

健康狀況申報表 - 只適用於 [摯安心意外保障計劃] HEALTH DECLARATION - FOR ACCIDENT CARE PROTECTION PLAN ONLY

(準)受保人姓名 Name of (Proposed) Insured	(準)保單持有人姓名 Name of (Proposed) Policyholder	要保書/保單編號 Application/Policy No.
保險中介人姓名 Insurance Intermediary's Name	保險中介人註冊編號 Insurance Intermediary's Registration Code	分行/中介人編號 Branch/ Intermediary's Code

以下健康問題可代替「人壽保險要保書」內「第六部份的健康問題 1-7 及 11-12」。由(準)保單持有人就(準)受保人之情況作答(若與準受保人不同)。The following health questions can replace health questions 1 – 7 and 11-12 in Section VI of Life Insurance Application Form. To be completed by (Proposed) Policyholder on the conditions of (Proposed) Insured (if different from (Proposed) Insured).

(準)受保人身高 (Proposed) Insured's Height	公分 cm	(準)受保人體重 (Proposed) Insured's Weight	公斤 kg
1	閣下目前是否定期接受或需定期接受藥物治療？或在過去 5 年，閣下曾否因任何原因而需接受或被要求接受超過連續 10 天的藥物治療？ Do you take or need to take any medicines on a regular daily basis or have you in the last 5 years taken or been required to take any medicine for more than 10 days consecutively for any reason?		<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
2	在過去 5 年，閣下曾否入住醫院超過連續 5 天？或在過去 5 年，閣下曾否在 1 年內因 2 個或以上相同或有關連的原因入住醫院？ Have you in the last 5 years been admitted to a hospital for more than 5 days consecutively? Or have you been admitted on two or more occasions within one year for the same or a related cause?		<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3	在過去 3 個月內，閣下曾否因任何原因或理由而需接受診治、醫療檢查、任何指定的醫治療程，或被勸喻/考慮接受任何診治、檢查、治療？ Have you in the last 3 months had any medical consultation, taken any medical tests, taken any prescribed medical treatment or been advised to have such consultation, tests or treatment for any reason or are considering to have any medical consultation or tests for any reason?		<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
4	婦女適用 FEMALE ONLY 閣下現在是否懷孕？ Are you pregnant now?		<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

若上方任何問題答案為「是」，請註明題號，詳述主診醫生/醫院名稱及地址、患病/受傷日期、患病/受傷持續時間、發病次數及病情、診斷結果、曾接受的治療、檢查種類及其結果、最後覆診日期及康復情度等。For any answer to the above questions is "yes", please indicate the question number and provide details including name and address of Attending Doctor/Hospital, dates of illness/injury, duration, number of attacks, severity of illness / injury, diagnosis, type of treatment or investigation received and their results, last follow-up date and degree of recovery etc.

個人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT

本人/我們確認已閱讀及明白「中國人壽保險(海外)股份有限公司」的收集個人資料聲明。有關最新版本的收集個人資料聲明，可於 www.chinalife.com.hk 下載或向中國人壽保險(海外)股份有限公司索取。I/We confirm that I/we have read and understood Personal Information Collection Statement ("PICS") of China Life Insurance (Overseas) Company Limited. For the latest version of PICS, it can be downloaded from www.chinalife.com.hk or is made available upon request.

聲明 DECLARATIONS

本人/我們謹此聲明，本人/我們所作以上陳述為事實之全部，並同意該等陳述將作為本人/我們致中國人壽保險(海外)股份有限公司的上述要保書一部份。如有任何不正確或虛報資料，繕發之保單將根據貴公司的選擇而無效或可使無效。

I/We declare that the above statements are full, complete and true, and agree that they shall form part of my/our application above mentioned to China Life Insurance (Overseas) Company Limited and that any untrue or inaccurate statement shall render the policy issued may be void or voidable at the option of the Company.

保險中介人簽署
Insurance Intermediary's Signature

(準)保單持有人簽署
Proposed Policyholder's Signature

(準)受保人簽署 (若年齡在 18 歲或以上)
Proposed Insured's Signature (If age 18 or above)

年 Year / 月 Month / 日 Day

