



新鴻基地產成員
Member of Sun Hung Kai Properties

個人意外保險申請書
Personal Accident Insurance Application Form

Return Form By By Email 電郵 : cs-shkpi@shkp.com (accept Credit Card Payment only 只接受信用卡付款)
遞交申請書 By Post 郵寄 : Room 2305-16, Sun Hung Kai Centre, 30 Harbour Road, Wanchai, H.K. 香港灣仔港灣道 30 號新鴻基中心 23 樓 2305-16 室

FOR EMAIL APPLICATION, DO NOT SEND THE ORIGINAL SIGNED FORM BY POST IN ORDER TO AVOID DUPLICATION.
凡以電郵申請，請勿將此正本表格寄回，以免重複。

Receive Policy & Official Receipt By 收取保單及正式收據: By Email 電郵 By Post 郵寄

Part I Insured's Personal Information 投保人個人資料

Please use Block Letters (請用英文正楷填寫)

Name of Insured 投保人姓名 HKID Card No. 香港身份證號碼 Gender 性別 Correspondence Address 通訊地址 Contact Telephone No. 聯絡電話 Email Address 電郵地址 Insured's SHKP Club Membership No. (if applicable)* 投保人新地會會員編號 (如適用)*	Surname 姓	Given Name 名	
	Please Provide First 4 Characters 請提供頭 4 位字元 (e.g. A1234)		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	Flat 單位	Floor 層	Block 座
	Building / Estate Name 大廈 / 屋苑名稱		
	Street No. and Name 街道號數及名稱		
	District 地區		
	Territory 區域 Hong Kong / Kowloon / New Territories 香港/九龍/新界		
	Mobile 流動電話/	Home 住宅/	Office 辦公室/
	@		
Ordinary Member 普通會員		Star Member 星級會員	

Part II Insured Person's Information 受保人資料

(1) Insured 受保人	
Name 姓名	Same as above 同上
Are you a Hong Kong resident?	閣下是否香港居民? Yes 是 / No 否
Date of Birth 出生日期	Day 日 / Month 月 / Year 年
Occupation 行業	
Beneficiary 受益人	Surname 姓 Given Name 名
Sum Insured 投保額	Death and Permanent Disablement 死亡及永久傷殘 <input type="checkbox"/> HK\$1,000,000 <input type="checkbox"/> HK\$500,000
Period of Insurance 投保日期	One year from 一年由
(2) Insured's Spouse 受保人配偶	
Name 姓名	Surname 姓 Given Name 名
HKID Card No. 香港身份證號碼	Please Provide First 4 Characters 請提供頭 4 位字元 (e.g. A1234)
Are you a Hong Kong resident?	閣下是否香港居民? Yes 是 / No 否
Date of Birth 出生日期	Day 日 / Month 月 / Year 年
Occupation 行業	
Beneficiary 受益人	Surname 姓 Given Name 名
Sum Insured 投保額	Death and Permanent Disablement 死亡及永久傷殘 <input type="checkbox"/> HK\$1,000,000 <input type="checkbox"/> HK\$500,000
Period of Insurance 投保日期	One year from 一年由
(3) Insured's Child 投保人子女	
Name 姓名	Surname 姓 Given Name 名
HKID Card No. 香港身份證號碼	Please Provide First 4 Characters 請提供頭 4 位字元 (e.g. A1234)
Are you a Hong Kong resident?	閣下是否香港居民? Yes 是 / No 否
Date of Birth 出生日期	Day 日 / Month 月 / Year 年
Occupation 行業	
Beneficiary 受益人	Surname 姓 Given Name 名
Sum Insured 投保額	Death and Permanent Disablement 死亡及永久傷殘 <input type="checkbox"/> HK\$1,000,000 <input type="checkbox"/> HK\$500,000
Period of Insurance 投保日期	One year from 一年由
Grand Total Premium 保費合計	HK\$港幣 _____ (Include levy 已包括徵費)



- * Children of age 16 to 20 are eligible for Sum Insured HK\$500,000 only
子女年齡介於 16 至 20 歲，只可選擇投保額 HK\$500,000。
- * The minimum premium of the policy is HK\$400.00. This sum is non-refundable even if the policy is subsequently cancelled.
本保單的最低收費為港幣 400 元。倘若投保人於保單屆滿前退保，此收費將不獲退還。

Part III Payment Instruction and Authorization 付款指示及授權書

- Cheque 支票 (Payable to "Sun Hung Kai Properties Insurance Limited" 收款人請寫新鴻基地產保險有限公司)
- Credit Card 信用卡 (Please fill in the following details. 請填妥以下資料)
- VISA MasterCard

I hereby authorize Sun Hung Kai Properties Insurance Limited to charge my credit card account below for the above Personal Accident Insurance annual premium payment. 本人授權新鴻基地產保險有限公司從本人下述之信用卡賬戶支取個人意外保險全年保費。

Credit Card Number 信用卡號碼: - -

Expiry Date 有效日期: / M M / Y Y Y Y

Name of Cardholder 信用卡持卡人姓名: _____ Signature of Cardholder 信用卡持卡人簽署: _____

Part IV Declaration 聲明

I declare that I am now in good health and free from any physical or mental impairment or deformity. I have never been refused or rated for any health insurance in the past. I declare that the statements made are true and I agree to give notice to the Company of any variation in my profession or occupation and health. I understand and agree that this declaration will form part of the insurance contract that will be issued by Sun Hung Kai Properties Insurance Ltd.
本人聲明本人現在之身體狀況良好，並無任何殘缺，過往亦未有出現被婉拒任何人壽醫療等保險的申請。
本人聲明在此申請書內填報的資料乃確實，並同意將會通知保險公司有關本人職業或身體狀況之轉變。本人明白及同意此申請書乃作為本人與新鴻基地產保險有限公司合約的基礎。

Signature of Insured 投保人簽署 _____

Date 日期 _____

The liability of the Company does not commence until the Proposal has been accepted by the Company and the Premium paid.
有關保險須在本保險公司接受此投保書及呈交保費後才生效。

Personal Information Collection Statement

Your personal data provided to the Company will be protected but may be used to underwrite contracts of insurance and may be disclosed or transferred to any member of the group of companies to which the Company belongs for the purpose of promoting or offering their products and services; to the employees of such companies who are designated in carrying out insurance business and to any agent and/or sub-contractor and/or claims adjusters who provides administrative, telecommunications, computer or other services to the Company in connection with the operation of its business. You have the right to request access to and the correction of any of your personal data. Any such request may be made in writing with 7-days advance notice to the Company's Data Privacy Officer at its office situated at Rooms 2305-16, Sun Hung Kai Centre, 30 Harbour Road, Wanchai, Hong Kong (Tel. 2827 8111 and Fax. 2827 0622).

收集個人資料聲明

閣下提供之個人資料，將予保密，並用作評估投保申請，及可能披露或轉送與本公司之集團成員公司、本公司之僱員、經紀及索償調查公司以提供保險服務，如銷後服務、設計及推廣本公司的產品及服務時，須與閣下保持聯絡。閣下有權要求查閱本公司所保存有關閣下之個人資料，並要求將之改正。有關之要求可於七天前以書面提出並寄交：香港灣仔港灣道 30 號新鴻基中心 2305-16 室新鴻基地產保險有限公司保障資料私隱主任。(電話:2827 8111 傳真:2827 0622)

Premium Levy

From 1 January 2018, the Insurance Authority will start collecting a premium levy from policy holders through insurance companies in accordance with the law at applicable rate. All policy holders of new/ renewal and in-force policies must pay the levy along with their premium payment. For general information relating to the applicable levy rates, please visit our website www.shkpi.com.hk.

保費徵費

保險業監管局(保監局)將由 2018 年 1 月 1 日起，按照法例透過保險公司向投保人收取保費徵費。所有新造/續保及現行有效的保單，其保單持有人必須在繳付保費時同時繳付保費徵費。有關徵費率詳情，請瀏覽本公司網站 www.shkpi.com.hk

CUSTOMER SERVICES TEL. 客戶服務電話: 2828 7886