



# 中國交銀保險有限公司

## CHINA BOCOM INSURANCE CO., LTD.

香港灣仔告士打道 231-235 號交通銀行大廈 16 樓 電話 Tel (852) 2591 2938 傳真 Fax : (852) 2831 9192  
16/F., Bank of Communications Tower, 231-235 Gloucester Road, Wan Chai, Hong Kong.



ISO 9001 : 2000  
Certificate No. 202608

### 人 身 意 外 綜 合 保 險 投 保 書

#### COMPREHENSIVE PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

#### 投保人資料 PROPOSER INFORMATION

投保人  
Proposer : \_\_\_\_\_ 聯絡電話  
Contact Tel. No. \_\_\_\_\_  
通訊地址  
Mailing Address: \_\_\_\_\_

#### 被保人資料 INSURED PERSON INFORMATION

被保人姓名  
Name of Insured Person : \_\_\_\_\_ 性別  
Sex : \_\_\_\_\_ 出生日期 (日 / 月 / 年)  
Date of Birth (dd/mm/yy) : \_\_\_\_\_  
職業  
Occupation : \_\_\_\_\_ 職業類別  
Class: \_\_\_\_\_ 香港身份證/護照號碼  
HKID / Passport No. : \_\_\_\_\_  
受益人  
Beneficiary : \_\_\_\_\_ 與投保人關係  
Relationship with Proposer : \_\_\_\_\_  
回鄉卡號碼 (只須在投保中國意外急救醫療卡填寫) China Re-entry Card No. (For Application of China Accidental Emergency Medical Card Only) : \_\_\_\_\_

#### 只須在投保其他家庭成員填寫 FILL IN BELOW INFORMATION FOR INSURED FAMILY

被保人配偶 姓名  
Insured Person's Spouse : \_\_\_\_\_ 性別  
Sex : \_\_\_\_\_ 出生日期 (日 / 月 / 年)  
Date of Birth (dd/mm/yy) : \_\_\_\_\_  
職業  
Occupation : \_\_\_\_\_ 職業類別  
Class: \_\_\_\_\_ 香港身份證/護照號碼  
HKID / Passport No. : \_\_\_\_\_  
受益人  
Beneficiary : \_\_\_\_\_ 回鄉卡號碼  
China Re-entry Card No. : \_\_\_\_\_  
(只須在投保中國意外急救醫療卡填寫)  
(For Application of China Medical Card Only)

被保人子女姓名 Insured Person's Children	性別 Sex	出生日期 Date of Birth	香港身份證/護照號碼 HKID / Passport No.	受益人 Beneficiary	*回鄉卡號碼 * China Re-entry Card No.

\* 回鄉卡號碼 (只須在投保中國意外急救醫療卡填寫) China Re-entry Card No. (For Application of China Accidental Emergency Medical Card Only)

保 險 期 12 月 由 \_\_\_\_\_ 日 \_\_\_\_\_ 月 \_\_\_\_\_ 年 至 \_\_\_\_\_ 日 \_\_\_\_\_ 月 \_\_\_\_\_ 年  
Period of Insurance : 12 Months From \_\_\_\_\_ D \_\_\_\_\_ M \_\_\_\_\_ Y To \_\_\_\_\_ D \_\_\_\_\_ M \_\_\_\_\_ Y

#### 投保人須知 IMPORTANT NOTES TO PROPOSER

為了提供此項和其他保險服務予投保人, 及知會投保人本公司之最新發展, 本公司現收集並可能轉傳投保人資料予其他有關團體。投保人有權向本公司查閱及要求更正資料。  
To enable us to provide this and other insurance services, as well as to keep you informed of our new development, your personal data is collected and may be transferred to other relevant parties. Request to access or correct the data can be made to us now or in the future.

#### 聲 明 DECLARATION

- 本人/我們謹此聲明, 根據本人/我們所知及所信, 上述所有資料均屬實無訛且事實之全部, 並所有能影響是項申請評估的事實因素均已呈報。  
I/We declare that the information given above is true and complete to the best of my/our knowledge and belief. I/We further declare that all materials affecting the assessment of this application have been disclosed.
- 本人/我們謹此聲明, 被保人或其投保配偶職業必須符合列在本投保書的職業類別 1 或 2。  
I/We declare that all the Insured Person(s) are within the occupation class 1 or 2 as specifically stated in this proposal form.
- 本人/我們謹此聲明, 所有投保人現在身體健康良好, 並無任何殘廢或缺陷。  
I/We declare that all the Insured Person(s) are now in good health and free from physical impairment or deformity.
- 本人/我們謹此聲明, 所有投保人過去未曾於申請任何個人意外保險計劃時被拒絕或要求附加任何條件。所有投保人於過去三年內, 未曾就任何個人意外保險計劃提出索償申請。  
I/We declare that all the Insured Person(s) have never been refused and/or required special terms for any personal accident. All the Insured Person(s) have not made any claims under personal accident insurance within the past three years.
- 本人 / 我們明白本投保書被中國交銀保險有限公司接受後, 保障才正式生效及同意該投保書和聲明將被用作雙方合約之根據。  
I / We understand that this application will not become effective until this proposal has been accepted by CHINA BOCOM INSURANCE CO., LTD. ("CBINS") and agree that this Proposal and Declaration shall be the basis of the contract between me / us and CCINS.

投保人簽署  
Signature of Proposer : \_\_\_\_\_

日期  
Date : \_\_\_\_\_  
(日 dd / 月 mm / 年 yy)



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### 承保表

#### SCHEDULE OF BENEFITS

項目 ITEM	承保範圍 COVERAGE	最高保障金額 MAX. COVERAGE LIMIT (港幣 HKD)		
		A	B	C
1	乘搭公共交通工具/私家車時意外死亡或永久完全傷殘 Personal Accident Whilst in Public Common Carrier or Private Car Causing Death or Total Permanent Disablement	\$1,000,000	\$2,000,000	\$3,000,000
2	其他意外死亡或永久完全傷殘 Other Accidents Causing Death or Total Permanent Disablement	\$500,000	\$1,000,000	\$2,000,000
3	意外醫療費用 (門診每天一次最高賠償額 HK\$150) Accidental Medical Expense (Outpatient Limit \$150 /visit/day)	\$15,000	\$30,000	\$50,000
4	跌打及針灸醫療費用 (每天一次最高賠償額 HK\$100) Accidental Bone setting & Acupuncture Medical Expense (Limit \$100/visit/day)	\$2,000	\$3,000	\$4,000
5	嚴重燒傷 Major Burn Injury	\$150,000	\$300,000	\$500,000
6	住院現金保障, 最長可 每週 Per Week 達 52 週 Weekly Hospital Cash (Max. 52 weeks)	\$500 最高賠償 Max Amt \$26,000	\$1,000 \$52,000	\$1,500 \$78,000
7	恩恤現金 Compassionate Death Cash	\$5,000	\$8,000	\$10,000
8	二十四小時全球緊急支援轉介服務 24 Hour Worldwide Emergency Assistance Referral Services	轉院服務費用可從項目 3 - 意外醫療費用中扣除 Emergency Evacuation Expenses can be deducted from Item 3		

- 基本保障 : 保障包括承保表項目 1 至 2  
Basic Plan Coverage Including Item Nos. 1 and 2 under Schedule of Benefits
- 優越保障 : 保障包括承保表項目 1 至 8  
Supreme Plan Coverage Including Item Nos. 1 to 8 under Schedule of Benefits

### 保費表

#### PREMIUM TABLE

職業 Occupation	個人計劃 INSURED			個人計劃 INSURED		
	1			2		
保障金額 Coverage Limit	A	B	C	A	B	C
基本保障 Basic Plan	<input type="checkbox"/> \$ 400	<input type="checkbox"/> \$ 700	<input type="checkbox"/> \$1,300	<input type="checkbox"/> \$ 600	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,900
優越保障 Supreme Plan	<input type="checkbox"/> \$ 800	<input type="checkbox"/> \$1,400	<input type="checkbox"/> \$2,600	<input type="checkbox"/> \$1,100	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,800

職業 Occupation	家庭計劃 FAMILY PLAN			家庭計劃 FAMILY PLAN		
	1			2		
保障金額 Coverage Limit	A	B	C	A	B	C
基本保障 Basic Plan	<input type="checkbox"/> \$ 750	<input type="checkbox"/> \$1,300	<input type="checkbox"/> \$2,400	<input type="checkbox"/> \$ 950	<input type="checkbox"/> \$1,600	<input type="checkbox"/> \$3,000
優越保障 Supreme Plan	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,600	<input type="checkbox"/> \$4,800	<input type="checkbox"/> \$1,800	<input type="checkbox"/> \$3,200	<input type="checkbox"/> \$6,000

其他自選附加保障 Other Optional Cover	最低保費 Min. Premium	
中國意外急救醫療保險 - 全中國卡 China Accidental Emergency Medical Ins - Whole China	\$510	每人計 Each
中國意外急救醫療保險 - 廣東卡 China Accidental Emergency Medical Ins - Guangdong Province	\$298	每人計 Each
個人第三者責任 Personal Liability Insurance	\$300	

全年總保費 Total Annual Premium :	
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