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your Insurance Representative at:
詳情請致電 (852) 3122 6922 (香港) /
(853) 2892 3329 (澳門) 或聯絡您的保險代理 / 經紀:

H857BR(CP/07-13/07-13/0K)



A Member of **MS&AD** INSURANCE GROUP

1 in 13
Chances
you'll need
hospitalisation
十三分之一
機會您可
能需要
住院

For Broker
Use Only



HospitalCare
Insurance

住院現金寶



HospitalCare

Extra Cash in times of NEED!

Taking out the usual medical insurance may protect you against hospitalisation expenses but it may not help you to cope with other financial worries such as subsequent medical costs or the loss of income. As a result, your own recovery and your family's standard of living may suffer. However, with our HospitalCare, you will receive a daily cash benefit for your hospitalisation and you can use it as you wish to meet various financial needs.

High Daily Cash Benefit at Affordable Premium

If you are hospitalised, HospitalCare provides you with daily cash benefit for as long as 750 days*. For an insured aged between 18 and 40, this protection amounts to over HK\$1 million for as little as HK\$5.2 per day. Even our most basic

Double Benefit for Added Protection

If you are staying in an intensive care unit, having a major organ transplant or undergoing treatment for

major burns during your hospitalisation, the daily cash benefit will double for up to 100 days, providing additional protection to meet your financial needs.

Accidental Death Cover to Give Extra Protection to Your Family

HospitalCare provides an accidental death benefit of HK\$200,000. With no additional premium, you can provide your family with further financial protection.

24-hour Worldwide Coverage

The plan offers total protection 24 hours a day, 365 days a year, anywhere in the world.

Benefits in Addition to Other Insurance

Benefits are payable to you in addition to any other insurance policies you may already have. For example Personal Accident or Medical Insurance.

Four Levels of Protection for Your Selection

The amounts of daily cash benefits are HK\$300, HK\$600, HK\$900 and

HK\$1,500 and you can choose the level of protection that can best complement your existing insurance arrangements.

10% Premium Discount for You and Your Family

HospitalCare offers all the above protection at very affordable premiums. Yet you can enjoy the same optimum protection at an even lower cost. To enjoy a special 10% premium discount, you need only to take out HospitalCare for your family as well.

***up to 30 days for hospitalisation in Mainland China**

Summary of Benefits (HK\$)				
Cover	Plan 1	Plan 2	Plan 3	Plan 4
Daily Hospital Cash*	300	600	900	1,500
	up to 750 days**			
Double Daily Benefit*	600	1,200	1,800	3,000
	up to 100 days**			
Accidental Death	200,000			

***The daily cash for children is half of the above limit.
up to 30 days for Mainland China.

Annual Premium (HK\$)*				
Current Age	Plan 1	Plan 2	Plan 3	Plan 4
0 -17	231	385	550	936
18 - 40	462	771	1,101	1,872
41 - 50	771	1,321	1,872	3,193
51 - 60	1,211	2,202	3,083	5,284
61 - 64	1,761	3,193	4,514	7,706

*** Family Discount : 10% if enrol with spouse and / or children**

Important Notes :

- 1. Cover does not begin until the application has been accepted and premium received.**
- 2. There is a 30-day waiting period for hospitalisation due to sickness.**

Major Exclusions :

- | | |
|---|---|
| 1. Pre-existing conditions | 7. Congenital and hereditary conditions |
| 2. Routine check-ups / vaccinations | 8. Mental or psychiatric disorders |
| 3. Cosmetic surgery | 9. Hazardous sports and pastime |
| 4. Dental treatment | |
| 5. Convalescent care | |
| 6. Pregnancy, childbirth or miscarriage | |

This leaflet is only a summary. Please refer to the policy provisions for details.

Easy Enrolment

This plan is available to anyone aged between 18-59 who holds a Hong Kong ID Card. Coverage can be renewed up to age 65. Children below 18 years old have to enrol with parents.

Enrolment is simple. No medical check-up report is required. Just complete and return the Application Form to your insurance agent with a crossed cheque made payable to "MSIG Insurance (Hong Kong) Limited".

APPLY NOW !

PRIVACY POLICY

MSIG Insurance (Hong Kong) Limited (“**MSIG**”, “**we**” or “**us**”) would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone for any purposes. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agent, contractor or third party who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any

other purposes. If you have any questions or inquiries regarding our privacy policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the ‘Privacy Policy’ link on our website homepage at www.msig.com.hk. You should check the Privacy Policy regularly for changes.

Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products (“the Product”) that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product or any claim made under the Product.

Your personal data may be used for **obligatory purpose** or **voluntary purpose**. If personal data are to be used for an obligatory purpose, you MUST provide your personal data to MSIG if you want MSIG to provide the Product. Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The **obligatory purposes** for which your personal data may be used are as follows:-

- processing and evaluating your insurance application and any future insurance application you may make;
- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- invoicing and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings;
- exercising any right of subrogation by us;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes; and
- complying with applicable laws, regulations or any industry codes or guidelines.

To enable us to process your opt-out request, please provide us below information.

Full Name:

Contact Number:

HKID Number:
(for identification purpose)

Policy / Certificate / Acknowledgement Number (if you have one):

NOTE: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.

The **voluntary purposes** for which your personal data may be used are any sales, marketing, promotion of other general insurance services and products provided by MSIG. The personal data we intend to use for voluntary purposes are your name, your address, your phone number and email address. We cannot use your personal data for voluntary purposes without your consent.

If you do not wish MSIG to use your personal data for the voluntary purposes listed above, you should tick the box on the right and provide us with the following information. You may also notify us by sending an email to ‘dpo@hk.msig-asia.com’. In your notification, you must supply the same required information as listed below.

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance broker;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- the Insurance Claims Complaints Bureau and similar industry bodies; and

- government agencies and authorities as required or permitted by law.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F Cityplaza One, 1111 King’s Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at (852) 3122 6922.

Signature of Applicant on behalf of all persons to be insured
Date _____ (D) _____ (M) _____ (Y)

住院現金寶

額外現金支援 令您倍感安心！

您的醫療保險也許能夠於您一旦住院時為您支付各項住院費用，卻未必能助您應付其他因住院而引起的經濟負擔，例如出院後康復期間的醫藥費用，或因住院而減少的入息，以致您的康復過程及您家人的生活均可能受影響。我們的住院現金寶可為您在住院期間提供額外的每日現金保障，讓您隨意運用，應付各種支出。

高額保障 保費實惠

在您住院期間，住院現金寶為您提供長達750天*的每日現金保障。以年齡介乎18至40歲之間的受保人為例，只須付出每日港幣5.2元的保費，便可享有總額逾港幣100萬元的住院現金保障。即使您選擇最基本的保障計劃，亦只須付出每日港幣1.3元的保費，便可享有高達港幣25萬5仟元的總保障額。

雙倍現金保障 給您額外支援

若您不幸入住深切治療病房、或接受主要器官移植、或因嚴重燒傷而須入院治療，住院現金寶更提供長達100天的雙倍現金保障，讓您應付各種額外支出。

意外身故保障 為您的家人更添保障

若不幸因意外受傷身故，住院現金寶免費提供高達港幣20萬元的意外身故保障，讓您給予家人額外的保障。

提供24小時全球保障

無論您身處何地，住院現金寶一年365天時刻為您提供全球性的保障。

保障不受其他保險計劃影響

即使您已擁有其他保險計劃如個人意外或醫療保障計劃，仍可得到十足賠償。

四種保障額 讓您隨意選擇

保障額分為每日港幣300元、600元、900元及1,500元，讓您可選擇合適的保障，以配合其他已有的保險計劃，得享周全保障。

* 中國內地住院的保障期最長為30天。

與家人一同投保 可享保費九折優惠

住院現金寶為您提供以上各種周全保障，同時保費相宜。與家人一同投保，更可享保費九折優惠，以更低廉的保費，帶給家人同樣周全的保障。

保障金額（港幣/元）				
保障範圍	計劃1	計劃2	計劃3	計劃4
住院現金保障* (以每日計)	300	600	900	1,500
	長達750天**			
雙倍現金保障* (以每日計)	600	1,200	1,800	3,000
	長達100天**			
意外身故保障	200,000			

* 小童之每日住院現金保障額減半。

** 中國內地住院的保障期長為30天。

全年保費*（港幣/元）				
現時年齡	計劃1	計劃2	計劃3	計劃4
0 — 17	231	385	550	936
18 — 40	462	771	1,101	1,872
41 — 50	771	1,321	1,872	3,193
51 — 60	1,211	2,202	3,083	5,284
61 — 64	1,761	3,193	4,514	7,706

* 與家人一同投保，可享保費九折優惠。

重要事項：

1. 保障在申請被接納及收妥保費後才開始生效。
2. 本保單不承保生效日期三十日內發生的疾病。

主要之不受保項目：

1. 保單生效日期前所患的疾病或損傷
2. 例行體格檢查及預防注射
3. 整容手術
4. 牙科治療
5. 休養治療
6. 懷孕、生育或流產
7. 先天或遺傳性異常
8. 心理及精神問題
9. 參與危險運動或活動

本小冊子乃資料摘要，詳情請參閱保單條款。

投保手續簡易

凡年齡介乎十八至五十九歲並持有香港身份證的人士皆可投保，保障可續保至六十五歲。十八歲以下兒童必須跟父母一同投保。

投保手續簡單，無需任何身體檢驗證明，只須填妥投保申請表格連同劃線支票交回您的保險代理即可。支票抬頭請填寫「三井住友海上火災保險(香港)有限公司」。

請即投保！

HospitalCare Application Form

住院現金寶投保申請書

Details of Applicant (Please print in BLOCK LETTERS) 申請人資料 (請以英文正楷填寫)

Name of Applicant: (Underline surname)(Mr / Mrs / Ms)
申請人姓名：(請在姓氏下加橫線)(先生/ 太太/ 小姐)

Applicant's Address：
申請人地址：

Tel. No.：Home
聯絡電話：住宅

Office
辦公室

Mobile
手提

Fax No.：
傳真：

E-mail：
電郵：

Details of All Insured Persons 受保人資料

Surname 姓	Given Name 名	HKID / Passport No. 香港身份證/ 護照號碼	Gender 性別	Date of Birth 出生日期 (DD日/ MM月/ YY年)	Height 身高 (cm 厘米)	Weight 體重 (kg 千克)	Usual Country of Residence 常居地	Mobile Tel. No. 手提電話	Email Address 電郵地址	Occupation 職業
Insured Person (same as above) 受保人 (資料同上)										
Spouse 配偶										
Children 子女										

Selection of Plans 選擇計劃

Please ☒ as appropriate. The applicant and all dependents should be covered under the same plan.
請選擇計劃並在格內加上☒ 號。申請人及其家屬必須投保相同計劃。

☐ Plan 1 計劃1
(HK\$300/day 每日港幣300元)

☐ Plan 2 計劃2
(HK\$600/day 每日港幣600元)

☐ Plan 3 計劃3
(HK\$900/day 每日港幣900元)

☐ Plan 4 計劃4
(HK\$1,500/day 每日港幣1,500元)

Premium payment should be made by cheque payable to "MSIG Insurance (Hong Kong) Limited". All applications accepted will be effective on the 1st day of the following month.
首次保費請以支票繳付，抬頭「三井住友海上火災保險(香港)有限公司」。所有被接納後的申請會於下月一號開始生效。

Health Declaration 健康聲明

During the last five years 在過去五年內：

1. Have you or any person(s) to be insured ever suffered from or required consultation, long-term medication, therapy treatment, hospitalisation, operation or any other treatments for any illness other than minor sickness (such as upper respiratory tract infection, flu, gastroenteritis, etc.)?
您或任何受保人曾否因病(不包括小毛病如傷風、感冒、腸胃炎等)須由醫生診治，或須長期服食藥物、進行治療、住院、動手術或接受其他治療？

Yes 是 / 有

No 否

2. Have you or any person(s) to be insured ever had or been advised to have any X-ray, ECG, MRI, CT Scan or other laboratory tests / investigations? (Please attach copy of related medical report if available.)
您或任何受保人曾否或接受或被建議接受X光、心電圖、磁力共振顯影、電腦掃描或其他化驗/檢查？(如有，請附上有關報告副本。)

Yes 是 / 有

No 否

3. Have you or any person(s) to be insured ever had any healthcare or life insurance policy refused, rated, restricted or non-renewed? (Please attach copy of related document if available.)
您或任何受保人曾否在申請其他醫療或人壽保單時遭受拒受、加價、限制或不再續保？(如有，請附上有關文件副本。)

Yes 是 / 有

No 否

Currently 現時：

4. Have you or any person(s) to be insured had any physical or mental defects?
您或任何受保人曾否有任何身體或精神上的問題？

Yes 是 / 有

No 否

5. Are you or any person(s) to be insured under medical attention, treatment or taking medication?
您或任何受保人是否正接受診治或服藥？

Yes 是 / 有

No 否

6. Have you or any person(s) to be insured had any other medical insurance plan with our company?
您或任何受保人是否在本公司投保其他醫療保障計劃？

Yes 是 / 有

No 否

7. Do you or any person(s) to be insured participate in sports or pastimes normally regarded as dangerous? If "Yes", please provide details.
您或任何受保人是否參與一般被認為屬於危險的運動或嗜好活動？如有，請列明有關詳情。

Yes 是 / 有

No 否

If you have answered "Yes" to any of the above questions, please give full details of medical history including name of insured, diagnosis, treatment / medication / investigation / operation, date of onset, date of last consultation or treatment, name, address and telephone number of attending doctor, etc. on a separate sheet.
對於上述任何一條問題，若回答「是/有」，請另頁詳列病史，包括病者姓名、病症、治療/檢查/手術、病發日期、最後診治日期、醫生姓名、地址及電話等。

Declaration & Authorisation I/We hereby declare that:

- The information given in this application form is true and complete to the best of my/our knowledge and belief. I/We am/are unaware of the existence of any medical condition or circumstance foreseeably requiring hospitalisation in the future, and understand that the benefits will not apply to treatment or expenses arising from medical conditions which originated or were known to exist or for which treatment, medication, advice or diagnosis was sought or received prior to my/our application of the Policy.
- I/We authorised any doctor who has attended to me/us to release any information that maybe required by MSIG Insurance (Hong Kong) Limited ("MSIG"). A photocopy of the authorisation shall be as effective and valid as the original.
- I/We will co-operate fully with MSIG and furnish any additional medical evidence as may be required in support of my/our application/claims.
- I/We agree to accept insurance as specified in my/our Policy and that this application and declaration shall be the basis and a part of the contract between me/us and MSIG.
- I/We understand that the insurance cover will commence only when the application has been accepted and the initial premium received by MSIG. I/We understand this application will be subject to approval and acceptance by MSIG and an additional premium or restriction may be imposed depending upon underwriting result.

聲明及授權 本人（等）聲明：

- 在本申請表內填報的資料，根據本人等所知全部正確無訛。本人等並未發現在任何身體上的問題而導致將來需要住院，並明白本保障不包括診治任何已知疾病的費用。
- 本人等授權任何曾診治本人等的醫生向三井住友海上火災保險(香港)有限公司（「三井住友保險」）提供資料，此授權的副本或正本同時有效。
- 本人等於投保/索償時會充分與三井住友保險合作，提供所需之額外健康資料。
- 本人等同意接受受本人等的保單所列明的保障，並同意本投保申請表及本聲明作為合約的一部份及根據。
- 本人等明白直至本投保申請被接納及三井住友保險收到有關之首次保費，保障才開始生效。本人等明白三井住友保險有權決定是否接納投保申請、調整保費或附加限制。

Declaration of Broker Commission:

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by MSIG Insurance (Hong Kong) Limited ("MSIG"), MSIG will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to MSIG that he or she is authorised to do so.

The applicant further understands that the above agreement is necessary for MSIG to proceed with the application.

經紀佣金聲明：

申請人明白、確知及同意，三井住友海上火災保險(香港)有限公司（「三井住友保險」）會就申請人購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向三井住友保險確認他/她已獲該法人團體授權。

申請人亦明白三井住友保險必須取得申請人以上的同意，才可以處理其保險申請。

IMPORTANT NOTE: This form is not a policy of insurance. Please refer to the HospitalCare Insurance Policy (which will be issued to you upon acceptance of your application form) for the applicable terms, conditions and exclusions.

注意事項：本小冊子並非保單，有關條款細則及不承保範圍，請參閱住院現金寶保單（於接納您的申請書後奉上）。

私隱政策

三井住友海上火災保險（香港）有限公司（下稱「三井住友保險」、「我們」或「本公司」）請您仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異，將以英文版本為準。

三井住友保險極為重視您的私隱。為了保障您的個人資料，我們以有關法例及規例為準則，向公司內部傳達並執行我們定立之私隱及保障指引。三井住友保險採取預防措施以保障您的個人資料免遭受遺失、盜竊、誤用，以及在未經許可之情況下被取用、洩露、更改及破壞。此外，我們均不會出售您的個人資料給任何人。三井住友保險嚴格執行認可管制，只容許獲授權之職員在必需要的情況下，取用或處理您的個人資料。我們會向職員定期提供培訓，確保他們知悉任何有關私隱法律及規例的新發展。

我們只會在法律容許並必需用於業務及稅務用途之情況下，保留您的個人資料作為我們的業務記錄。我們會向以本公司之名義提供行政或其他服務之代理、承辦商或第三者，要求他們遵循本政策保護有可能收到的個人資料。本公司不會容許他們使用有關資料於任何其他目的。如您對我們的私隱政策有任何疑問，歡迎聯絡我們查詢。

我們可能不時修改此範本。修改後的範本可於本公司網頁 www.msig.com.hk 下載。您應定期查閱此範本所修改的內容。

個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，您須向我們不時供給與我們提供之一般保險服務及保單產品（下稱「保單」）相關的個人資料，讓我

們可向您提供客戶服務及改善服務質素。當中包括但不限於您在申請表填寫或任何與保單有關之文件上或任何透過保單索償上所載之個人資料。

您的個人資料可被用於**強制性**或**自願性用途**。如個人資料是用於強制性用途，而您希望三井住友保險提供有關保單，則您必須向三井住友保險提供有關個人資料，否則三井住友保險將不能向您提供有關保單。

您的個人資料可被用於以下**強制性之用途**：

- 處理及審批您的保險申請或您將來提交的保險申請；
- 向您提供與保單及核保相關之日常運作及行政用途；
- 保單之更改、取消或續保用途；
- 發出繳交保費通知及向您收取保費及欠款；
- 評估及處理透過保單索償及任何繼後法律訴訟之用途；
- 由本公司行使代位權利之用途；
- 就以上用途聯絡您；
- 其他與上述用途有直接關係的附帶用途；及
- 遵循適用法律、條例及業內守則及指引。

而**自願性用途**則指任何三井住友保險提供的其他一般保險服務及保單產品之銷售、市場營銷及推廣。用作自願性用途之個人資料則為您的姓名、地址、電話號碼及電郵地址。未獲您同意之前我們並不能使用您的個人資料用作自願性用途。

如您不欲三井住友保險將您的個人資料用作上述自願性用途，您應於右列方格加上剔號並必須提供如下的資料。您亦可選擇以電郵方式將您的要求連同所需的個人資料（詳情如下）電郵至“dpo@hk.msig-asia.com”。

為讓我們能夠處理您以上提出的拒絕服務之請求，請提供以下資料。

姓名：

聯絡電話：

香港身份證號碼：
(作識別之用)

保單號碼 / 證書編號 / 確認編號 (如適用)：

附註：此拒絕服務要求將會取代您先前給予三井住友保險一切關於直接促銷的指示。

就任何上述的用途，我們所收集的個人資料可能會被轉移至：

- 向我們提供行政、通訊、電腦、付款、保安及其他服務的第三方代理、承包商及顧問（包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商）；
- 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- 再保公司及再保經紀；
- 您的保險經紀；
- 我們的法律及專業業務顧問；
- 我們的關連公司（以《公司條例》內的定義為準）；
- 香港保險業聯會（或同類的保險公司聯會）及其會員；
- 保險索償投訴局及同類的保險業機構；
- 法例要求或許可的政府機關。

為了確保您的個人資料之準確性，您同意授權本公司查閱並核實任何由保險業界內保險公司聯會所收集有關您的個人資料。

根據有關法例及規例，您有權查閱及更正本公司所持的任何載有您的個人資料之記錄。如您欲行使以上權利，可以書面形式投寄至香港太古城英皇道1111號太古城中心第一期9樓三井住友海上火災保險（香港）有限公司，通知本公司的資料保護主任。

如您對此個人資料收集聲明有任何疑問或須協助，請致電(852) 3122 6922與我們聯絡。

申請人代表所有受保人簽署

日期 ____ 日 ____ 月 ____ 年