

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

### FAMILYGUARD PROPOSAL FORM 家庭樂投保書

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

#### Information of Proposer 投保人資料

Name of Proposer 投保人姓名 (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 : \_\_\_\_\_  
dd日/mm月/yy年

Height 高度 : \_\_\_\_\_ Weight 體重 : \_\_\_\_\_ 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 : \_\_\_\_\_

#### Please select plan 請選擇計劃 :

- |   |   |
|---|---|
| <input type="checkbox"/> Self Plan I 個人計劃 I               | <input type="checkbox"/> Self Plan II 個人計劃 II               |
| <input type="checkbox"/> Self & Children Plan I 個人及子女計劃 I | <input type="checkbox"/> Self & Children Plan II 個人及子女計劃 II |
| <input type="checkbox"/> Self & Spouse Plan I 個人及配偶計劃 I   | <input type="checkbox"/> Self & Spouse Plan II 個人及配偶計劃 II   |
| <input type="checkbox"/> Family Plan I 家庭計劃 I             | <input type="checkbox"/> Family Plan II 家庭計劃 II             |

#### Information of Spouse 投保人配偶資料

Name of Spouse 配偶姓名 (Mr先生/Mrs太太) : \_\_\_\_\_

HKID Card / Passport No. 香港身份證 / 護照號碼 : \_\_\_\_\_ Date of Birth 出生日期 : \_\_\_\_\_  
dd日/mm月/yy年

Height 高度 : \_\_\_\_\_ Weight 體重 : \_\_\_\_\_ Industry 在職行業 : \_\_\_\_\_ Position 職位 : \_\_\_\_\_

#### Information of Children 投保人子女資料

	Name of Child 子女姓名	Date of Birth 出生日期 (dd日/mm月/yy年)	Sex (M/F) 性別 (男/女)	HK Identification Document 香港身份證明文件號碼
1				
2				

**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 。

Yes 是 No 否

1. Are you or your insured spouse involved in any manual or outdoor duties at work?  
您或其受保配偶的職務是否需要體力勞動或往室外工作?
2. Will you or your insured family be travelling overseas, including China? 您或其受保配偶及子女會否到外地 (包括中國大陸) 旅遊或公幹?  
If Yes, please indicate 如會: i) will you travel for more than 2 times a month? 您們會否於一個月內外遊兩次或以上?    
ii) will the travel last for more than 7 days per trip? 每一次外遊的期間會否長達七日以上?
3. Are you or your insured family receiving or contemplating any medical attention or surgical treatment or taking any medicine?  
您或其受保配偶及子女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?
4. Have you or your insured family ever suffered from any serious injury or illness?  
您或其受保配偶及子女曾否染上嚴重疾病或嚴重身體受傷?
5. Are you or your insured family holding any insurance against accident or illness?  
您或其受保配偶及子女現時有否購買其他意外或醫療保險?
6. Have you or your insured family ever made any claim to accident or medical insurance in the past three years?  
您或其受保配偶及子女於過去三年內曾否向投保之意外或醫療保險索償?
7. Have you or your insured family ever been refused any form of accident or medical insurance or subject to special terms and conditions?  
您或其受保配偶及子女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?
8. Will you or your insured family stay in Hong Kong less than 180 days in a year?  
您或其受保配偶及子女會否一年內居港少於180日?

If you have answered "Yes" to any of the above questions, please give full details  
如以上問題答「是」, 請列明詳細資料

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**Declaration 聲明**

1. 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。
2. 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。
3. 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

Date

投保人簽署: \_\_\_\_\_ 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@hkrsgroup.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@hkrsgroup.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 支票繳費 (For Annual Payment only 只適用於年繳)**

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: \_\_\_\_\_

**Credit Card 信用卡繳費:**

Annual Payment 年繳

Monthly Installment 月供

(Payment for the whole year 全年應繳保費)

(The first 3 months and subsequent payments by monthly installment 首三個月及其後月費)

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 all relevant premium to my credit card account, including any additional premium arising from policy endorsements.  
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單保費(包括批單保費)。

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。)