



Policy Amendment Request Form (Individual Health Insurance) 更改保單內容申請書(個人醫療保險)

Note: Please complete this Form in BLOCK letters and if applicable, return together with relevant documents to Assicurazioni Generali S.p.A., Hong Kong Branch ("Generali"). All changes, other than for Part I, shall be effective upon next policy renewal date.

注意: 請以英文正楷填寫此份申請書, 並連同相關文件(如適用)寄回忠意保險有限公司香港分行(「忠意保險」)。所有更改(第一部份除外)將於下次保單續保日生效。

Please tick where appropriate 請在適當的地方加上「✓」號

Name of Policyholder 保單持有人姓名 _____ Policy Number 保單號碼 _____
E-mail Address 電郵地址 _____ Name of Plan 保單計劃名稱 _____

Part I 第一部份 - Change of Personal Particulars 更改個人資料

1. Change Personal Information 更改個人資料

Change of Name 更改姓名

Policyholder 保單持有人

Existing Name 現有姓名 _____ New Name 新姓名 _____

Insured Person 保單受保人

Existing Name 現有姓名 _____ New Name 新姓名 _____

Please attach certified true copy of Deed Poll, HKID card / Passport, Birth Certificate or other legal documents.

請附上轉名契、據香港身份證/護照、出生證書或其他法律文件核實副本。

Change of Correspondence Address 通訊地址 _____

Change Contact Telephone No. 聯絡電話

Mobile 手提 _____ Home 住宅 _____ Office 辦公室 _____

Medical Claim Autopay A/C No. 自動轉賬賠償賬戶號碼

Bank Name 銀行名稱 _____ Branch Name 分行名稱 _____ Name of Bank Account Holder 銀行賬戶名稱 _____

Bank Code 銀行編號 _____ Branch Code 分行編號 _____ Account No. 賬戶編號 _____

The Autopay A/C No. shall apply to all members in the policy. 所有受保家庭成員必須以同一賬戶作為自動轉賬賠償之用。

Others 其他 (Please specify in details 請詳細列明)

Part II 第二部份 - Change of Person(s) Insured 更改受保人

1. Addition of Insured Person(s) 增加受保人

Please complete the Health Declaration in Part V and return together with your premium payment cheque payable to "Assicurazioni Generali S.p.A."

請填寫第五部份的健康聲明並連同劃線支票抬頭「忠意保險有限公司」寄回本公司。

	Name of Insured Person 受保人姓名	Relationship with Policyholder 受保人與保單持有人關係	Sex 性別	Date of Birth (dd/mm/yyyy) 出生日期(日/月/年)	HKID Card No. / Passport No.	Height (cm/ in) 身高	Weight (kg/ lb) 體重
1.							
2.							

Part II 第二部份 - Change of Person(s) Insured Con. 更改受保人 (續)

□ 2.	Deletion of Insured Person(s) 刪減受保人	
	Name of Insured Person 受保人姓名	Relationship with Policyholder 受保人與保單持有人關係
	1.	
	2.	

Part III 第三部份 - Change of Benefit 更改保障利益

(Same benefit is applied to all Insured Persons. 所有受保人的保障均為一致。)

For Flexi Plus Medical Insurance only 只適用於智易保醫療保障計劃

□ 1a. Benefit(s) to be added/ changed 增加/ 更改保障內容
(Please complete the Health Declaration in Part VI and return together with the premium payment cheque payable to "Assicurazioni Generali S.p.A." 請填寫第六部份的健康聲明連同保費支票抬頭「忠意保險有限公司」寄回)

基本保障 - 住院及手術保障 Core coverage - Hospital & Surgical benefit						
計劃 Plan	傳統計劃 Traditional Plan			總額計劃 Lump Sum Plan		
	標準計劃 Standard plan	特級計劃 Superior plan	尊尚計劃 Premier plan	計劃1 Plan 1	計劃2 Plan 2	計劃3 Plan 3
年自付額 Annual deductible	<input type="radio"/> 港幣 HK\$0	<input type="radio"/> 港幣 HK\$0	<input type="radio"/> 港幣 HK\$0	<input type="radio"/> 港幣 HK\$0	<input type="radio"/> 港幣 HK\$0	<input type="radio"/> 港幣 HK\$0
	<input type="radio"/> 港幣 HK\$40,000	<input type="radio"/> 港幣 HK\$80,000	<input type="radio"/> 港幣 HK\$120,000	<input type="radio"/> 港幣 HK\$50,000 <input type="radio"/> 港幣 HK\$100,000	<input type="radio"/> 港幣 HK\$100,000 <input type="radio"/> 港幣 HK\$150,000	<input type="radio"/> 港幣 HK\$150,000 <input type="radio"/> 港幣 HK\$300,000
自選保障 Optional coverage	<input type="radio"/> 附加嚴重醫療保障 Supplementary Major Medical benefit					
	<input type="radio"/> 門診保障 Outpatient benefit	<input type="radio"/> 計劃A Plan A	<input type="radio"/> 計劃B Plan B	<input type="radio"/> 計劃C Plan C	賠償百分率 Reimbursement	
	<input type="radio"/> 牙科保障 Dental benefit				<input type="radio"/> 50% <input type="radio"/> 80%	

□ 1b. Benefit(s) to be deleted 刪除保障內容

Supplementary Major Medical Benefit 附加嚴重醫療保障

Outpatient Benefit 門診保障

Dental Benefit 牙科保障

For Gen Health Medical Insurance only 只適用於智康健醫療保障計劃

□ 1a. Benefit(s) to be added/ changed 增加/ 更改保障內容
(Please complete the Health Declaration in Part VI and return together with the premium payment cheque payable to "Assicurazioni Generali S.p.A." 請填寫第六部份的健康聲明連同保費支票抬頭「忠意保險有限公司」寄回)

GenHealth medical insurance 智康健醫療保障計劃			
	Standard Plan 標準計劃	Superior Plan 特級計劃	Premier Plan 尊尚計劃
Hospital and Surgical Benefit 住院及手術保障	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary Major Medical Benefit 附加嚴重醫療保障	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Benefit 門診保障	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

□ 1b. Benefit(s) to be deleted 刪除保障內容

GenHealth medical insurance 智康健醫療保障計劃			
	Standard Plan 標準計劃	Superior Plan 特級計劃	Premier Plan 尊尚計劃
Supplementary Major Medical Benefit 附加嚴重醫療保障	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Benefit 門診保障	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV 第四部份 – Change of Premium Payment Method 更改保費繳付方法

The premium and levy (if any) must be paid by the Policyholder or the Insured Person(s). Otherwise, please provide supporting documents to prove the relationship between the payer and the Policyholder. Generali reserves the right not to accept the premium paid by a third party. 保費及保費徵費(如有)必須由保單持有人繳付或受保人繳付。否則, 請提供證明文件以證明繳付人與保單持有人之間的關係。忠意有權不接受由第三方繳付的保險費。

- HKD cheque payable to 'Assicurazioni Generali S.p.A.' 港幣支票抬頭請填寫「忠意保險有限公司」。
- VISA 卡 MasterCard 萬事達卡

Name of Card Issuing Bank 發卡銀行名稱 _____

Credit Card No. Expiry Date
 信用卡號碼 到期日
 MM 月 YY 年

Cardholder's Full Name (English)
 持卡人姓名(英文) _____

I hereby authorise Assicurazioni Generali S.p.A. to charge my above credit card for the insurance premiums and levy (if any) of this insurance policy. 本人授權忠意保險有限公司從本人上述的信用卡賬戶支取有關保險保單的保費及保費徵費(如有)。

 Cardholder's Signature 持卡人簽名 Date (dd/mm/yy) 日期(日/月/年)

Part V 第五部份 - Others Intrusions 其他指示 (Please specify in details 請詳細列明)

Part VI 第六部份 - Health Declaration 健康聲明

Please ensure you have completed all the details of the insured person(s) in part II &/or part III before signing this Health Declaration. Please note that Insured person(s) will not be eligible for claims resulting from the non-disclosure of health information.

簽署本健康聲明前, 請於第II部份填妥準受保人資料及/或第III部份資料。請注意, 任何因未經填報之健康狀況而引致之索償申請, 將不獲接納。

At any time in the past, have / has the proposed insured person(s):

由申請計劃之前的過去, 準受保人是否:

		Yes 是	No 否
1.	Any weight change in excess of 7 lbs / 3.2 kg in the last 12 months? If 'Yes', please give exact amount and reason, if known. 過去十二個月內, 體重是否曾增加或減少7磅 / 3.2 公斤或以上? 倘「是」, 請註明原因(若知道)及磅數/公斤。	<input type="checkbox"/>	<input type="checkbox"/>
2. Suffered from or received treatment for any of the following? If 'Yes', please provide full details of condition, dates and any treatment (whether prescribed or otherwise). 是否曾患有或因下列各種疾病而接受治療? 倘「是」, 請填寫有關病情、日期和所有治療(醫生處方與否)的詳細資料。			
a.	Any chest or breathing complaint (e.g. asthma, bronchitis, tuberculosis or other respiratory problem including nasal bleeding)? 任何胸部或呼吸問題(例如: 哮喘、支氣管炎、肺結核或其他呼吸器官問題, 包括流鼻血)?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Any heart problem or chest pain (e.g. rheumatic fever, raised blood pressure, angina, murmur, heart attack) or other problem of the blood or blood vessels? 任何心臟的疾病或胸口疼痛(例如: 風濕性發熱、高血壓、心絞痛、心臟雜音、心臟驟停), 或其他血液或血管疾病?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI 第六部份 - Health Declaration Con. 健康聲明 (續)

		Yes 是	No 否
2.	Suffered from or received treatment for any of the following? If 'Yes', please provide full details of condition, dates and any treatment (whether prescribed or otherwise). 是否曾患有或因下列各種疾病而接受治療? 倘「是」, 請填寫有關病情、日期和所有治療(醫生處方與否)的詳細資料。		
c.	Any complaint of digestive system, liver (including hepatitis or hepatitis carrier status), stomach, bowel or rectal bleeding, any kidney, bladder or urinary disorder including renal stones, endocrine disease, diabetes or thyroid gland problem? 任何消化系統問題, 肝(包括肝炎或肝炎帶菌者)、胃、腸或直腸出血; 任何腎、膀胱或泌尿系統疾病, 包括腎石、內分泌疾病、糖尿病或甲狀腺疾病?	<input type="checkbox"/>	<input type="checkbox"/>
d.	Any mental or brain disorder or problem affecting the nervous system including epilepsy, paralysis, numbness, dizziness, prolonged headache, loss of balance or fits? 任何精神或腦部失常或影響神經系統問題, 包括癲癇、癱瘓、痲痺、頭暈、長期頭痛、身體失去平衡或抽搐?	<input type="checkbox"/>	<input type="checkbox"/>
e.	Cancer or tumour, cyst, lump or other growths of any kind? 癌症或腫瘤、囊腫、腫塊或其他任何贅生物?	<input type="checkbox"/>	<input type="checkbox"/>
f.	Pain or other problem in your back, spine, muscle or joint, gout or other physical disability or condition affecting sight, speech or hearing? 背部、脊椎、肌肉、關節疼痛或其他疾病、痛風或其他身體殘疾或任何影響視力、說話能力或聽覺的疾病?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Ever received, or do expect to receive, any counselling, medical advice, treatment or any test(s) in connection with AIDS, HIV infection or any sexually transmitted disease, or do/did have any symptoms of fatigue, persistent diarrhoea or unusual skin lesions? 曾否接受、或打算接受與愛滋病、HIV 抗體或任何由性接觸而傳染的疾病之有關輔導、醫療諮詢、治療或任何檢驗; 或曾出現疲倦、長期腹瀉或不尋常之皮膚潰傷的徵狀?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Taken any regular medications? 曾定期服用藥物?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Been declined, postponed or accepted with restricted benefits or additional conditions in medical insurance? 投保醫療保險曾被拒、延遲受保或被限制受保範圍或增加受保條款?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Any plan to attend, or is/are currently attending or have attended in the last 5 years any hospital, clinic or doctor for: 打算或現正、或曾於過去五年內在任何醫院、診所或醫務所接受:		
a.	Diagnostic tests such as X-ray, ultrasonogram, blood tests, C T scan, biopsy, ECG, urine or other investigations other than for routine employment purpose? 一些診斷性之檢查如照 X 光、超聲波、驗血、電腦掃描、活體檢視、心電圖、驗尿或其他身體檢查(因受聘而進行之例行身體檢查除外)?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Illness, operation or other medical advice or treatment not stated under any previous questions? 以上各題沒有提及的疾病、手術或其他醫療諮詢或治療?	<input type="checkbox"/>	<input type="checkbox"/>
If your answer is YES to any of the above questions, please give details of the medical condition in the space provided below, and provide a copy of the relevant medical report(s). 如果您就以上任何問題的回答為「是」, 請列出有關詳情, 並提供相關的醫療報告副本。		<input type="checkbox"/> With attachment 另加附頁	
If there is not enough space, please fill in Part V Other Intrusions. 如空間不足, 請填寫第五部份其它指示。			

Question no. 問題	Name of Proposed Insured person(s) 準受保人姓名	Symptom / Diagnosis 病徵 / 診斷	Treatment / Operation / Medication 治療 / 手術 / 藥物	Date of Onset / Recovery 病發日期 / 痊癒日期	Name, Address and Tel. No. of Dr. 醫生姓名、地址及電話號碼

Part VII 第七部份 - Personal Information Collection Statement 收集個人資料聲明

(a) From time to time, it is necessary for you to supply Assicurazioni Generali S.p.A., Hong Kong Branch (the "Company") with data about yourself(ves), policyholder(s), life insured(s), beneficiary(ies), claimant(s), and/or other relevant individuals (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. (a)閣下須要不時向忠利保險有限公司香港分行（「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) 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. (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) The purposes for which the Personal Data may be used are as follows: (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 enquiries 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 and/or its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the Company's parent company (hereinafter such affiliated companies are collectively referred to as the "Affiliated Companies")); (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 time; (xiii) statistical or actuarial research of the Company, its Affiliated Companies, 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 and/or its Affiliated Companies are expected to comply with, including, without limitation, making disclosures of the relevant information; and (xv) fulfilling any other purposes directly relating to (i) to (xiv) above. (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/或安排的保單之下籌劃共同保險及/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、本公司的關聯公司（包括但不限於本集團的公司、母公司、本母公司的信託公司（該等關聯公司在下文合稱為「關聯公司」））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、關聯公司、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，以及本公司及/或關聯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) 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: (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, and/or its Affiliated Companies; (iv) persons to whom the Company and/or its Affiliated Companies are 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 and/or its Affiliated Companies are expected to 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 and/or its Affiliated Companies; (vi) lawful successors or assigns of the Company; and (vii) persons who owe a duty of confidentiality to the Company and/or its Affiliated Companies. (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/或任何其他有關各方，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)本公司及/或關聯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，以及應要遵守的任何其他有關規定之下，本公司及/或關聯公司負有義務須向其作出披露的人士；(v)根據對本公司及/或關聯公司有約束力的任何法律之下，本公司及/或關聯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)對本公司及/或關聯公司負有保密責任的人士。

(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. (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) In accordance with the Personal Data (Privacy) Ordinance: (i) any individual has the right to: (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; and (C) ascertain the Company's policies and practices in relation to data and to be informed of the kind of data held by the Company; and (ii) the Company has the right to charge a reasonable fee for the processing of any data access request. (f)根據《個人資料（私隱）條例》：(i)任何人士均有權：(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) 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: Personal Data Protection Officer, Assicurazioni Generali S.p.A., 21/F, Cityplaza One, 1111 King's Road Taikoo Shing, Hong Kong. (Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.) (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：個人資料保護主任忠利保險有限公司香港分行香港英皇道 1111 號太古中心一期 21 樓附註：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。

Part VIII 第八部份 - Declaration and Authorization 聲明及授權書

I/We hereby declare and agree on behalf of myself and/or anyone who may have any interest in any insurance on this application that all statements and information provided in this Amendment Request Form are to the best of my/our knowledge and belief complete and true, and all such statements and information shall form the basis and become a part of the policy, and understand that if any such statement or information is incomplete or untrue, the coverage provided under the policy may be void. I/We hereby declare that no information (whether or not it is covered by the questions in this application) which may influence Generali's assessment and acceptance of this application has been withheld and understand that if I/we am/are uncertain as to whether or not a particular information is material, the information should be disclosed.

I on behalf of myself and other persons to be insured, hereby authorize any medical attendant, hospital, clinic, insurance company or other organization, institution or person, who/which has any records or knowledge of me/us or my/our health, to divulge to Generali or its authorized representatives or any reinsurers or any tribunal any information he or she or it may have with regard to me/us for the purpose of evaluating this application and any claim arising from the policy.

I/We acknowledge that I/we have been provided with a copy of the Personal Information Collection Statement (the "Statement") issued by Assicurazioni Generali S.p.A., Hong Kong Branch ("Generali"). I/We confirm that I/we have read and understood the Statement, I/we agree that Generali may collect, use, store, disclose, transfer and otherwise process my/our personal data in accordance with the terms of the Statement. I further confirm that I have obtained the express consent of the relevant individuals (where applicable) for providing their personal data to Generali for the purposes stated in the Statement and for allowing Generali to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement.

I confirm that I have full authority from each of the persons to be insured to provide information, make the above declarations and give the authorisation set out in this application form on behalf of each of the persons to be insured.

I, understand, acknowledge and agree that, as a result of the applicant purchasing and taking up the policy to be issued by Generali, Generali will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Generali that he or she is authorized to do so.

I further understand that the above agreement is necessary for Generali to proceed with the application.

本人 / 我們謹代表自己及/或可能擁有此申請表所列保險權益的任何人作出聲明及同意，此申請書內所提供之一切陳述及資料，就本人/吾等所知所信，均為事實之全部並確實無訛，及一切該等陳述及資料，將成為發出保單的根據，並作為保單一部份，並且明白若資料錯誤或不詳盡，可能導致保單之保障無效。本人/吾等在此聲明，並無隱瞞任何足以影響忠利保險衡量應否接受此申請書的事實(不論是否已包括在此申請書的問題內)及假如未能確定某些資料是否重要，則應將有關事實予以披露。

本人 / 我們謹此代表本人及各受保人，授權任何註冊西醫、醫院、診所、保險公司及機構、其他組織或人士，凡知道或擁有有關本人/吾等或本人/吾等健康狀況之資料者，均可將該等資料提供給忠利保險或其授權代表或再保險公司或仲裁機構以作評核本申請及其後與保單有關的賠償事宜之用。

本人 / 我們確認，本人已獲提供一份由忠利保險有限公司香港分行(「忠利保險」)發出的收集個人資料聲明(「該聲明」)。本人確認已經閱讀並且明白該聲明。本人 / 我們同意忠利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。

本人進一步確認，本人已獲得受保人和任何其他有關人士(如適用的話)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忠利保險，並允許忠利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人資料。

本人 / 我們明白、確知及同意，忠利保險會就申請人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。假如申請人為法人團體，代表申請人簽署的獲授權人員須向忠利保險確認他/她已獲該法人團體授權。

本人亦明白忠利保險必須取得本人的同意，才可以處理其保險申請。

Policyholder's Signature
保單持有人簽署

Agent's / Broker's Name (if
applicable)
代理人 / 顧問姓名 (如適用)

Date 日期

Agent's / Broker's Code
代理人 / 顧問編號

Agent's / Broker's Contact Tel. No.
代理人 / 顧問聯絡電話號碼
