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要保補充陳述書 - 簡易健康問卷(適用於儲蓄型產品)
SUPPLEMENTARY INFORMATION FORM – SIMPLIFIED HEALTH QUESTIONNAIRE (APPLICABLE TO SAVING PLAN)

(準)保單持有人姓名 Name of (Proposed) Policyholder	(準)受保人姓名 Name of (Proposed) Insured	要保書/保單號碼 Application/Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

保險中介人資料 INSURANCE INTERMEDIARY INFORMATION

保險中介人姓名 Name of Insurance Intermediary	
<input type="text"/>	
保險中介人編號 Insurance Intermediary's Code	聯絡電話 Contact No.
<input type="text"/>	<input type="text"/>

補充陳述資料 SUPPLEMENTARY INFORMATION

本人/我們謹此聲明及同意自簽署要保書當日至今，本人/我們的職業不變，及要保書上的所有答案至今真實及正確。I/WE HEREBY DECLARE AND AGREE that there has been no change in my/our occupation from the date of signing of the Application Form and all my/our answers as provided in the Application Form remain true and correct.

關於(準)受保人之問題 Questions Concerning (Proposed) Insured		答案 Answer
1.	閣下曾否患有癌症、心臟病、中風、腦血管疾病、腦腫瘤、思覺失調、失智、糖尿病併發症、腎功能衰竭、肝硬化、慢性阻塞性肺病、系統性紅斑狼瘡、再生不良性貧血、愛滋病毒感染/愛滋病或器官移植? Have you ever had or been diagnosed with cancer, heart disease, stroke, neurological disease, brain tumor, psychosis, dementia, diabetic complications, kidney failure, liver cirrhosis, chronic obstructive pulmonary disease, systemic lupus erythematosus, aplastic anemia, HIV/AIDS, or organ transplant?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
2.	閣下目前是否正在住院或閣下曾否於過去 3 年內連續住院 6 日以上? Are you currently hospitalized or have you been hospitalized for more than 6 consecutive days in the past 3 years?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3.	閣下曾否被建議在未來 6 個月內需要住院或接受醫療檢查? Have you been advised that you will need to be hospitalized or have any investigation(s) in the next 6 months?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
4.	閣下在過去投保或申請復效人壽、危疾、意外或醫療保險時，曾否被拒絕或延期？如有，請填寫原因、投保公司名稱、投保日期及保單號碼。 Has any application for or reinstatement of life, critical illness, accident or medical insurance on you been declined or postponed? If Yes, please provide the reason, name of insurance company, application date and policy number.	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No



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詳情補充 Supplementary Details

若答案為「是」，請在此欄提供詳細資料並註明所屬題號。如下列空位不夠使用，請填寫「要保補充陳述書」。如閣下曾進行身體檢查、化驗或入院接受治療，請提供相關之覆診預約紙、身體檢查及化驗報告之副本作參考。

If any answer is Yes or any supplementary information is needed, please give full particulars below and quote the relevant question number. If space given is insufficient, please complete a "Supplementary Information Form". Please provide copies of appointment slip and investigation reports for review if there are any physical check-up, laboratory test or hospitalization history.

題號 Question No.	詳情 Details 包括患病/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、最後覆診日期等 Including 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, etc.	康復程度 (如適用) Degree of Recovery (If applicable)	主診醫生/醫院名稱及地址 (如適用) Name & Address of Attending Doctor/Hospital (If applicable)

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，續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 年歲或以上)
 (Proposed) Insured's Signature (If age 18 or above)

本陳述書簽署於 _____ / _____ / _____ (年 Year/月 Month/日 Day)