TIB YOUR INSURANCE PARTNER

Group Personal Accident Insurance

A comprehensive group accidental coverage offers employees a peace of mind and results in higher working efficiency.

團體意外保險

團體意外保險計劃，讓員工安心工作，增加工作效率。

Group Personal Accident Insurance - Generali

Accidental death or injury happens to employees quite often. Being an employer, it is crucial to provide your employees with a peace of mind. The employees and their families would also wish for instant emergency assistance from employers to tide over the crisis. To enjoy the benefits, take out our group personal accident plan now!

Product Highlights

- Specifically designed for companies or organizations with 3 or more employees
- Benefits cover accidental death and permanent disablement, accidental medical expenses, annual income benefit and accidental hospital cash allowance
- Offers a wide range of exclusive benefits such as compassionate death cash and burns cover, etc.
- Free 24-hour emergency assistance service

團體意外保險 — 忠利保險

員工因意外受傷甚至死亡的個案時有發生，作為僱主，最重要的是能讓員工安心工作。同時顧及員工於有需要時對僱主的期望，可獲得即時經濟援助，以渡過難關。為公司業務著想，立即投保！

產品亮點

- 專為僱有3名員工或以上的公司 / 機構而設
- 周全保障包括意外死亡及永久傷殘、意外醫療費用、全年入息保障及意外住院現金津貼
- 有多個附加保障項目，包括身故恩恤金及燒傷保障等
- 免費贈送24小時緊急支援服務

Form no: SF/HK/TIB/007r.0

Personal Accident Insurance Proposal Form

(Please use Block Letters and tick the appropriate box)

Applicant Information (Applicant should be aged 18 to 65)		
Name of Applicant (in English)	Name of Applicant (in Chinese)	Sex
Tel No. (Home / Office / Mobile)	Place/Country of Residence	Policy Effective Date (dd/mm/yy)
Correspondence Address (if Policyholder is a Company/Employer, please also state the Company/Employer's Name and Address)		
Name and Correspondence Address of Employer		

Insured Person's Personal Information

Name of Covered Family Members (English and Chinese)	Date of Birth (dd/mm/yy)	Sex (M/F)	HKID No.	Relationship with 1st Insured	Occupation / Position* (Exact job Duties)	Height (cm) / Weight (kg)	Left Handed
				1st Insured			

* Please state all occupations/exact job duties (including full-time/part-time)

Beneficiary will be the Own Estate of the Insured according to the Hong Kong jurisdiction.

Benefits Required		**Sum Insured (HK$)**	
		1st Insured	Spouse
Tailor-made Plan		☐ Plan 1 ☐ Plan 2 ☐ Plan 3	
Basic Benefits	A1) Accidental Death and Disablement		
Optional Benefits	A2) Accidental Medical Expenses		
	B) Temporary Total Disablement	per week	per week
	C) Double Indemnity		
	D) Broken Bones and Burns		

Past Experience and Insurance History

All questions must be answered fully.

If any of the answer is "Yes", please give further details in the space below, noting the question number(s), the name(s), address(es) of any doctor(s) consulted (if more space is required, please write on a separated sheet and sign your name on the original application form).

1. Do you or other covered members currently have or are you applying for any life, accident or medical insurance? If yes, please state the Insurer, benefit, sum insured, etc. ☐ Yes ☐ No
2. Have your or other covered members' applications of life, accident or medical insurance ever been declined or postponed, or your insurance ever been modified, rated- up, cancelled or refused invitation for renewal? If yes, please state the Insurer, benefit, sum insured, reason, condition, etc. ☐ Yes ☐ No
3. Do you or other covered members have any physical or mental impairment or condition? If yes, please state the suffered area or diagnosis, etc. ☐ Yes ☐ No
4. Have you or other covered members ever suffered from hypertension, heart disease, mental disorder, diabetes mellitus, cancer, tumour, ulcer, tuberculosis, asthma, epilepsy, stroke, emphysema, pleurisy, colitis, rheumatic fever, venereal disease; or any other disease of brain, central nervous system, gastro-intestinal tract, liver (or is Hepatitis B Carrier), pancreas, kidney, genito-urinary organs, back, spinal column, etc? If yes, please state suffered date, extent of recovery or any recurrence, etc. ☐ Yes ☐ No
5. Have you or other covered members received in the past 5 years, currently receiving or will you contemplate to receive any medical, surgical treatment or medication? If yes, please state the type of surgery and medicine, doctor's name and address. ☐ Yes ☐ No
6. Are you or other covered members frequent traveler? If yes, please state the traveling country(ies) and number of trips per year. ☐ Yes ☐ No
7. Are you self-employed? ☐ Yes ☐ No

重要事項：本表格並非保單，有關保單條款細則及不承保範圍，請投保人參閱接納投保書後或在投保人索取時提供的保單。

IMPORTANT NOTE : This form is not a policy of insurance. Please refer to the policy wordings including the applicable terms, conditions and exclusions which will be issued to applicant upon acceptance of this proposal or upon applicant's request.

Form no: SF/HK/TIB/007r.0

人身意外保險計劃投保書

(請以英文正楷填寫及於適當方格內剔上答案)

申請人資料 (申請人必須為 18 至 65 歲)

投保人英文姓名	投保人中文姓名	性別
聯絡電話(家居/辦公室/手機)	原居地	保單生效日期 (日 / 月 / 年)
通訊地址 (如申請人為公司，請註明公司名稱及地址)		
受僱公司名稱及地址		

受保人資料

受保家庭成員姓名 (英文及中文)	出生日期 (日/月/年)	性別 (男/女)	身份証號碼	與第一受保人關係	職業 / 職位 (實際職務)*	身高(厘米)/體重 (公斤)	右手為強手 (是/否)
				第一受保人			

*請列明所有職業及實際職務(包括正職及兼職)

受益人乃根據香港法例之合法承繼人。

保障項目			
		第一受保人	夫婦
個人計劃		☐計劃一 ☐ 計劃二 ☐ 計劃三	
自訂計劃			
基本保障	A1) 意外死亡及永久完全或部份傷殘		
附加保障	A2) 意外醫療費用		
	B) 暫時完全傷殘	每週	每週
	C) 雙倍賠償		
	D) 骨折及燒傷保障		

其他保險及健康狀況資料

請將各問題填妥。

倘各項問題中，若答案是「是」者，請在以下空間提供詳細資料，註明有關問題號碼，並提供有關之醫生姓名及地址(如需要更多空間填寫，可另加紙張，並須附有簽署)。

1. 閣下或其他受保家庭成員有否已投保或現正申請投保人壽、意外身故、傷殘、或醫療保險？如有，請註明保險公司、保障項目、投保額等。 ☐是 ☐否
2. 閣下或其他受保家庭成員有否已投保意外、疾病、傷殘、醫療或人壽保險被拒保、延擱或撤銷或曾持有該種保險或證書，而於事後曾被修正、增加 保費、取消、或被拒絕續保？如有，請註明保險公司、保障項目、投保額、原因、現狀等。 ☐是 ☐否
3. 閣下或其他受保家庭成員之身體或四肢有無任何殘缺？如有，請註明殘缺部位或病徵等。 ☐是 ☐否
4. 閣下或其他受保家庭成員曾否患有或正在治療以下疾病：心臟病、高血壓、糖尿、癌症、腫瘤、潰瘍、肺結核、哮喘、癲癇、氣腫、肋膜炎、結腸炎、風濕性高熱病、梅毒、或任何腦部、中樞神經系統、腸胃、肝臟、胰、或生殖泌尿器等疾病？ ☐是 ☐否
5. 閣下或其他受保家庭成員於過去五年是否曾經或打算將來接受任何醫藥治療、外科手術或服食任何藥物？如有，請註明手術及藥物名稱、主診醫生姓名及地址。 ☐是 ☐否
6. 閣下是否須經常離港？如是，請列明往何國家及每年外遊次數。 ☐是 ☐否
7. 閣下是否自僱人士？ ☐是 ☐否

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聲明 **DECLARATION**

本人 / 吾等聲明，本人 / 吾等已填報一切必要的資料，絕對正確，並無隱瞞或保留。本人 / 吾等明白本人 / 吾等提供的資料為泰山保險顧問有限公司提供保險業務所需，並可能使用於下列目的：i) 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；ii) 任何索償，或該等索償的調查或分析；iii) 行使任何代位權；及可能移轉予任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的。

I / We declare that the Statements and particulars given in this application are true and that I / We have not withheld any material information. The information provided by me / ourselves to Taishan Insurance Brokers Ltd. is collected to enable Taishan Insurance Brokers Ltd. to carry on insurance business and may be used for the purpose of: i) any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service; ii) any claim or investigation or analysis of such claim; and iii) exercising any right of subrogation; 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 for any of the above or related purposes.

支付經紀佣金 **PAYMENT OF BROKER COMMISSION**

泰山保險顧問有限公司（「該公司」）藉向保險公司收取的佣金，作為其所提供服務的酬金。 閣下同意進行是項保險交易，即構成閣下同意該公司收取佣金。

Taishan Insurance Brokers Limited is remunerated for its services by the receipt of commission paid by insurers. Your agreement to proceed with this insurance transaction shall constitute your consent to the receipt of commission by the Company.

本人 / 投保人亦明白泰山保險顧問有限公司必須取得本人 / 投保人以上的同意，才可以處理本人 / 投保人之保險申請。

I / Proposed insured further understand that the above agreement is necessary for Taishan Insurance Brokers Limited to proceed with the application.

日期 Date

保戶簽署 Signature of Insured

聯絡人 Person to Contact:

姓名 Name:

電話 Telephone No. :

電郵 Email Address :