

PARNAS - PERSONAL ACCIDENT INSURANCE APPLICATION FORM

Name of Insured			
Correspondence Address			
Contact Phone No.	(Office / Home / Mobile)	E-Mail Address	
Period of Insurance	From	To	
The Insured Persons (Age Limit - 18 to 60 ; for children are 6 months to 21 years old or full time students below age 23)			
Particulars	The Insured	The Spouse	The Children
Full Name			
Sex			
Date of Birth (d/m/y)			
HK I.D. Card No.			
Occupation / Profession			
Nature of Work / Exact Duties			
Name of Employer			
Beneficiary / Relationship			

Please answer all questions (Please tick the appropriate box)

1. Are the Insured Persons normally residing in Hong Kong? Yes No
2. Do the Insured Persons' occupation or profession involve manual work or supervision of manual work? Yes No
3. Are the Insured Persons at present holding any Life, Accident or Medical Insurance effected with us or other insurers? Yes No
4. In respect of Life, Accident or Medical Insurance, has any insurer ever declined to insure the Insured Persons or refused to renew their insurance or imposed special terms on their insurance or cancelled their insurance? Yes No
5. In respect of Life, Accident or Medical Insurance, have the Insured Persons ever made any claims against any insurers during the last 5 years? Yes No
6. Are the Insured Persons suffering or ever suffer from any major medical conditions, mental disease, or physical defects or infirmity? Yes No
7. Do the Insured Persons engage or intend to engage in any dangerous sports or activities? Yes No
8. If the answer to any of the questions no. 2 to 7 (inclusive) above is "Yes", please give details here.

TABLE OF PREMIUM			
CORE COVER (Please tick the appropriate box)			
Premium (HKD)	Classic	Executive	Prestige
Insured Only	<input type="checkbox"/> 560	<input type="checkbox"/> 1,120	<input type="checkbox"/> 2,240
Insured & Spouse	<input type="checkbox"/> 980	<input type="checkbox"/> 1,960	<input type="checkbox"/> 3,920
Family	<input type="checkbox"/> 1,232	<input type="checkbox"/> 2,464	<input type="checkbox"/> 4,928
OPTIONAL COVER			
Temporary Total Disablement (For the Insured Only)			
Sum Insured (per week) HKD	Premium (Rate 20% x Sum Insured) HKD		
TOTAL PREMIUM	HKD		

IMPORTANT NOTES

Any other facts known to you which are likely to affect acceptance of assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance intermediary. We recommend you keep a record (including copy of this application) for your future reference of any additional information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether. I understand that this application will not become effective until this proposal has been accepted by the Company.

DECLARATION

I hereby declare that the particulars and statements given above are, to the best of my knowledge and belief, true and complete. I agree that this proposal shall be the basis of the contract between me and GAN Assurances ("the Company"). I understand and agree that the information collected is to enable the Company to carry on business and may be used for the purpose of any insurance or financial related product or service or any alterations, variations, cancellation or renewal of them; any claim or analysis of it; and may be transferred to any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time. I understand that I have the right to obtain access to and to request correction of any personal information concerning myself held by the Company. Request for such access can be made to the Company's Data Protection Officer.

Date

Signature of Applicant

Authorised Agent / Broker

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