

Agency No. Policy No.  
代理編號：\_\_\_\_\_ 保單號碼：\_\_\_\_\_

### BODYGUARD PROPOSAL FORM 平安樂投保書

(Please use English block letters 請用英文正楷填寫)

Full Name 姓名 (Mr先生/Mrs太太/Miss小姐) : \_\_\_\_\_ HKID Card / Passport No. 香港身份證 / 護照號碼 : \_\_\_\_\_

Date of Birth 出生日期 : \_\_\_\_\_ Height 高度 : \_\_\_\_\_ Weight 體重 : \_\_\_\_\_  
dd日/mm月/yy年

Address 地址 : \_\_\_\_\_

Tel 電話 : (Home 住宅 / Mobile 手提) \_\_\_\_\_ (Office 辦公室) \_\_\_\_\_

Fax 傳真 : \_\_\_\_\_ Email Address 電郵地址 : \_\_\_\_\_

Period of Insurance 承保日期 : From 由 \_\_\_\_\_ To 至 \_\_\_\_\_  
dd日/mm月/yy年 dd日/mm月/yy年

Industry 在職行業 : \_\_\_\_\_ Position 職位 : \_\_\_\_\_

Job Duties 職務 : \_\_\_\_\_

Beneficiary 受益人 (Mr先生/Mrs太太/Miss小姐) : \_\_\_\_\_ Relationship to Proposer 與投保人關係 : \_\_\_\_\_

#### Covers required 要求保障額 :

1. Accidental Death & Permanent Disablement 意外死亡及永久傷殘	HK\$ 港幣	元
2. Temporary Total Disablement 短期完全失去活動能力	HK\$ 港幣	元 / week 每週
3. Medical Expenses 醫療費用保障	HK\$ 港幣	元

#### Please Note 注意事項 :

- Accidental Death & Permanent Disablement is a compulsory cover  
意外死亡及永久傷殘是必須投保項目。
- Minimum annual gross premium is HK\$500  
每年最低保費為港幣500元。
- The benefit for Temporary Total Disablement cannot exceed 75% of the proposer's average weekly earnings (maximum sum insured HK\$5,000/week)  
短期完全失去活動能力的賠償額最高不超過投保人平均週薪的75%。(每星期之最高保額為港幣5,000元)
- The benefit for Medical Expenses cannot exceed 10% of the sum insured for Accidental Death & Permanent Disablement (maximum sum insured HK\$250,000 )  
醫療費用之保障額，不能超過意外死亡及永久傷殘的賠償限額的10%。(最高保額為港幣250,000元)
- Proposer's age limit : 16 to 65  
投保人年齡限制：16歲至65歲。

#### Please answer all questions listed below 請回答下列問題

- Please tick the appropriate box 請在適當空格內加。 (If "Yes" please give full details 若答「是」請詳細列明)
- |  | Yes 是                    | No 否                     |
|--|--------------------------|--------------------------|
| 1. Are you involved in any manual or outdoor duties at work? 您的職務是否需要體力勞動或往室外工作?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will you be travelling overseas, including China? 您會否到外地(包括中國大陸)旅遊或公幹?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, please indicate 如會: i) will you travel for more than 2 times a month? 您會否於一個月內外遊兩次或以上?   | <input type="checkbox"/> | <input type="checkbox"/> |
| ii) will your travel last for more than 7 days per trip? 您每一次外遊的期間會否長達七日以上?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you receiving or contemplating any medical attention or surgical treatment or taking any medicine?<br>您是否現正接受醫藥治療、接受觀察、接受手術護理，或服用任何藥物?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever suffered from any serious injury or illness? 您曾否染上嚴重疾病或嚴重身體受傷?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you holding any insurance against accident or illness? 您現時有否購買其他意外或醫療保險?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been refused by accident or medical insurance or subject to special terms and conditions?<br>您曾否被其他保險公司拒絕接受投保意外或醫療保險或要附加特別條件? | <input type="checkbox"/> | <input type="checkbox"/> |

## Declaration 聲明

- I declare to the best of my knowledge and belief that the information given is true in every respect.  
本人謹此聲明，根據本人所知及所信，本投保表格上所填之資料均實屬無訛。
  - I understand that this Application will not become effective until this proposal has been accepted by Royal & Sun Alliance Insurance plc ("the Company") and agree that this Application and Declaration shall be the basis of the insurance contract between me and the Company.  
本人明白本投保書被皇家太陽聯合保險有限公司（「保險公司」）正式接納後，保險責任始正式生效。本人同意本投保書和聲明將成為保險合約的基礎。
  - Cover will be effective only with signature on this document and receipt of premium by the Company or its authorised representative.  
投保書需經保險公司或其授權代表簽署，並於收妥保費後，此保障計劃始正式生效。
- I do not wish to receive any marketing or promotional materials.  
本人不願意收取任何宣傳或推廣的資料。

Signature of Proposer

投保人簽署：

Date

日期：

Underwritten by 承保公司：Royal & Sun Alliance Insurance plc 皇家太陽聯合保險有限公司 (incorporated in the United Kingdom with limited liability)

### Notice of Personal Information Collection 個人資料收集聲明

Any person from whom the Company has collected personal information shall have the right to enquire the purpose of using the information, the right of access to and the right to request correction of the personal information concerning themselves. Such request can be made to the Compliance Officer of the Company via, mail to 32/F., Dorset House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong, or fax to +852 2968 5111, or email to [hk\\_compliance@hksagroup.com](mailto:hk_compliance@hksagroup.com).

任何人士若曾經提供個人資料給本公司，均可查詢其資料用途、查閱及更改有關資料。有關查詢及申請可循下列途徑向本公司之條例事務主任提出：郵寄至香港鰂魚涌英皇道979號太古坊多盛大廈32樓，或傳真至+852 2968 5111，或電郵至[hk\\_compliance@hksagroup.com](mailto:hk_compliance@hksagroup.com)。

### Payment Instruction and Authorisation 支付保費方法與授權書

(Please tick the appropriate box  or consult your agent/broker regarding methods of payment. 請在適當的空格內加  或與您的保險代理諮詢付款方法。)

Cheque payable to 支票抬頭請寫：

Royal & Sun Alliance Insurance plc 皇家太陽聯合保險有限公司

Cheque No. 支票號碼：

Visa  Mastercard  Amex  Diners

Credit Card No. 信用卡號碼：

Name of Cardholder 持卡人姓名：

Issuing Bank 簽發銀行：

Expiry Date 有效日期：

I hereby authorise Royal & Sun Alliance Insurance plc to charge the relevant premium to my credit card account for this insurance policy.

本人授權皇家太陽聯合保險有限公司從本人信用卡戶口內支取有關保費。

Signature 簽署：

Date 日期：

(Signature should correspond to the specimen signature of the above credit card account. 簽署必須與上述信用卡戶口簽署式樣相同。)