

Blue Cross (Asia-Pacific) Insurance Limited

Blue Cross (Asia-Pacific) Insurance Limited (Blue Cross) is a member of The Bank of East Asia Group. With 40 years of operational experience in the insurance industry, Blue Cross provides a comprehensive range of products and services, including medical, travel, and general insurance, which cater to the needs of both individual and corporate customers.

Throughout the years, Blue Cross has received major awards in recognition of its contributions in the spheres of insurance provision and customer service such as the Quality Life Award 2008 – Quality Insurance Service Award, the Capital Weekly Service Award 2008 – Medical Insurance, the Most Popular Travel Insurance Company Award (2005-2008), the Hong Kong Top Service Brand Awards – Emerging Service Brand (2007), the High Flyer Achievement Award – Health Insurer (2006), Caring Company (2006), the Superbrands Award (2003 and 2006), the M.I.S. Asia IT Excellence Award: Best Business Enabler – Banking and Finance (2005), the Hong Kong Award for Services – Innovation Award of the Year (2004) and the Asia Pacific Customer Relationship Excellence Award – Innovative Technology of the Year (2003).

藍十字 (亞太) 保險有限公司

藍十字 (亞太) 保險有限公司 (藍十字) 乃東亞銀行集團成員，於香港經營保險業務40年，致力為個人及企業客戶提供多元化的保險產品及服務，包括醫療、旅遊及一般保險。

多年來，藍十字屢獲殊榮，引證了其在保險及客戶服務上的卓越成就。獲頒獎項包括「2008優質生活大獎 – 優質保險服務大獎」、「資本一週服務大獎 2008 – 醫療保險」、「最受歡迎旅遊保險公司大獎」(2005-2008)、香港服務名牌選舉 – 最具潛質服務品牌 (2007)、傑出企業成就獎 – 醫療保險 (2006)、「商界展關懷公司」(2006)、「超級品牌」(2003 及 2006)、MIS亞洲區資訊科技卓越獎 – 銀行及金融組別 (2005)、「香港服務業獎 – 創意獎」(2004) 及亞太傑出顧客關係服務獎 – 最佳創意科技 (2003)。



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Member of BEA Group 東亞銀行集團成員

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29/F, BEA Tower, Millennium City 5, 418 Kwun Tong Road,
Kwun Tong, Kowloon, Hong Kong
香港九龍觀塘道418號創紀之城5期東亞銀行中心29樓
www.bluecross.com.hk



3608 2988

Fax 傳真: 3608 2989
cs@bluecross.com.hk



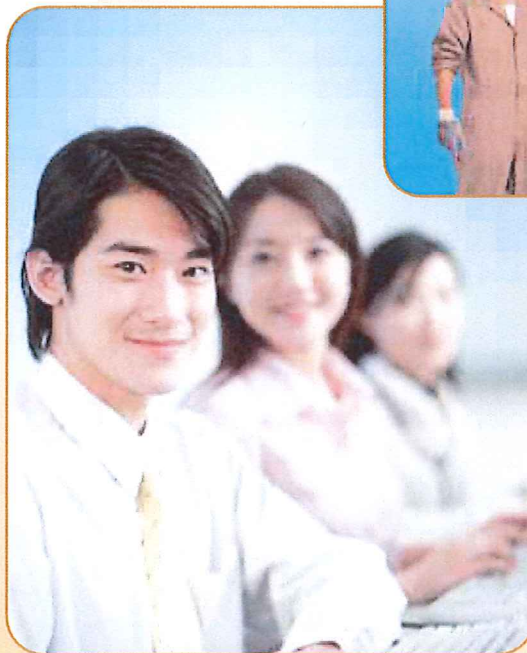
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Comprehensive Personal Accident Insurance Plan

人身意外綜合保險計劃



中華聯合保險顧問有限公司

China United Insurance Brokers Ltd.

Room 903, 9/F, Far East Consortium Building, 204-206 Nathan Road, Jordan, H.K.
香港 佐敦 彌敦道204-206號遠東發展大廈9字樓903室

Tel: 8222 7780 Fax: 8221 6513

Email: brokers.cui@gmail.com



COMPREHENSIVE PERSONAL ACCIDENT INSURANCE

Accidents can happen, even to the most careful people. They arise unexpectedly, anywhere in the world.

Some of them can be minor like a cut finger, but many involve hospitalisation, surgery, etc., and some will result in temporary or even permanent disablement. When that happens, can you imagine the difficulties your family will face, especially from loss of income?

The Comprehensive Personal Accident Plan offers you an attractively low premium protection and peace of mind, 24 hours a day and year round protection against the following insured risks:

- Accidental Death and Permanent Total Disablement
- Temporary Total Disablement
- Accidental Medical Expenses
- Daily Hospital Income
- Double Indemnity, etc.

Apply now to enjoy the carefree protection for you and your family.

意外防不勝防，隨時隨地都會發生。無論如何小心翼翼，亦難保不會遭遇意外。

意外引起的損傷可以很輕微，但有些嚴重意外往往導致需要入院留醫或接受手術，甚至造成暫時或永久傷殘。試想想，若你有天不幸遭遇嚴重意外，你的家人在經濟支柱頓失的情況下怎可面對難關？

人身意外綜合保險計劃以十分廉宜的保費，提供全日24小時在世界各地得到以下保障：

- 意外死亡及永久完全殘廢賠償
- 暫時完全喪失工作能力之每周賠償
- 意外醫療費用賠償
- 每天住院入息保障
- 雙倍賠償等

請為你自己和家人著想，請即行動，投保人身意外綜合保險計劃。

Accidental Death and Permanent Total Disablement Benefits Schedule 意外死亡及永久完全殘廢賠償表

Insured Events 事故	Percentage of Sum Insured 投保額賠償率
1. Accidental death 意外死亡	100%
2. Permanent total disablement 永久完全殘廢	100%
3. Permanent and incurable paralysis of all limbs 四肢永久癱瘓及無法痊癒	100%
4. Permanent total loss of sight of both eyes 永久完全喪失雙眼視力	100%
5. Permanent total loss of sight of one eye 永久完全喪失一眼視力	50%
6. Loss of or permanent total loss of use of two limbs 喪失雙肢或雙肢完全失去功能	100%
7. Loss of or permanent total loss of use of one limb 喪失任何一肢或任何一肢完全失去功能	50%
8. Permanent total loss of speech and hearing 永久完全不能言語及失聰	100%
9. Permanent total loss of hearing in 永久完全失聰 a) both ears 雙耳 b) one ear 單耳	75% 15%
10. Permanent total loss of speech 永久完全喪失言語能力	50%
11. Permanent total loss of the lens of one eye 永久完全喪失一眼晶體	30%
12. Removal of the lower jaw by surgical operation 因外科手術切除下顎	30%
13. Loss of or permanent total loss of use of thumb and four fingers of 喪失或永久完全失去四隻手指及拇指功能 a) right hand 右手 b) left hand 左手	70% 50%
14. Loss of or permanent total loss of use of four fingers of 喪失或永久完全失去四隻手指功能 a) right hand 右手 b) left hand 左手	40% 30%
15. Loss of or permanent total loss of use of one thumb 喪失或永久完全喪失一隻拇指功能 a) both right joints 兩個右手拇指關節 b) one right joint 一個右手拇指關節 c) both left joints 兩個左手拇指關節 d) one left joint 一個左手拇指關節	30% 15% 20% 10%
16. Loss of or permanent total loss of use of fingers 喪失或永久完全喪失手指功能 a) three right joints 三個右手手指關節 b) two right joints 兩個右手手指關節 c) one right joint 一個右手手指關節 d) three left joints 三個左手手指關節 e) two left joints 兩個左手手指關節 f) one left joint 一個左手手指關節 * (Left hand users can have the coverage percentage left and right hand reversed.) * (以左手為慣用手者，賠償額將會左右互調。)	10% 7.5% 5% 7.5% 5% 2%
17. Loss of or permanent total loss of use of toes 喪失或永久完全喪失腳趾功能 a) all - one foot 一隻腳所有腳趾 b) great - both joints 大腳趾 - 兩個關節 c) great - joint 大腳趾 - 一個關節 d) other toe 其他腳趾	15% 5% 3% 2%
18. Fractured leg or patella with established non-union 折斷腿部或膝蓋而無法癒合	10%
19. Shortening of leg by at least 5cm 腳部縮短5厘米	7.5%

CE PLAN 人身意外綜合保險計劃

The aggregate total of all percentages payable for accidental death and permanent total disablement benefit in respect of any one accident or within the policy period shall not exceed 100%.

每次意外或於受保期間，意外死亡及永久完全殘廢的賠償率總和不會高於100%。

The total amount payable in respect of any one injury or aggregate shall not exceed the benefit amount per insured person as stated in the schedule of insured(s) of this policy.

每次意外或結合總和，每名投保人的賠償額不會高於投保額。

Temporary Total Disablement

暫時完全喪失工作能力

The weekly indemnity benefit payable is up to 52 weeks from 3 days after the date of commencement of the eligible disability.

經證實暫時喪失工作能力3天後起，每星期可按照保額獲得賠償，最長以52周為限。

Accidental Medical Expenses

意外醫療費用

Reimbursement of the incurred fees for medical and surgical treatment for bodily injury to the insured person in respect of any one accident or aggregate shall not exceed the amount of sum insured.

每單一意外或結合全年意外總和所賠償的醫療費用，以最高賠償額為限。

Double Indemnity (Accidental Death Only)

雙倍賠償 (只適用於意外死亡)

The amount payable on the accidental death benefit shall be doubled for loss sustained while the insured person is riding as a fare paying passenger on board a public conveyance licensed to carry passengers.

受保人如以乘客身分乘搭合法的公共交通工具導致意外死亡，將獲保額的雙倍賠償。

Daily Hospital Income

每天住院入息保障

In the event the insured person suffers bodily injury and is confined in hospital for treatment, a daily benefit is payable for the period of confinement up to a maximum of 365 days.

受保人如受傷入院留醫，於住院期間可獲每天住院賠償，惟以365天為限。

Major Exclusions

主要不保事項

War, invasion or civil war; active military service; professional sports; sickness and disease; suicide and self-inflicted injury; pregnancy or childbirth; flight crew; rock-climbing requiring use of ropes / pitons; hang gliding and parachuting.

因戰爭、從事或參與任何持械紀律部隊、職業運動、疾病、自殺、自傷、懷孕或生育、機艙工作人員、須使用繩索或釘協助的攀石活動、滑翔及跳傘所引致的損傷。

Occupational Classification

職業類別

CLASS I

第一類

Individuals engaged in non-hazardous occupations such as administrative & clerical staff, accountants, auditors, bankers, lawyers, teachers, medical practitioners, merchants, etc.

非危險工作：如辦公室行政人員、文員、會計師、審計員、銀行職員、律師、教師、醫生、商人等。

CLASS II

第二類

Individuals engaged in occupations of supervisory nature or simple manual work which does not involve the use of powered tools or machinery such as estate agents, commercial travellers, nurses, hairdressers, photographers, news reporters (exclude war site), tourist guides, supermarket sales staff, etc.

監管性質的工作或無需使用電動工具或機器的簡單勞力工作：如地產代理、外勤人員、護士、髮型師、攝影師、記者(戰地記者除外)、旅遊嚮導、超級市場售貨員等。

CLASS III

第三類

Individuals engaged in manual work not of particularly hazardous nature but involving the use of light machinery or tools such as goldsmiths, printing workers, laundry workers, factory packers, textile workers, electro-plating workers, cleaning workers, etc.

使用輕型機器或工具的輕度危險職業：如打金工人、印刷工人、洗衣工人、工廠包裝工人、紡織工人、電鍍工人、清潔工人等。

CLASS IV

第四類

Individuals engaged in manual work of particularly hazardous nature such as mechanists, interior decorators (excluding construction site workers), container & lorry drivers travelling to China, cooks, etc.

從事危險的勞力工作：如機械師、室內裝修工人(建築地盤工人除外)、中港貨運司機、廚師等。

(If the estimated number of trips travelling outside Hong Kong exceeds 12 times per year you shall be classified in a higher class)

(如離港次數每年超過12次者，則保費訂率以再高一類別計算。)

Those occupations not listed above will be considered on application.

以上沒有列舉的職業，將按個別情況決定是否承保及釐定保費。

Benefits and Premium Rates

保障及保費率

Insured Only 受保人

BENEFITS & PREMIUM RATE 保障及保費率		ANNUAL PREMIUM (HK\$) 每年保費 (港元)			
BASIC BENEFITS COVERAGE 基本保障範圍	AMOUNT COVERED (HK\$) 承保額 (港元)	CLASS 1 第一類	CLASS 2 第二類	CLASS 3 第三類	CLASS 4 第四類
Accidental Death & Permanent Total Disablement 意外死亡及永久完全殘廢	per 每 10,000	12	15	20	30

Optional Benefits 其他可選擇之保障

BENEFITS & PREMIUM RATE 保障及保費率		ANNUAL PREMIUMS (HK\$) 每年保費 (港元)			
OPTIONAL BENEFITS COVERAGE 可選擇之保障範圍	AMOUNT COVERED (HK\$) 承保額 (港元)	CLASS 1 第一類	CLASS 2 第二類	CLASS 3 第三類	CLASS 4 第四類
Temporary Total Disablement 暫時完全喪失工作能力	per week 每周 100	25	30	40	60
Accidental Medical Expenses 意外醫療費用 (Limited to 10% of the Principle Sum Insured) (以保額10%為限)	per 每 5,000 max. 最高額 50,000	75	95	125	180
Double Indemnity - Accidental Death only 雙倍賠償 - 只適用於意外死亡	per 每 10,000	4	5.5	7	10
Daily Hospital Income 每天住院入息保障	per day 每天 100	160	180	200	220
Chinese Bonesetter / Acupuncturist Treatment Expenses 中國跌打 / 針灸治療費用	max. per accident 每次意外 最高額 1,000 max. per policy year 每年 最高額 3,000	150	180	200	220

Spouse Only:

If the spouse is also insured along with the insured, the entire policy shall enjoy a 10% discount in premium. The spouse will enjoy the same percent of benefits based on the disclosures of the nature of occupation in the application and the class.

配偶:

如受保人與配偶同時投保，即可享有10%的保費折扣優惠。如配偶於申請表列明其職業類別及投保保費級別，配偶亦可享有與受保人相同的保障。

Family Only: Insured, Spouse & Children (unlimited)

If the spouse and children are insured along with the insured, the entire policy shall enjoy 20% discount in premium. Premium of each child will be based on class one rates and the child will enjoy the same benefits as the insured subject to a maximum of HK\$500,000 for accidental death and permanent total disablement, double indemnity and no coverage being offered for temporary total disablement.

家庭: 受保人、配偶及子女 (子女人數不限)

如受保人與配偶及子女同時投保，即可享有20%的保費折扣優惠。每名子女的保費率將以第一類職業保費計算，並可享有與受保人相同的保障，惟「意外死亡及永久完全殘廢」及「雙倍賠償」的保額以500,000港元為限，另不能投保「暫時完全喪失工作能力」保障。

Underwriting Rules and Application

1. Minimum policy premium : HK\$500
2. Eligible age shall be between 16 and 65 years old for the insured and spouse whereas 2 to 18 years old for children and up to 23 years old for full time unmarried students.
3. Weekly benefit under temporary total disablement shall be limited to 80% of the person's average weekly earnings and up to a maximum of HK\$50 per HK\$10,000 of sum insured. Maximum benefit shall be limited to HK\$2,000 per week.
4. Self-employed individuals, housewives, sole proprietors of companies, unemployed, daily waged employees as well as children are not entitled for temporary total disablements benefits.
5. Accidental Medical Expenses shall exclude treatment by Chinese bonesetter / acupuncturist, which is to be covered separately.
6. For temporary total disablement reimbursement, only original sick leave certificate issued by registered medical practitioner will be recognized. The insured person is also required to submit a written confirmation from employer on his absence from work due to injury before any compensation is payable under this benefit.
7. If the plan chosen covers double indemnity (accidental death only), in addition to death due to an accident on a public conveyance, all children will be covered if death arises due to an accident when they are riding in or on boarding or alighting from a valid licensed school bus, chemical attack in school laboratory, gas or food poisoning in schools.

Note: This brochure is for reference only. Please refer to the actual policy for exact terms and conditions and full list of exclusions. If discrepancy exists between the English version and the Chinese version of this brochure, the English version shall prevail.

承保規則

1. 最低保費為500港元。
2. 受保年齡：受保人及配偶為16至65歲，子女為2至18歲；如子女為未婚的全日就讀學生，受保年齡可至23歲。
3. 暫時完全喪失工作能力的每周賠償數目，以受保人每周平均收入的80%為限，最高賠償為每周2,000港元。每10,000港元的投保額，只可接受最多50港元的每周賠償利益。
4. 暫時完全喪失工作能力保障並不接受自僱人士、主婦、任何公司的獨資擁有人、非受僱人士、日薪僱員或兒童投保。
5. 中國跌打 / 針灸治療必須獨立投保，並不包括在意外醫療費用內。
6. 受保人必須出示由政府註冊醫生簽發的病假證明書正本及由僱主發出的休假證明書正本，方可獲得每周賠償利益。
7. 如受保人為兒童，並已投保雙倍賠償（只限意外死亡），除因以乘客身分乘搭合法的公共交通工具導致意外死亡，可獲雙倍賠償外，如因乘搭或上落合法註冊學校巴士、於學校化驗室受化學物質侵襲、於校內受氣體侵襲或於校內因食物中毒而導致意外死亡，同樣可獲雙倍賠償。

註：本小冊子只供參考之用；有關詳盡條款及規定及所有不保事項，請參閱保單原文。本冊子的中、英文本如有歧異，概以英文本為準。

**Blue Cross 藍十字**

Member of BEA Group 東亞銀行集團成員

29/F, BEA Tower, Millennium City 5, 418 Kwun Tong Road,
Kwun Tong, Kowloon, Hong Kong
香港九龍觀塘道418號創紀之城5期東亞銀行中心29樓
Tel 電話 : 3608 2988 Fax 傳真 : 3608 2989
www.bluecross.com.hk

Comprehensive Personal Accident Insurance Plan Application Form 人身意外綜合保險計劃投保書

Please complete this Form in English BLOCK letters and return together with a crossed cheque payable to: **Blue Cross (Asia-Pacific) Insurance Limited**
請以英文正楷填寫此份申請表格，並連同劃線支票（抬頭「藍十字（亞太）保險有限公司」）寄回本公司。

(I) Details of Applicant 投保人

Name of Applicant 投保人姓名	<input type="checkbox"/> Mr 先生 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Mrs 太太 <input type="checkbox"/> Ms 女士	Surname 姓氏	Given Name 名字
HKID Card/Passport No. 香港身分證/護照號碼		Date of Birth (dd/mm/yy) 出生日期 (日/月/年)	
Correspondence Address 通信地址			
Contact Telephone No. 聯絡電話	Mobile 手提電話	Office 公司	Home 住宅
			Personal E-mail Address 個人電郵地址

(II) Details of Insured Person 受保人資料

Name of Insured Person 受保人姓名	Surname 姓氏	Given Name 名字	Contact Telephone No. 聯絡電話號碼
Date of Birth (dd/mm/yy) 出生日期 (日/月/年)	Sex 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	HKID Card/Passport No. 香港身分證/護照號碼
Occupation 職業	Nature of Duties 工作性質		
Name & Address of Employer 僱主名稱及地址			
Any part-time occupation other than the one disclosed above? 除以上職業外其他兼職?		Beneficiary Name & Relationship 受益人姓名及關係	

(III) Insured Spouse 配偶投保資料 (if applicable 如適用)

Name of Spouse 配偶姓名	Surname 姓氏	Given Name 名字	Contact Telephone No. 聯絡電話號碼
Date of Birth (dd/mm/yy) 出生日期 (日/月/年)	Sex 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	HKID Card/Passport No. 香港身分證/護照號碼
Occupation 職業	Nature of Duties 工作性質		
Name & Address of Employer 僱主名稱及地址			
Any part-time occupation other than the one disclosed above? 除以上職業外其他兼職?		Beneficiary Name & Relationship 受益人姓名及關係	

(IV) Insured Children 受保子女資料 (if applicable 如適用)

Names of Children (Surname first) 子女姓名 (請先填寫姓氏)	Sex 性別	Date of Birth (dd/mm/yy) 出生日期 (日/月/年)	HKID Card/Passport No. 香港身分證/護照號碼
1.	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女		
2.	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女		
3.	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女		
4.	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女		

(V) General Information 其他資料 (Please tick the appropriate box 請於合適的方格內加上✓)

1. Are you or any of the proposed insured self-employed or a sole proprietor? 閣下或任何申請受保人是否自願或為任何公司的獨資擁有人?	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
2. Does any of the proposed insured's occupation involve any manual work? 任何申請受保人的職業是否涉及勞力工作?	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
3. Does any of the proposed insured suffer or has ever suffered from any physical disability or infirmity, impairment of vision or hearing, or any mental disease? 任何申請受保人是否有身體缺陷, 視力或聽覺受損, 或患有精神病?	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
4. Does any of the proposed insured have any accident insurance or life insurance policy? 任何申請受保人是否有投保其他意外保險或人壽保險?	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
5. Has any of the proposed insured made any claim under an accident insurance policy? 任何申請受保人曾否索取意外保險賠償?	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
6. Has any of the proposed insured ever been declined for, refused renewal of accident insurance policy or renewed subject to special terms and conditions? 任何申請受保人曾否被拒投保、續保意外保險, 或續保時被附加特別條款?	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
7. Does the weekly benefits that any of the proposed insured is applying for in this proposal exceed 80% of his average weekly earnings? 任何申請受保人所申請暫時喪失工作能力的每週賠償, 是否超過其每週平均收入的80%?	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
8. Does the accidental death benefit that any of the proposed insured is applying for exceeds 10 times of his current annual earnings? 任何申請受保人所申請意外死亡的投保額, 是否超過其現時每年入息總數的10倍?	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
9. Does any of the proposed insured travel outside Hong Kong more than 12 times in a year? 任何申請受保人是否每年外遊超過12次?	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否

If you answered "Yes" to any of the above questions 1 to 9, please provide full details on a separate sheet which should be signed and dated (e.g. date, nature of symptoms or disease, treatment / test results, name and address of attending doctors and/or hospital.)
如上述1至9項問題的答案為「是」者, 請於另紙詳加說明, 並附以簽署及日期。(如列出患病日期、疾病性質、診斷/測試結果、主診醫生及醫療機構之名字及地址。)

(VI) Sum Insured & Premium 受保金額及保費

Insured Items 保障項目	Sum Insured (HK\$) 投保額 (港元)			Annual Premium (HK\$) 每年保費 (港元)		
	Insured Person 受保人	Spouse 配偶	Children 子女	Insured Person Class 受保人第類	Spouse Class 配偶第類	Children (Class 1) 子女(第一類)
A. Accidental Death and Permanent Total Disablement 意外死亡及永久完全殘廢						
B. Temporary Total Disablement 暫時完全喪失工作能力			N/A			N/A
C. Accidental Medical Expenses 意外醫療費用						
D. Double Indemnity (Accidental Death Only) 雙倍賠償 (只適用於意外死亡)						
E. Daily Hospital Income 每天住院入息保障						
F. Chinese Bonesetter / Acupuncturist Treatment Expenses 中國跌打/針灸治療費用						
Annual Premium due (HK\$): 每年應繳保費(港元)	Sub. Total 小計					Grand Total 總數

(VII) Payment Instruction and Authorisation 付款指示及授權書 (Accept credit card in HK currency only 只接受港元信用卡戶口)

<input type="checkbox"/> VISA <input type="checkbox"/> Master Card	Expiry Date 信用卡到期日	Credit Card Account No. 信用卡賬戶號碼
Name of Cardholder 持卡人姓名	Issuing Bank 發卡銀行	
I hereby authorise Blue Cross (Asia-Pacific) Insurance Limited to debit the required premium and claim charge back from my credit card account for the insurance policy. 本人茲授權藍十字(亞太)保險有限公司從本人的信用卡賬戶扣取應繳保費及賠償費。		
Signature of Cardholder 持卡人簽署	Date (dd/mm/yy) 日期(日/月/年)	

Note: One month written notice in advance is required for termination of this payment instruction. 註: 如欲終止服務, 須於一個月以前以書面通知有關公司及信用卡中心。

(VIII) Period of Insurance 保險期間

From 由 (Policy effective date Subject to Company's underwriters acceptance 承保日期以本公司審核為準)	To 至
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(IX) Declaration 聲明

I/We hereby declare that the answers to all the above questions are accurate, true and complete and are given to the best of my/our knowledge and belief.
I/We understand that if I/we and/or the Insured(s) fail to provide any information requested in this application, it may result in the inability of Blue Cross (Asia-Pacific) Insurance Limited ("Blue Cross") to accept or process this application.
I/We also hereby authorize any organization or individual that has any record or knowledge of my/the Insured(s)'s health and medical history or any treatment or advice that has been or may hereafter be consulted to disclose to Blue Cross such information. A photocopy of this authorization shall be as valid as the original.
本人/我們謹此聲明上述問題的答案均是準確無誤, 並且是盡我們所知及所信而作答的。
本人/我們明白, 如本人/我們及/或受保人未能就本申請所需提供足夠資料, 將或會導致藍十字(亞太)保險有限公司("藍十字")不能接受或處理本申請。
本人/我們謹此授權任何機構或人士, 將本人/受保人之健康記錄及醫療或建議提供予藍十字, 本聲明書之影印本與原稿俱具有同等效力。

Personal Information Collection Statement 收集個人資料聲明
I/We understand and agree that any personal information is collected or held by Blue Cross (Asia-Pacific) Insurance Limited ("the Company") to enable the Company to carry on insurance business and may be used, stored, disclosed and transferred (within or outside of Hong Kong) to any individuals / organizations associated with the Company or any selected third party as the Company may consider necessary for the purposes of: (1) any insurance or financial related product or service or any addition, alteration, variations, cancellation or renewal or reinstatement of them; (2) any scope of insurance coverage, claim processing investigation, any analysis of it and data matching; (3) promotion of financial products or services by the Company and its affiliated companies; and (4) communicating with me/us the Insured or any relevant organization/person as the Company may consider necessary. I/We have the right to obtain the "Privacy Policy Statement", access to and to request correction of any personal information concerning myself/ourselves held by the Company. Such request could be made to the Company's Corporate Data Protection Officer at 29th Floor, BEA Tower, Millennium City 5, 418 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong.
本人/我們明白並同意藍十字(亞太)保險有限公司("貴公司")可收集或持有本人/我們的個人資料用於保險業務之用, 並可將此等資料使用、儲存、透露及轉交(於本地或以外)予任何與貴公司有關係之人士/機構或被選定之第三者, 作以下用途:(1)有關保險或財務之產品或服務, 或該等產品或服務之增加、更改、轉變、取消、更新或復效;(2)任何保單範圍、處理理賠/調查或其有關分析及資料核對;(3)任何貴公司及其附屬公司之附屬計劃、商品及服務之推廣活動; 及(4)與本人/我們受保人或貴公司認為有關之機構/人仕聯絡。本人/我們有權就向香港九龍觀塘道418號創紀之城5期東亞銀行中心29樓向貴公司之個人資料保護主任索取「私隱政策聲明」, 查詢及要求更正貴公司所持有之個人資料。

Signature of Applicant 投保人簽署	Signature of Insured Person 受保人簽署
Date (dd/mm/yy) 日期(日/月/年)	Date (dd/mm/yy) 日期(日/月/年)

The liability of the Company does not commence until this application has been accepted by the Company and the premium has been paid.
本投保書需經本公司批核, 並在保費繳付後, 本公司所承保之責任始生效。

(X) For Intermediary Use Only 保險中介人專用

Name of Intermediary 中介人姓名	MINA UNITED INSURANCE MANAGEMENT LTD.	Intermediary's Code 中介人編號
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(XI) For Office Use Only 本公司專用

Policy No. 保單號碼	Underwriting approval 批核人簽署	保險期間
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