

**個人意外保險投保書**
**PERSONAL ACCIDENT INSURANCE PROPOSAL FORM**

<b>Details of Proposer 投保人資料</b>	
Full Name : Mr./Ms/Miss 姓名：先生/女士/小姐	HKID Card No. 香港身份證號碼
Relationship with Person to be insured 與被保人關係	Contact No. 聯絡電話
Correspondence Address 通訊地址	
Nature of Work/Exact Duties 工作性質/ 職責	
Period of Insurance required From 要求保單生效日期	To 至

<b>The Person to be insured (Age Limit 18 to 60) 被保人資料 (年齡限制 18 至 60 歲)</b>	
Full Name : Mr./Ms/Miss 姓名：先生/女士/小姐	HKID Card No. 香港身份證號碼
Date of Birth 出生日期	Occupation/Profession 職業
Nature of Work/Exact Duties 工作性質/ 職責	
Name of Employer 顧主名稱	

<b>Beneficiary 受益人</b>	
Full Name : Mr./Ms/Miss 姓名：先生/女士/小姐	HKID Card No. 香港身份證號碼
Relationship with Person to be insured 與被保人關係	

<b>Type of Cover 保障範圍</b>	<b>Amount to be Insured 保障金額</b>
A. Accidental Death or 意外身故或	HKD
B. Permanent Disablement 永久傷殘	港幣
C. Temporary Total Disablement (per week) 暫時性完全喪失工作能力 (每週)	HKD
D. Medical Expenses 醫療費用	港幣

 Please tick appropriate box 請在適當空格內 

- Are you or the person to be insured normally residing in Hong Kong?  
閣下或被保人是否經常居於香港? Yes 是  No 否
- Do you or the person to be insured's occupation or profession involve manual work or supervision of manual work?  
閣下或被保人從事的職務是否需要體力勞動或監管體力勞動? Yes 是  No 否
- Are you or the person to be insured at present holding any Life, Accident or Medical Insurance effected with us or other insurers?  
閣下或被保人現在是否已與本公司或其他公司購有任何人壽, 意外或醫療保險? Yes 是  No 否
- In respect of Life, Accident or Medical Insurance, has any insurer ever declined to insure you or refused to renew your Insurance or imposed special terms on your insurance or cancelled your insurance?  
閣下或被保人有否在投保人壽, 意外或醫療保險時被拒絕投保或拒絕續保或附加特別條款或取消保單? Yes 是  No 否
- In respect of Life, Accident or Medical Insurance, have you or the person to be insured ever made any claims against any insurers during the last 5 years?  
閣下或被保人曾否在過去五年內因任何疾病或身體損傷而向保險公司要求賠償? Yes 是  No 否
- Are you or the person to be insured suffering or ever suffer from any major medical conditions, mental disease, or physical defects or infirmity?  
閣下或被保人之身體功能曾否有殘損? 閣下或被保人曾否患有任何精神病? Yes 是  No 否
- Do you engage or intend to engage in any dangerous sports or activities?  
閣下或被保人曾否參加任何危險性運動或活動? Yes 是  No 否

If the answer to any of the question no. 2 to 7 (inclusive) above is "Yes", please give details here. 如以上 2 至 7 之問題中, 所選的答案為“是”, 請詳細說明。

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## Occupational Classification 職業類別

Class 1 - Persons engaged in indoor or professional, administrative, managerial, clerical and non-manual occupations.

e.g. Accountant, Banker, Clerk, Doctor, Teacher, Secretary, etc.

第一類 - 從事室內工作或專業、行政、管理、文職等、非體力勞動之工作。

例如：會計師，銀行家，文員，醫生，教師，秘書等。

Class 2 - Persons engaged in outdoor duties of non-manual works and/or work of a supervisory nature.

e.g. Outdoor Salesman, Commercial Traveller, Domestic Servant, Merchandiser, Messenger, Civil Engineer, etc.

第二類 - 從事非體力勞動之戶外或有監管性質之工作。

例如：外勤營業員，商務行政人員，家傭助理，買辦人員，信差，建築工程師等。

Class 3 - Persons engaged in light manual work without using heavy machine.

e.g. Restaurant Waiter, Private Car Driver (within Hong Kong), Garment Worker, etc.

第三類 - 日常涉及體力勞動但不需操作重型機器之人士。

例如：侍應生，私家車司機(香港境內)，製衣工人等。

Class 4 - Persons engaged in manual works.

e.g. Car Mechanic, Electrician, Plumber (indoor), Commercial Vehicle Driver (within Hong Kong) etc.

第四類 - 從事體力勞動人士。

例如：汽車維修工人，電器技工，水喉匠(室內)，商用車司機(香港境內)等。

\*Those occupations not listed above will be considered on application.

上文沒有列舉的職業，本公司須按個別情況而決定是否承保及釐定保費。

## 重要事項 IMPORTANT NOTES

投保人必須在其知悉範圍內提供所有有關會影響保險公司接納或釐定此保單條文的資料，如對應透露的資料有任何疑問，請即向本公司或投保人的保險中介人查詢。我們建議投保人將有關的資料作記錄(包括此投保書)，以備日後作參考之用。為確保投保人的利益，投保人應如實呈報所有有關資料，否則此保單將可能無法提供投保人所需的保障，甚至可能導致此保單無效。再者，本保單必須在本公司確定接納投保後才正式生效。

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.

## 聲明細則 DECLARATION

本人聲明上列資料乃本人所知一切據實填報，本人同意此投保書及聲明將構成本人與法國敬邦保險之間的合約根據。本人向法國敬邦保險所提供的資料，將可能使用於任何與保險有關的產品或服務或該等產品或服務的任何更改、變更、取消或續期；任何索償或索償分析及可能轉移予現存或不時成立的任何有關公司或任何其他從事於保險或再保險業務有關的公司或與保險業有關的中介人或索償或調查或其他服務提供者或任何保險公司的協會或聯會。本人明白本人有權查詢及要求更改已由法國敬邦保險持有有關本人的個人資料，如有此要求，本人可向法國敬邦保險之個人私穩主任提出。

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 IARD ("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, cancellations 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 日期

Signature of Proposer 投保人簽署

保險公司自用  
For Office Use Only

Account Code 賬戶號碼

Name of Agent/Broker 代理人經紀