

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? 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 made any claim to accident or medical insurance in the past three years? 您於過去三年內曾否向投保之意外或醫療保險索償? | <input type="checkbox"/> | <input type="checkbox"/> |

