide the Personal Data to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/or any other relevant individuals to whom the Personal Data is related:</p> <ul style="list-style-type: none">i) agents, intermediaries, claims investigation companies, coinsurance companies, reinsurance companies, third party service providers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and/or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/or other services to the Company in connection with the operation of its business;ii) relevant insurance industry associations or federations, and/or members of such industry associations or federations;iii) overseas locations or branches, as appropriate, of the Company;iv) persons to whom the Company is under an obligation to make disclosure under the requirements of any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company is expected comply with;v) any court, supervisory authority, government department or other competent authority (including, without limitation, tax authority) under any laws binding on the Company;vi) lawful successors or assigns of the Company; andvii) persons who owe a duty of confidentiality to the Company. <p>e) The Company may verify any or all of the Personal Data by using information collected and released or transferred by relevant insurance industry associations or federations, and/or members of such industry associations or federations.</p> <p>f) In accordance with the Personal Data (Privacy) Ordinance:</p> <ul style="list-style-type: none">i) any individual has the right to:<ul style="list-style-type: none">A) check whether the Company holds data about him/her and, if so, obtain a copy of such data;B) require the Company to correct any data relating to him/her that is inaccurate; andC) ascertain the Company's policies and practices in relation to data and to be informed of the kind of data held by the Company; andii) the Company has the right to charge a reasonable fee for the processing of any data access request. <p>g) The person to whom requests for access to data and/or correction of data and/or for information regarding policies and practices and kinds of data held are to be addressed as follows:</p> <p>Personal Data Protection Officer Min Xin Insurance Company Limited 17/F Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong</p>

VIII. 使用及提供個人資料作直接促銷 Use and Provision of Personal Data in Direct Marketing	
<p>(本節條文是組成「收集個人資料聲明」的一部分。)</p> <p>1) 個人資料，包括但不限於，姓名、聯絡的詳細資料、其他產品及服務組合資料、交易模式及行為、財務背景及人口統計資料可被用作直接促銷：</p> <ul style="list-style-type: none">i) 本公司的保險及 / 或其他相關產品與服務；ii) 本公司跟聯名品牌夥伴的保險及 / 或其他相關產品與服務 (聯名品牌夥伴之名稱將載於相關產品及服務的申請表、建議書、宣傳小冊子及 / 或廣告單張 / 海報，以適用者為準) 及 / 或本公司所選定的第三方；iii) 本公司及聯名品牌夥伴的獎賞、忠誠及 / 或優惠項目 / 計劃。 <p>2) 就以上 (1) 段所述的用途，個人資料亦可被提供予本公司的聯名品牌夥伴及本公司所選定的第三方服務提供商，包括但不限於，客戶服務中心。</p> <p>3) 本公司須獲閣下允許 (包括表示不反對) 本公司可按照本節條文所述的用途使用個人資料。若閣下不希望本公司使用或向第三方提供個人資料作直接促銷用途，閣下可於下方行使退出權利或於日後任何時間知會本公司。</p> <p>如閣下不同意個人資料用作下列直接促銷用途，請在以下方格內加上剔號 ("✓")：</p> <p><input type="checkbox"/> 本人 / 我們不允許貴公司向本文所述的第三方提供個人資料作直接促銷用途。</p> <p><input type="checkbox"/> 本人 / 我們不允許貴公司使用個人資料作直接促銷用途。</p> <p>(若閣下沒有在方格內加上剔號但簽署本表格 / 文件，閣下會被視之為不反對 (即閣下允許) 本公司使用或向第三方提供個人資料作直接促銷用途。)</p> <p>附註：本收集個人資料聲明的英文及中文版本之間如有任何歧義，概以英文版本為準。</p> <p>聲明：本人 / 我們確認，本人 / 我們已獲提供一份由關信保險有限公司 (「關信保險」) 發出的收集個人資料聲明 (「該聲明」)。本人 / 我們確認已經閱讀並且明白該聲明。本人 / 我們同意關信保險可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理本人 / 我們的個人資料。本人 / 我們進一步確認，本人 / 我們已獲得受保人和任何其他有關人士 (如適用) 的明示同意，可以按照該聲明所述的用途將他們的個人資料提供給關信保險，並允許關信保險可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理該等個人資料。</p>	<p>(This section forms part of the Personal Information Collection Statement.)</p> <p>1) The Personal Data, including but not limited to, name, contact details, other products and services portfolio information, transaction pattern and behavior, financial background and demographic information may be used for the purpose of direct marketing:</p> <ul style="list-style-type: none">i) insurance and/ or other related products and services of the Company;ii) insurance and/ or other related products and services of the Company's co-branding partners (the names of such co-branding partners can be found in the application form(s), proposals, brochures and/ or advertising leaflet(s) poster(s) for the relevant products and services, as appropriate) and/ or third parties selected by the Company;iii) reward, loyalty and/ or privileges programs/ plans of the Company, and co-branding partners. <p>2) The Personal Data may also be provided to the Company's co-branding partners and third party service providers selected by the Company for the purpose set out in paragraph (1) above, including, without limitation, call centres.</p> <p>3) The Company requires your consent (which includes an indication of no objection) to the use of Personal Data for the purpose set out in this section. If you do not wish the Company to use or provide to other parties the Personal Data for the purpose of direct marketing, you may exercise the opt-out right below or by notifying the Company at any time thereafter.</p> <p>Please tick ("✓") the boxes below if you do not agree with the following use(s) of the Personal Data in direct marketing.</p> <p><input type="checkbox"/> I/ We do not consent to the provision of the Personal Data to the third parties as described herein for the purpose of direct marketing.</p> <p><input type="checkbox"/> I/ We do not consent to the use of the Personal Data by the Company for the purpose of direct marketing.</p> <p>(If you do not tick the boxes but sign the Form/ document, you will be regarded as having indicated you have no objection (i.e. you consent) to the use or transfer to third parties of the Personal Data for the purpose of direct marketing by the Company).</p> <p>Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.</p> <p>Declaration: I/ We acknowledge that I/ we have been provided with a copy of the Personal Information Collection Statement (the "Statement") issued by Min Xin Insurance Company Limited ("Min Xin Insurance"). I/ We confirm that I/ we have read and understood the Statement. I/ We agree that Min Xin Insurance may collect, use, store, disclose, transfer and otherwise process my/ our personal data in accordance with the terms of the Statement. I/ We further confirm that I/ we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to Min Xin Insurance for the purposes stated in the Statement and for allowing Min Xin Insurance to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement.</p>

<p>本人 / 吾等確認由本人 / 吾等於此投保書提供之所有資料均為事實正確無誤。本人 / 吾等更確認同意本投保書內之所有部分，包括但不限於上列之聲明及收集個人資料聲明。</p> <p>I/We confirm that all information provided by me/us in this proposal form is true, correct and accurate. I/We further confirm my/our agreement to all sections in this proposal form, including without limitation, the above Declaration and the Personal Information Collection Statement.</p>		
申請人簽署 Applicant Signature	日期 Date	公司 / 保險顧問或經紀專用 For Office/Broker Use