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多謝你對有關保險產品的支持。

For more information, please feel free to contact us
如欲瞭解更多詳情，歡迎隨時與我們聯絡：



Customer Service Hotline

客戶服務熱線

8209 0098

(Monday to Saturday 9:00 am - 8:00 pm, except Public Holidays)

星期一至六上午九時至晚上八時，公眾假期除外)



cs.hktcare@pccw.com

Remarks

HKT Financial Services (IA) Limited ("HKTIA") is a wholly owned subsidiary of HKT Limited (HKT Limited is a company incorporated in the Cayman Islands with limited liability), arranging for a wide range of life insurance and general insurance products under the brand of HKT Care. HKTIA is a licensed insurance agency in Hong Kong and regulated by the Insurance Authority of Hong Kong (Licensed insurance Agency License No. FA2474). HKTIA is an appointed licensed insurance agent of FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability), FWD General Insurance Company Limited and Chubb Insurance Hong Kong Limited.

備註

HKT Financial Services (IA) Limited (「HKTIA」) 為香港電訊有限公司 (香港電訊有限公司是一家於開曼群島註冊成立的有限公司) 旗下的全資附屬公司，以 HKT Care 品牌安排多元化的人壽保險及一般保險產品。HKTIA 為香港的持牌保險代理機構並受香港之保險業監管局監管 (持牌保險代理牌照號碼：FA2474)。HKTIA 獲富衛人壽保險(百慕達)有限公司 (於百慕達註冊成立之有限公司)、富衛保險有限公司及安達保險有限公司委任為持牌保險代理人。

Critical IllnessCare Insurance Plan

摯衛您危疾保險計劃



Critical IllnessCare Insurance Plan Product Highlights

擊衛您危疾保險計劃產品特點



Flexibility to suit your personal needs

This plan provides a different choices of Sum Insured, ranging from HK\$200,000 to HK\$1,000,000. You have the flexibility to decide the amount to suit your needs and budget.

切合您個人的需要

本計劃可選擇由200,000港元至1,000,000港元不等的投保額。您可以根據自己的需要和預算，靈活地決定投保額。

Guaranteed premium for 5 years

Just paying around HK\$40* a month, you can enjoy a yearly cover of sum insured of HK\$200,000 to protect against the benefits offered by this Critical IllnessCare Insurance Plan. Your premium is based on your age, gender, smoking habits and sum insured you choose. If the sum insured and smoking habits remain unchanged, your premium will be guaranteed for five years after your enrolment. It will then be adjusted in line with your age at renewal at the prevailing premium rates after every five-year period at renewal.

(*aged 30 male with non-smoking habit with monthly payment mode when the Policy is effective, for reference only)

保費保證五年不變

每月只需支付約40港元*保費，您便享有本擊衛您危疾保險計劃提供的每年20萬港元投保額。您的保費是根據年齡、性別、吸煙習慣和投保額而釐定。若投保額和吸煙習慣維持不變，保費將保證參加計劃後五年不變。其後則在每五年續保時，根據當時的年齡及保費率進行調整。

(*此為30歲非吸煙成年男士以按月付款方式並在保單仍然生效時作為參考)

Yearly renewable up to age 80

Regardless of any eventual changes to your health or claim history, your policy will be renewable[^] until the age of 80 of the insured person.

([^]The policy will be effective for a period of one year. Unless as otherwise stated in the policy provisions, the Company reserves the right to renew the Policy and the right to revise the benefits, premiums, terms and conditions, and to make changes to this Policy upon renewal at its sole discretion)

每年續保至80歲

無論您的健康或理賠記錄有任何重大轉變，您的保單可續保[^]至受保人80歲。

([^]本保單的保障期為一年。除本保單另有規定，本公司保留對本保單續保及於續保時修改保障、保費、條款及細則，以及對本保單作出更改的權利。)

Simple and convenient to apply

This Plan follows a simple application process. By simply answering few questions in addition to personal information, you will get the application result immediately. Saving you from going through a complicated underwriting process or submission of medical report at the time of application!

申請簡單方便

本計劃採用了簡單的申請流程。除了必須的個人資料外，您只需另外回答幾條問題，即可獲知申請結果。免除您於申請時需要經過繁複的核保過程或提交醫療報告書！

Major Exclusions

This Plan shall not cover any loss / claim directly or indirectly caused by or resulting from any of the following:

1. the First Symptoms appear or the condition occurs or the diagnosis or surgery relating to the relevant Disease occurs within the first ninety (90) days from the date when the coverage under this Policy first commence since the Application of this Policy;
2. the Insured Person's Diseases, illness or injury is a Pre-existing Condition or results from the complications of a Pre-existing Condition;
3. birth defects, genetic disorders, Congenital Conditions, or inherited disorders of the Insured Person;
4. Human Immunodeficiency Virus (HIV) related illness, including Acquired Immunization Deficiency Syndrome (AIDS) and / or any mutations, derivations or variations thereof, which is derived from an HIV infection;
5. attempted suicide or self-inflicted injuries while sane or insane, or under any condition caused by chronic alcoholism or drug addiction;
6. the Insured Person's participation in any criminal offence or illegal acts;
7. as a direct or indirect result of war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, riot, strike, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, terrorist act, nuclear reactions, nuclear radiation, nuclear contamination, biological contamination or chemical contamination.

主要不保事項

本計劃不承保以下任何直接或間接造成的任何損失或索賠：

1. 在保單首次生效日起首九十(90)天內出現相關疾病之首次徵狀、狀況及進行與相關疾病有關的診斷或手術；
2. 受保人的疾病或傷病是受保前已存在之傷病，或是由受保前已存在之傷病的併發症導致；
3. 受保人的出生缺陷、遺傳異常、先天性疾病或遺傳疾病；
4. 人類免疫力缺乏病毒 (HIV) 相關疾病，包括 HIV 感染產生的愛滋病及／或相關突變、衍生或變種；
5. 在精神正常或不正常、或慢性酒精中毒或毒癮造成的任何情況下企圖自殺或自殘；
6. 受保人參與任何刑事犯罪或違法行為；
7. 戰爭、入侵、外敵的作為、敵對行為或類似於戰爭的行動（無論是否已宣戰）、內戰、叛亂、革命、反叛、暴亂、罷工、構成起義的內亂、軍事或篡權行為、恐怖主義行為、核反應、核輻射、核污染、生物污染或化學污染直接或間接造成。

Important Notes

1. All insured person must be a Hong Kong resident with a valid HKID card.
2. Age limit from 15 days to 59 (annual renewable up to 80).
3. A child under age 18 years old must be applied by one of the parent as the Applicant.
4. If the Insured Person is covered by more than one (1) Policies of Critical IllnessCare Insurance Plan with the Company, the Company's liability in respect of that Insured Person is limited to the maximum benefits payable under one of the Policies which provides the highest amount of benefit; or if the benefit amount is the same under each Policy, the Insured Person will be deemed to be insured only under the Policy which was issued by the Company first. The other Policies shall be deemed void from the Commencement Date and any premium paid and insurance levy paid (if applicable) shall be refunded without interest to the Policyholder.
5. The Company has the final decision on the acceptance of this application and the insurance coverage. In case of any disputes, the decision of the Company shall be final.
6. The policyholder may cancel the policy by sending a written request to FWD. If no claims have been paid or will be payable under the policy during the relevant policy period, FWD will refund a proportionate amount of annual premium paid less an administration charge. If premium is paid by monthly installment no premium will be refunded and an administration charge will be payable by the policyholder. Please refer to the policy provisions for details.
7. Critical IllnessCare Insurance Plan is a critical illness plan underwritten and issued by FWD General Insurance Company Limited (the "Company"). The Company accepts full responsibility for the accuracy of the information contained in this product material. This product material is intended to be distributed in the Hong Kong Special Administrative Region ("Hong Kong") only and shall not be construed as an offer to sell, a solicitation to buy or the provision of any insurance products of the Company outside Hong Kong. All selling and application procedures must be conducted and completed in Hong Kong.

重要事項

1. 受保人必須為香港居民並持有有效香港身份證。
2. 受保年齡限制由15日至59歲(可每年續保至80歲)。
3. 未滿18歲的子女必須由父或母作為申請人。
4. 若受保人在本公司擁有不止一(1)份擊衛您危疾保險計劃，則本公司對受保人的責任僅限於其中一張提供最高投保額的保單；若每張保單均屬相同投保額，則以最早於本公司簽發的保單為準。其他保單將自各保單生效日起被視為無效，所有已支付的任何保費連同保費徵費(若適用)將不附帶利息獲退還給保單持有人。
5. 本公司對於接受申請與否及所提供之保障擁有最終決定權。如有任何爭議，概以本公司最終決定為準。
6. 保單持有人可向富衛作出書面申請取消保單。如在相關保障期內沒有作出任何賠償，富衛將退還一定比例的年度保費(扣除行政費用後)。如以月繳形式繳付保費，則不會退還任何已繳保費及保單持有人將需要支付行政費用。詳情請參閱保單條款。
7. 擊衛您危疾保險計劃是由富衛保險有限公司(本公司)承保和簽發的一項危疾保險產品。本公司對本產品所載資料的準確性承擔一切責任。本產品資料只在香港特別行政區派發，並不能詮釋為在香港特別行政區境外出售，遊說購買或提供本公司的保險產品。本計劃的銷售及申請程序必須在香港特別行政區境內進行及完成手續。

The product information does not contain the full terms of the policy and the full terms can be found in the policy document.

本小冊子並未包含所有保單條款。保單條款可於保單文件中查看。

Eligibility 申請資格	
Issue Age 投保年齡	15 days - 59 (age at last birthday) 15日至59歲 (對上一次的生日年齡)
Benefit Term 保障年期	Yearly renewal up to aged 80 每年續保至80歲
Premium Payment Mode 保費繳付方式	Annually / Monthly 年繳 / 月繳
Currency 保單貨幣	HK\$ 港元
Residence 居住地	Hong Kong 香港

Summary of Benefits 保障範圍	
1	<p>Crisis Benefit for below covered crisis 危疾保障於以下所列之危疾 (Benefit payable : 100% of current sum insured 賠償額：現有投保額之100%)</p> <p>1.1 Cancer 癌症</p> <p>1.2 Heart Attack 急性心肌梗塞</p> <p>1.3 Stroke 中風</p>
2	<p>Special Disease Benefit for below covered special disease 特別疾病保障於以下所列之特別疾病 (Benefit payable : 30% of initial sum insured 賠償額：原有投保額之30%)</p> <p>2.1 Carcinoma-in-situ of Specific Organs 特定器官之原位癌</p> <p>(1) Breast 乳房；</p> <p>(2) Colon and rectum 結腸及直腸；</p> <p>(3) Liver 肝；</p> <p>(4) Lung 肺；</p> <p>(5) Nasopharynx 鼻咽；</p> <p>(6) Ovary and/or fallopian tube 卵巢及/或輸卵管；</p> <p>(7) Pancreas 胰臟；</p> <p>(8) Penis 陰莖；</p> <p>(9) Stomach and esophagus 胃及食道；</p> <p>(10) Testis 睪丸；</p> <p>(11) Urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary carcinoma is included 泌尿道(而膀胱原位癌是指包括患有Ta級別的膀胱乳頭狀癌)；</p> <p>(12) Uterus or cervix uteri 子宮或子宮頸；</p> <p>(13) Vagina 陰道；</p> <p>2.2 Early Stage Malignancy of Specific Organs 特定器官之早期癌症</p> <p>(14) Thyroid 甲狀腺；</p> <p>(15) Prostate 前列腺；</p> <p>(16) Chronic lymphocytic leukaemia 慢性淋巴性白血病；</p> <p>(17) Non melanoma skin cancer 非黑色素瘤皮膚癌。</p>

Total Maximum Benefit Payable 最高賠償總額	
100% of sum insured 投保額之100%	

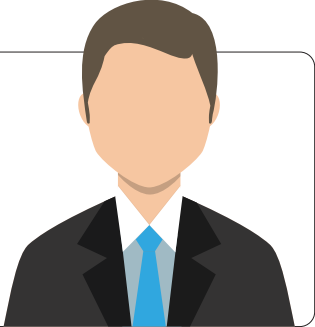
Note: Crisis Benefit and Special Disease Benefit can only be paid once while this Policy is in force and are payable according to the Policy Provisions. Current sum insured means the Initial Sum Insured, less any benefits paid under Special Disease Benefit. Any outstanding premium and insurance levy will be deducted from the benefit payable. Please refer to the Policy Provisions for complete explanation of the terms and conditions. Please also refer to the "Appendix 1: Definition of Crisis" and "Appendix 2: Definition of Special Disease" in the Policy Provisions for the definition of covered Crises and covered Special Diseases.

註：危疾保障及特別疾病保障在保單生效期內依據保單條款只會支付一次。現有投保額指原有投保額減去特別疾病保障已支付的賠償。任何逾期未付的保費及保費徵費將從應付的賠償中扣除。有關條款和條件的完整說明，請參閱本保單。有關危疾保障及特別疾病保障的詳情，請參閱保單條款內“附錄一：危疾的定義”及“附錄二：特別疾病的定義”。

Illustration Examples

參考例子

(This case is for illustrative purpose only. 以下例子僅作參考之用。)

Policyholder & Insured Person: 保單持有人及受保人	Mr Li 李先生	
Last Birthday Age: 已屆年齡	30	
Occupation: 職業	Librarian 圖書館員	
Smoking Habit: 吸煙習慣	Non-smoker 非吸煙者	
Initial Sum Insured of the Plan: 本計劃的原有投保額	HK\$200,000 200,000 港元	

Premium Payment

If Mr Li chooses to pay on yearly payment mode, he needs to pay HK\$452 premium and required insurance levy per year in full.
(calculation method : HK\$200,000 / 100,000 x 226)

If Mr Li chooses to pay on monthly payment mode, he needs to pay HK\$40 premium and required insurance levy per month in full.
(calculation method : HK\$200,000 / 100,000 x 20)

Provided that there is no change in initial sum insured and smoking habit, the premium is guaranteed for a period of five years. For the above example, Mr Li who enrolls at age 30 will enjoy the same premium until he is at age 34. From the fifth policy renewal (i.e. 6th policy year), his premium will be re-calculated based on age 35 at the prevailing premium rates of the Plan at the time of renewal.

保費

若李先生選擇按年付款，他需要每年繳付全數452港元的保費和所需的保費徵費。
(計算方法：200,000港元 / 100,000 x 226)

若李先生選擇按月付款，他需要每月繳付全數40港元的保費和所需的保費徵費。
(計算方法：200,000港元 / 100,000 x 20)

在原有投保額及吸煙習慣不變下，保費保證每5年不變。就上述例子，李先生在30歲時投保的保費，將一直適用於續保至34歲。於第5個續保年（即第六個保單年度），他的保費將根據35歲時按照本計劃的現行保費率重新計算。

Benefit Payable

Crisis Benefit: 100% of current sum insured

Special Disease Benefit: 30% of initial sum insured

賠償額

危疾保障賠償額：現有投保額之100%

特別疾病保障賠償額：原有投保額之30%

Scenario 1 方案1

- Mr Li is unfortunately diagnosed with Carcinoma-in-situ of Liver during 2nd policy year and hence Special Disease Benefit is claimed, which is equal to 30% of the Initial Sum Insured (HK\$60,000).
李先生不幸地在第二個保單年度確診患上肝原位癌。因此，他可獲賠償特別疾病保障，即原有投保額的30% (60,000港元)。
- After the payment of Special Disease Benefit, this benefit is terminated. The Current Sum Insured will be reduced to HK\$140,000 and is applicable on Crisis Benefit on the remaining period during 2nd policy year and renewal afterwards.
特別疾病保障於賠償後便會終止。現有投保額將會於特別疾病保障賠償後被相應扣減至140,000港元，並適用在危疾保障於第二個保單年度的餘下之保障期及往後的續保年。
- Mr Li has renewed the policy in 3rd policy year. Unfortunately, he is diagnosed with Heart Attack. Crisis Benefit is claimed, which is equal to 100% Current Sum Insured (HK\$140,000).
李先生已續保第三個年度。不幸地，他被確診患上急性心肌梗塞。因此，他可獲賠償危疾保障，即現有投保額的100% (140,000 港元)。
- After the payment of Crisis Benefit, the Policy shall be terminated immediately and no further benefits shall be payable under this Policy.
危疾保障於賠償後，保單便會立即終止，且在此保單下並無應付的進一步賠償額。

Scenario 2 方案2

- Mr Li is diagnosed with Stroke during 2nd policy year and hence Crisis Benefit is claimed, which is equal to 100% of Current Sum Insured and 100% Initial Sum Insured (HK\$200,000).
李先生不幸地在第二個保單年度確診患上中風。因此，他可獲賠償危疾保障，即現有投保額及原有投保額的100% (200,000 港元)。
- After the payment of Crisis Benefit, the Policy shall be terminated immediately and no further benefits shall be payable under this Policy.
危疾保障於賠償後，保單便會立即終止，且在此保單下並無應付的進一步賠償額。

Critical IllnessCare Insurance Plan

擊衛您危疾保險計劃



Premium Details 保費詳情 Valid from 1 July 2020 自2020年7月1日起生效 (All figures in HK\$ 以港元計算)

Male 男士						Female 女士					
Non-smoker rates 非吸煙者保費率			Smoker rates 吸煙者保費率			Non-smoker rates 非吸煙者保費率			Smoker rates 吸煙者保費率		
Per \$100,000 of Sum Insured 以每十萬元投保額計算			Per \$100,000 of Sum Insured 以每十萬元投保額計算			Per \$100,000 of Sum Insured 以每十萬元投保額計算			Per \$100,000 of Sum Insured 以每十萬元投保額計算		
Last Birthday Age 已屆年齡	Annual Rates 年繳保費率	Monthly Rates 月繳保費率	Last Birthday Age 已屆年齡	Annual Rates 年繳保費率	Monthly Rates 月繳保費率	Last Birthday Age 已屆年齡	Annual Rates 年繳保費率	Monthly Rates 月繳保費率	Last Birthday Age 已屆年齡	Annual Rates 年繳保費率	Monthly Rates 月繳保費率
15 days日*	108	10	15 days日*	108	10	15 days日*	84	8	15 days日*	85	8
1	94	8	1	94	8	1	74	7	1	74	7
2	80	7	2	80	7	2	65	6	2	65	6
3	69	6	3	69	6	3	58	5	3	58	5
4	61	6	4	61	6	4	52	5	4	52	5
5	56	5	5	56	5	5	48	4	5	48	4
6	54	5	6	54	5	6	46	4	6	46	4
7	54	5	7	54	5	7	47	4	7	47	4
8	57	5	8	57	5	8	49	4	8	49	4
9	61	6	9	61	6	9	52	5	9	52	5
10	66	6	10	66	6	10	56	5	10	56	5
11	72	6	11	73	7	11	61	6	11	62	6
12	77	7	12	80	7	12	67	6	12	69	6
13	82	7	13	87	8	13	73	7	13	77	7
14	86	8	14	95	9	14	79	7	14	86	8
15	90	8	15	102	9	15	86	8	15	96	9
16	94	8	16	109	10	16	93	8	16	107	10
17	98	9	17	114	10	17	101	9	17	120	11
18	102	9	18	119	11	18	111	10	18	136	12
19	107	10	19	126	11	19	123	11	19	154	14
20	113	10	20	133	12	20	137	12	20	177	16
21	119	11	21	142	13	21	153	14	21	204	18
22	126	11	22	153	14	22	171	15	22	236	21
23	134	12	23	166	15	23	192	17	23	273	25
24	143	13	24	180	16	24	215	19	24	316	28
25	153	14	25	196	18	25	241	22	25	364	33
26	164	15	26	212	19	26	270	24	26	418	38
27	176	16	27	232	21	27	302	27	27	479	43
28	191	17	28	255	23	28	338	30	28	548	49
29	207	19	29	281	25	29	380	34	29	626	56
30	226	20	30	312	28	30	427	38	30	715	64
31	248	22	31	346	31	31	483	43	31	817	74
32	272	24	32	385	35	32	546	49	32	934	84
33	299	27	33	429	39	33	621	56	33	1,067	96
34	329	30	34	478	43	34	706	64	34	1,214	109
35	362	33	35	533	48	35	787	71	35	1,367	123
36	399	36	36	595	54	36	874	79	36	1,528	138
37	440	40	37	666	60	37	965	87	37	1,695	153
38	487	44	38	745	67	38	1,057	95	38	1,859	167
39	538	48	39	834	75	39	1,146	103	39	2,011	181
40	592	53	40	930	84	40	1,254	113	40	2,179	196
41	648	58	41	1,031	93	41	1,361	123	41	2,347	211
42	703	63	42	1,131	102	42	1,462	132	42	2,512	226
43	752	68	43	1,228	111	43	1,554	140	43	2,668	240
44	793	71	44	1,321	119	44	1,634	147	44	2,822	254
45	828	75	45	1,413	127	45	1,705	153	45	2,956	266
46	863	78	46	1,514	136	46	1,750	158	46	3,046	274
47	905	81	47	1,643	148	47	1,788	161	47	3,114	280
48	969	87	48	1,812	163	48	1,821	164	48	3,174	286
49	1,061	95	49	2,035	183	49	1,855	167	49	3,233	291
50	1,184	107	50	2,320	209	50	1,890	170	50	3,294	296
51	1,335	120	51	2,663	240	51	1,955	176	51	3,404	306
52	1,506	136	52	3,045	274	52	2,026	182	52	3,525	317
53	1,686	152	53	3,442	310	53	2,105	189	53	3,656	329
54	1,864	168	54	3,829	345	54	2,178	196	54	3,789	341
55	2,034	183	55	4,191	377	55	2,250	203	55	3,926	353
56	2,195	198	56	4,518	407	56	2,321	209	56	4,030	363
57	2,350	212	57	4,812	433	57	2,395	216	57	4,137	372
58	2,505	225	58	5,084	458	58	2,472	222	58	4,246	382
59	2,669	240	59	5,387	485	59	2,555	230	59	4,356	392
Below subscription rates are for renewal only 以下保費率只供續保之用											
60	2,857	257	60	5,732	516	60	2,641	238	60	4,461	401
61	3,084	278	61	6,151	554	61	2,728	246	61	4,623	416
62	3,370	303	62	6,680	601	62	2,808	253	62	4,779	430
63	3,731	336	63	7,327	659	63	2,879	259	63	4,911	442
64	4,170	375	64	8,093	728	64	2,940	265	64	5,017	452
65	4,687	422	65	8,973	808	65	3,070	276	65	5,242	472
66	5,244	472	66	9,900	891	66	3,207	289	66	5,464	492
67	5,848	526	67	10,761	968	67	3,393	305	67	5,755	518
68	6,430	579	68	11,583	1,042	68	3,626	326	68	6,090	548
69	6,976	628	69	12,281	1,105	69	3,924	353	69	6,535	588
70	7,461	671	70	12,892	1,160	70	4,142	373	70	6,807	613
71	7,904	711	71	13,359	1,202	71	4,408	397	71	7,144	643
72	8,320	749	72	13,721	1,235	72	4,680	421	72	7,464	672
73	8,686	782	73	14,015	1,261	73	4,956	446	73	7,774	700
74	9,038	813	74	14,261	1,283	74	5,228	470	74	8,091	728
75	9,350	841	75	14,473	1,303	75	5,501	495	75	8,349	751
76	9,628	867	76	14,701	1,323	76	5,772	520	76	8,581	772
77	9,900	891	77	14,878	1,339	77	6,006	541	77	8,766	789
78	10,129	912	78	14,995	1,350	78	6,231	561	78	8,956	806
79	10,328	930	79	15,040	1,354	79	6,453	581	79	9,088	818

*Applicable to child(ren) aged from 15 days to less than 1 year old 適用於子女年齡介乎15日至少於1歲。

Total premium and Insurance Levy will be rounded to the nearest 2 decimal places.

總保費及保費徵費將以四捨五入方式調整至最接近之兩個小數位。

Insurance Levy Rate Table 保費徵費表

Date of Policy Inception 保單起保日	Rate 徵費率	Cap (HK\$) 最高徵費(港元)
From 1 Apr 2020 till 31 Mar 2021 由2020年4月1日至2021年3月31日	0.085%	4,250
From 1 Apr 2021 onwards 由2021年4月1日之後	0.100%	5,000

Levy collected by the Insurance Authority will be imposed on relevant Policy at the applicable rate. For further information, please visit <https://www.fwd.com.hk/en/insurance-levy/or> contact: (852) 3123 3123.

保險業監管局將按照適用之徵費率就相關保單收取徵費。如有任何查詢，請瀏覽<https://www.fwd.com.hk/tc/insurance-levy/>或致電(852) 3123 3123。

Notes

This brochure gives only an outline of the terms and conditions of the insurance cover and the product information herein does not contain full terms of the Policy. Any information given herein is subject to the precise terms and conditions and the full terms and conditions can be found in our Policy, a specimen copy of which will be furnished to you on request.

注意

本單張乃保障條款及規定之摘要，僅供參考之用。有關保障條款及規定一概以保單內容為準。如閣下需要保單樣本，請向本公司索取。

Critical IllnessCare Insurance Plan Application Form

摯衛您危疾保險計劃申請表



<p>· 每份申請表只限投保一名受保人 One application form for <u>one person to be insured only</u> · 受保人必須是申請人自己或子女 Person to be insured must be applicant himself or child · 請選擇並加「√」號 Please tick as appropriate</p>		公司專用 For Company Use only: 生效日期 Effective Date:	
申請人個人資料 (申請人年齡必須為18歲或以上及持有香港身份證) Personal Details of Applicant (Applicant must be a HKID cardholder and age 18 or above)			
英文姓名 (與香港身份證相同) Name in English (same as HKID Card)		中文姓名 Name in Chinese	
香港身份證號碼 HKID Card No.		性別 Sex <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	
出生日期 (日/月/年) Date of Birth (DD/MM/YYYY)		國籍 (非必要填寫) Nationality (Optional)	
申請人聯絡資料 Contact Details of Applicant			
地址 Address (請以英文填寫 Please complete in ENGLISH) (不接受郵政信箱、酒店地址和海外地址。 P.O. Box, hotel address and overseas address are not acceptable.)			
單位 Flat		室 Room	
層數 Floor		座 Block	
大廈 / 閣 / 樓 / 屋苑 Building / Mansion / House / Estate			
街 / 道 Street / Road			
地區 District		<input type="checkbox"/> 香港島 HK Island <input type="checkbox"/> 九龍 Kowloon <input type="checkbox"/> 新界 N.T.	
聯絡電話 Contact No.		流動電話號碼 Mobile No.	電郵地址 Email Address
受保人資料 Details of Person to be insured			
請只選擇一項 Please tick one only		<input type="checkbox"/> 本人 (資料與以上相同) Myself (Personal details as above) <input type="checkbox"/> 子女 Child	
受保人每年平均居港時間 : Please provide average stay of the person(s) to be insured in Hong Kong per year : _____ 月 months 如受保人之每年平均居港時間少於9個月, 請提供海外居住地名稱 : If the average stay is less than nine months, please provide the place of residence outside Hong Kong: _____			
英文姓名 (與香港身份證相同) Name in English (same as HKID Card)		中文姓名 Name in Chinese	
香港身份證號碼 HKID Card No.		國籍 (非必要填寫) Nationality (Optional)	
性別 Sex <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female		出生日期 (日/月/年) Date of Birth (DD/MM/YYYY)	
<input type="checkbox"/> 非吸煙者 Non-Smoker <input type="checkbox"/> 吸煙者 Smoker 每日吸食量 Number of cigarette per day _____ pc(s)			
行業 Nature of Business		職業 Occupation	
工作環境 Work Environment			
<input type="checkbox"/> 戶內工作 Indoor Work <input type="checkbox"/> 戶外工作 Outdoor Work <input type="checkbox"/> 戶內及戶外工作 Indoor & Outdoor Work			
i. 是否牽涉手製、手控或體力勞動的工作? Does your work involve manual work? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 如牽涉手製、手控或體力勞動的工作, 是否: If manual work involved, are you:			
ii. 需從事離地面超過6米的高空工作? Working at height exceeding 6 meters? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No			
iii. 需從事地下作業或水下工作? Working underground or underwater? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No			
iv. 需從事處理核放射性或有毒化學材料或爆炸性材料的工作? Handling of nuclear radioactive or toxic chemical materials or explosive materials? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No			
v. 為武裝部隊或工作時需攜帶武器? Working as armed forces or carrying weapon on duty? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No			
保障範圍 Summary of Benefits			
1. 危疾保障 (包括癌症、急性心肌梗塞、中風) Crisis Benefit (covering Cancer, Heart Attack, Stroke)			
2. 特別疾病保障 (包括特定器官之原位癌或早期癌症) Special Disease Benefit (covering Carcinoma-in-situ or Early Stage Malignancy of Specific Organs)			
原有投保額 Initial Sum Insured (HK\$ 港元)			
<input type="checkbox"/> 200,000		<input type="checkbox"/> 300,000	
<input type="checkbox"/> 500,000		<input type="checkbox"/> 600,000	
<input type="checkbox"/> 800,000		<input type="checkbox"/> 900,000	
		<input type="checkbox"/> 400,000	
		<input type="checkbox"/> 700,000	
		<input type="checkbox"/> 1,000,000	

Critical Illness Care Insurance Plan Application Form

摯衛您危疾保險計劃申請表



健康聲明(由受保人填寫,若受保人為18歲以下,則可由申請人填寫)

Health Declaration (To be completed by the person to be insured, if the person to be insured is under the age of 18, it can be completed by the applicant)

1. 您的身高及體重 Your Height and Weight	身高: 米: 厘米: 尺: 寸: Height: m: cm: ft: in:	體重: 公斤: 磅: Weight: Kg: lb:
2. 在過去的5年裡,您有否曾就下列疾病接受過醫療建議或治療: In the last 5 years, have you received medical advice or been treated for any of the following:		<input type="checkbox"/> 有 Yes <input type="checkbox"/> 沒有 No
i. 癌症或腫瘤或任何類型異常增生包括原位癌、心臟病、高血壓、胸痛、心悸、雜音、中風、短暫性腦缺血發作、血液異常、愛滋病感染或愛滋病檢測陽性結果 Cancer / tumour or abnormal growth of any kind (including carcinoma-in-situ), heart disease, hypertension, chest pain, palpitation, murmur, stroke, transient ischaemic attack, blood disorder, HIV infection or positive HIV test		<input type="checkbox"/> 有 Yes <input type="checkbox"/> 沒有 No
ii. 糖尿病或高血糖 Diabetes or high blood sugar		<input type="checkbox"/> 有 Yes <input type="checkbox"/> 沒有 No
iii. 腎功能衰竭或肝功能異常 Kidney failure or abnormal liver function		<input type="checkbox"/> 有 Yes <input type="checkbox"/> 沒有 No
iv. 慢性肺部疾病 (包括慢性阻塞性肺疾病、慢性支氣管炎、肺氣腫等病症,但不包括哮喘) Chronic lung disease (includes conditions such as chronic obstructive pulmonary disease, chronic bronchitis, emphysema but does not include asthma.)		<input type="checkbox"/> 有 Yes <input type="checkbox"/> 沒有 No
3. 在過去的12個月內,您是否有無法解釋的出血或發燒、體重減輕、腫塊或生長、或任何其他醫療狀況尚未接受或正在接受或正在等待治療,醫療檢驗及/或諮詢?(注意:如無進一步詳細檢驗需要的例身身體檢查,或輕度疾病,例如感冒、流感、腸胃炎或呼吸道感染,且不需要接受超過14天的治療,均無需報告。) Within the last 12 months, have you had unexplained bleeding or fever, weight loss, lumps or growth, or any other medical conditions for which you have yet to receive or are currently undergoing or awaiting medical treatment, investigation and/or consultation? (Note: no need to report any routine medical check-ups without further investigation/medical advice, or minor illnesses such as colds, flu, gastroenteritis or respiratory infections that no treatment for more than 14 days.)		<input type="checkbox"/> 有 Yes <input type="checkbox"/> 沒有 No
4. 在過去的5年裡,您曾否申請投保人壽、傷殘、危疾或醫療保險時被暫緩申請、拒絕、撤回或需接受附加條款(例如保險公司收取您多於宣傳冊上所列的保費或附加額外的不保事項條款)? In the last 5 years, have you ever had an application for life, disability, critical illness or medical insurance postponed, declined, withdrawn or accepted subject to special terms (i.e. a term which charged you additional premium to the standard rate of premium advertised by the insurer in the brochure or a term which applied exclusions in addition to those which were incorporated in the general terms and conditions of the insurance policy)?		<input type="checkbox"/> 有 Yes <input type="checkbox"/> 沒有 No
5. 您是否有兩名或以上的直系親屬(包括親生父母、兄弟或姐妹),在50歲前已診斷有任何形式或類型的癌症、心臟病或中風? Do you have two or more immediate family members (i.e. natural parents or siblings) being diagnosed with any form or type of cancer, heart disease or stroke before aged 50?		<input type="checkbox"/> 有 Yes <input type="checkbox"/> 沒有 No

繳付保費方法 Premium Payment Method

付款期數 Payment Mode	付款方法 Payment Method
<input type="checkbox"/> 每年 Yearly	<input type="checkbox"/> 支票 Cheque <input type="checkbox"/> 信用卡(請填寫以下「信用卡付款授權」部分) Credit Card (Please complete the below "Credit Card Payment Authorization" section)
<input type="checkbox"/> 每月 Monthly	<input type="checkbox"/> 信用卡(請填寫以下「信用卡付款授權」部分) Credit Card (Please complete the below "Credit Card Payment Authorization" section)

信用卡付款授權 Credit Card Payment Authorisation

若信用卡持有人並非申請人,請填寫以下資料。If the Cardholder is not the applicant, please fill in the following information.

與申請人關係 Relationship with the applicant

配偶 spouse 父母 parents 子女 children

代申請人支付保費及保費徵費的原因

Reason for paying premium and insurance levy on behalf of the applicant

本人同意及承擔此申請的全數應繳保費及保費徵費金額。

I hereby confirm to pay the premium and insurance levy in respect of this Application.

Visa 卡

萬事達卡 Master Card

持卡人姓名 Cardholder's Name

信用卡戶口號碼 Credit Card Account No.

信用卡到期日(月/年) Credit Card Expiry Date (MM/YY)

本人茲授權富衛保險有限公司從本人上述之信用卡賬戶支取此保險所應繳之保費及保費徵費(包括續保保費),直至另行通知。

I hereby authorise FWD General Insurance Company Limited to charge my above credit card account for the premium and insurance levy (including renewal premium) until further notice.

X

持卡人簽署 Cardholder's Signature

日期 Date

Critical IllnessCare Insurance Plan Application Form

摯衛您危疾保險計劃申請表



聲明及授權 Declaration and Authorisation

1. 本人謹此聲明在本申請表內填報之一切，就本人之所知所信，全部真實無訛。本人同意此申請表為本人與富衛保險有限公司（「本公司」）之間所訂立合約之依據。本人授權任何醫生、醫院、保險公司或機構，可以將部分或全部有關本人傷患之病歷（包括但不限於診症、診斷性檢驗結果、藥方或治療資料）給予本公司或其已獲授權之代理人。此授權之副本與正本具同等效力。

I hereby declare that, to the best of my knowledge and belief, all particulars and statements given in this Application are true and complete. I agree that this Application shall be the basis of the contract between me and FWD General Insurance Company Limited (the "Company"). I further authorise any physician, hospital, insurance company or organization to furnish part of or all medical history (including but not limited to information in respect of consultations, diagnostic test results, prescriptions or treatment) with respect to any illness or injury of me to the Company or its authorised representative. A photocopy of this authorisation shall be considered as effective and valid as the original.

2. 本人承諾於遞交所需之個人資料予本公司前，須通知本人的子女（如適用）有關本保單及本公司之收集個人資料聲明（不論是否載於此申請表或由其他途徑取得）。本公司將不會就受保人未被通知的情況承擔任何責任。本人承諾會遵守個人資料（私隱）條例，並確認已獲得受保人的同意，將其個人資料移交本公司以作申請摯衛您危疾保險計劃之用。

I undertake that I will inform/have informed my child to be Insured (if applicable) about this Policy and the Personal Information Collection Statement ("PICS") of the Company (whether contained herein or otherwise obtained) before transferring his/her personal data to the Company. The Company shall not accept any liability for the person to be insured not having been so informed. I further undertake that I will comply with the Personal Data (Privacy) Ordinance and confirm I have obtained the consent from the person to be insured for the transfer of his/her personal data to the Company for the purpose of enrolling him/ her in the Critical IllnessCare Insurance plan.

3. 本人已細閱、明白及接受本公司之收集個人資料聲明。

I have read, understand and accept the PICS of the Company.

本公司有意向閣下送交推廣訊息或資料及根據收集個人資料聲明第 8 及第 9 段使用閣下的個人資料。如閣下不同意接收有關的推廣訊息或本公司擬對閣下的個人資料的使用，請在以下有關方格內加上 (√) 號，藉以行使閣下不同意此項安排的權利。

The Company intends to send you marketing communications or materials and use Your Personal Data in accordance with paragraphs 8 & 9 of PICS. If you do not agree to receive such marketing communications or the Company's intended use of Your Personal Data, please tick below to exercise your right to opt-out.

拒絕接收推廣訊息或資料及本公司擬對本人的個人資料的使用。

Opt-out marketing communications or materials and the Company's intend use of my personal data.

只應用於保險經紀：

申請人明白、確知及同意，本公司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。申請人亦明白本公司必須取得申請人的同意，才可以處理其保險申請。

Applicable to Insurance Broker only :

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by the Company, the Company will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. The applicant further understands that the above agreement is necessary for the Company to proceed with the application.

X

申請人簽署 Applicant's Signature

於香港簽署之日期(日/月/年) Signed in Hong Kong on (DD/MM/YYYY)

代理人 / 經紀資料 Advisor/Broker's Information

代理人 / 經紀 / 業務代表名稱
Agent / Broker / Technical Representative's Name

電郵地址
Email Address

帳戶號碼
Account Code

聯絡電話
Contact No.

Personal Information Collection Statement ("PICS")

收集個人資料聲明

- From time to time, it is necessary for you to supply FWD General Insurance Company Limited (the "Company") or agents and representatives acting on its behalf with personal information and particulars in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.
- The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as "Your Personal Data".
- "Your Personal Data" will also include personal data relating to your dependents, beneficiaries, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.
- As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, "the Group").
- The purposes for which Your Personal Data may be used are as follows:
 - providing our services and products to you, including administering, maintaining, managing and operating such services and products;
 - processing, assessing and determining any applications or requests made by you in connection with our services or products and maintaining your account with the Company;
 - developing insurance and other financial services and products;
 - developing and maintaining credit and risk related models;
 - processing payment instructions;
 - determining any indebtedness owing to or from you, and collecting and recovering any amount owing from you or any person who has provided any security or other undertakings for your liabilities;
 - exercising any rights that the Company may have in connection with our services and/or products;
 - carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
 - any purposes in connection with any claims made by or against or otherwise involving you in respect of any of our services or products, including, making, defending, analysing, investigating, processing, assessing, determining, responding to, resolving or settling such claims detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
 - performing policy reviews and needs analysis (whether or not on a regular basis);
 - meeting disclosure obligations and other requirements imposed by or for the purposes of any laws, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong) binding on the Company or any other member of the Group, including making disclosure to any legal, regulatory, governmental, tax, law enforcement or other authorities (including for compliance with sanctions laws, the prevention or detection of money laundering, terrorist financing or other unlawful activities) or to any self-regulatory or industry bodies such as federations or associations of insurers;
 - for statistical or actuarial research undertaken by the Company or any member of the Group; and
 - fulfilling any other purposes directly related to (i) to (xii) above.
- Your Personal Data will be kept confidential, but to facilitate the purposes set out in paragraph 5 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the following:
 - other members of the Group;
 - any person or company carrying on insurance-related and/or reinsurance-related business which is engaged by the Company in connection with the Company's business;
 - any physicians, hospitals, clinics, medical practitioners, laboratories, technicians, loss adjusters, risk intelligence providers, claims investigators, organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations, other insurance companies (whether directly or through fraud prevention organizations or other persons named in this paragraphs), the police and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information, legal advisors and/or other professional advisors engaged in connection with the Company's business;
 - any agent, contractor or service provider providing administrative, distribution, credit reference, debt collection, telecommunications, computer, call centre, data processing, payment processing, printing, redemption or other services in connection with the Company's business; and/or
 - any official, regulator, ministry, law enforcement agent or other person (whether within or outside Hong Kong) to whom the Company or another member of the Group is under an obligation or otherwise required or expected to make disclosures under the requirements of any law, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong).
- Your Personal Data may be transferred or disclosed to any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business.
- The Company is only allowed to (i) use Your Personal Data in direct marketing; or (ii) provide

Your Personal Data to another person or company for its use in direct marketing, if you provide your consent or do not object in writing.

- In connection with direct marketing, the Company intends:
 - to use your name, contact details (such as phone number, email address and mailing address), gender, services and products portfolio information, financial background and demographic data held by the Company from time to time in direct marketing to market the following classes of services and products offered by the Company, other members of the Group and/or Our Business Partners (being providers of the product and services described below) from time to time:
 - insurance services and products;
 - wealth management services and products;
 - pensions, investments, brokering, financial advisory, credit and other financial services and products;
 - health-check and wellness services and products;
 - media, entertainment and telecommunications services;
 - reward, loyalty or privileges programmes and related services and products; and
 - donations and contributions for charitable and/or non-profit making purposes; and
 - to provide your name and contact details (such as phone number, email address and mailing address), gender, services and products portfolio information, financial background and demographic data to FWD Life Insurance Company (Bermuda) Limited or any members of the Group and/or Our Business Partners for their use in direct marketing the classes of services and products described in paragraph 9(i) above (including, in the case of Our Business Partners, for money or other commercial benefit).

The Company intends to send you marketing communications or materials and use Your Personal Data in accordance with paragraphs 8 & 9 above. If you do NOT agree to receive such marketing communications or the Company's intended use of Your Personal Data, you may write to the Corporate Data Protection Officer of the Company at the address below to opt out from direct marketing at any time:

Corporate Data Protection Officer
FWD General Insurance Company Limited
8th Floor, FWD Financial Centre,
308 Des Voeux Road Central
Hong Kong

- To facilitate the purposes set out in paragraphs 5 and 9 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the parties set out in paragraphs 6 and 9(ii) and you acknowledge that those parties may be based outside Hong Kong and that Your Personal Data may be transferred to places where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the Personal Data (Privacy) Ordinance.
- Under the Personal Data (Privacy) Ordinance you have the right to request access to Your Personal Data held by the Company and request correction of any of Your Personal Data which is incorrect and the Company has the right to charge you a reasonable fee for processing and complying with your data access request.
- Requests for access to or correction of Your Personal Data should be made in writing to the Corporate Data Protection Officer of the Company at the address above. Should you have any queries, please do not hesitate to call our Customer Service Hotline on 3123 3123.
- In case of discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
- The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.

Feb 2021

Important Notes

The Applicant (i.e. You are) is required to disclose all material facts which you know FWD General Insurance Company Limited (the "Company") as an insurer would regard them as likely to influence the acceptance and assessment of this proposal. If you are in doubt whether certain facts are material you should disclose them. We recommend you to keep a record (including a copy of completed proposal) for your future reference of all information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide with the cover you require and may even invalidate the policy altogether.

重要事項

申請人(即你)必須提供所有可能影響富衛保險有限公司(「本公司」)接受承保及評估之重要事實,如未能確定這項事實是否具有實質性的關係,應將該等事實填報,我們建議你將有關的資料(包括此投保副本作紀錄),以備日後作參考之用。為確保你的利益,你應如實呈報所有有關資料,否則此保單將可能無法提供你所需的保障,甚至可能會導致此保單無效。

Personal Information Collection Statement ("PICS")

收集個人資料聲明

- 閣下需要不時向富衛保險有限公司（「本公司」）或本公司的代理及代表就本公司的服務及產品提供個人資料及詳情。如未能提供所需資料及詳情，可能會導致本公司無法向閣下提供或繼續提供有關服務及產品。
 - 本公司亦可以利用閣下提供的資料及詳情製作及匯編額外的個人資料。本公司不時收集、製作及匯編的所有個人資料，以下統稱為「閣下的個人資料」。
 - 「閣下的個人資料」亦包括由閣下提供有關閣下的受養人、受益人、獲授權代表及其他人士的資料。如閣下代表他人提供個人資料，閣下確認閣下乃是他們的父母或監護人或閣下已取得有關人士之同意提供有關人士之個人資料予本公司作本聲明之用途。
 - 如本聲明所述，閣下的個人資料亦可能被本公司的附屬公司、控股公司、聯營或聯屬公司或本公司控制的公司或與本公司受共同控制的公司（統稱「本集團」）處理。
 - 閣下的個人資料可能用於以下用途：
 - 向閣下提供本公司的服務及產品包括管理、維持、處理及運作有關服務及產品；
 - 處理、評估及決定閣下就本公司的服務或產品而提出的任何申請或要求，以及維持閣下在本公司的賬戶；
 - 發展保險及其他金融服務及產品；
 - 發展及維持本公司信貸及風險之相關模型；
 - 處理付款指示；
 - 釐訂任何欠付閣下或閣下所欠的負債，及向閣下或任何為閣下的債務提供擔保或其他承諾的人士收取及追討欠款；
 - 行使與本公司的服務及／或產品有關的任何權利；
 - 就本公司之服務及產品作出資格、信貸、身體、醫療、擔保、承保及／或身份核證；
 - 用於任何因本公司的產品或服務而由閣下提出或本公司對閣下提出的申索，包括作出、抗辯、分析、調查、處理、評核、決定、回應、解決或和解有關申索以及偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的目的；
 - 進行保單審閱及需求分析（不論是否定期進行）；
 - 本公司或本集團的其他成員根據任何法律、規則、規例、實務守則或指引（不論在香港境內或境外適用）要求而須作出披露，包括向任何法定機構、監管機構、政府機構、稅務機構、執法機構或其他機構（包括為遵守制裁法、避免或偵查洗錢、恐怖分子資金籌集或其他不法活動）或向任何獨立監管或行業團體（如保險業聯會或協會等）作出披露；
 - 作本公司或本集團的任何成員的統計或精算研究；及
 - 履行與上文第(i)至(xii)段直接有關的其他用途。
 - 閣下的個人資料將被保密但為達成上文第5段列出的用途，本公司可能將閣下的個人資料轉移、披露、讓其查閱或與以下各方共同使用：
 - 本集團的其他成員；
 - 任何因本公司業務而聘用的經營保險相關及／或再保險相關業務之人士或公司；
 - 任何因本公司業務而聘用的治療師、醫院、診所、醫生、化驗所、技師、損失理算人、風險情報供應商、索賠調查人、整合保險業申索和承保資料的組織、防欺詐組織、其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人土）、警察、和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）、法律顧問及／或其他專業顧問；
 - 任何向本公司之業務提供行政、分銷、信貸資料庫、債務追討、電訊、電腦、熱線中心、資料處理、付款處理、印刷、贖回或其他服務的代理人、承包商或服務供應商；及／或
 - 任何何本公司或本集團的其他成員負責或需要或預期要根據任何法律、規則、規例、實務守則或指引（不論在香港境內或境外適用）作出披露的官員、規管者、部門、執法代理或其他人士（不論在香港境內或境外）。
 - 閣下的個人資料可能被轉移或披露予任何承讓人、受讓人、本公司業務的任何實質部分的參與人或次參與人。
 - 本公司只可在閣下作出書面同意或不反對的情況下 (i) 使用閣下的個人資料作直接促銷用途，或 (ii) 將閣下的個人資料提供予其他人士或公司作其直接促銷用途。
 - 就直接促銷而言，本公司擬：
 - 使用本公司不時持有的閣下姓名、聯絡資料(例如：電話號碼、電郵地址、郵寄地址)、性別、服務及產品組合資料、財務背景及人口統計資料作直接促銷用途；銷售本公司、本集團其他成員及／或本公司之業務夥伴（即以下產品及服務的供應商）不時提供的下列服務及產品：
 - 保險服務及產品；
 - 財富管理服務及產品；
 - 退休金、投資、經紀、財務諮詢、信貸及其他金融服務及產品；
 - 健康檢查及健康服務及產品；
 - 媒體、娛樂及電信服務；
 - 獎賞、客戶忠誠或優惠計劃及相關服務及產品；及
 - 為慈善及／或非牟利用途的捐款及捐贈。
 - 將閣下的姓名及聯絡資料(例如：電話號碼、電郵地址、郵寄地址)、性別、服務及產品組合資料、財務背景及人口統計資料提供予富衛人壽保險（百慕達）有限公司及本集團任何成員及／或本公司之業務夥伴，讓其用於直接促銷上文第9(i)段所載的服務或產品（如為業務夥伴，則包括作金錢或其他商業利益）。
- 本公司有意向閣下送交推廣訊息或資料及根據上述第8及第9段使用閣下的個人資料。如閣下不同意接收有關的推廣訊息或本公司擬對閣下的個人資料的使用，閣下可於任何時間致函本公司的資料保護主任並將函件郵寄至以下地址，藉以行使閣下不同意此項安排的權利：
- 富衛保險有限公司
香港德輔道中308號
富衛金融中心8樓
- 為達成上文第5及第9段所列出的目的，本公司可能將閣下的個人資料轉移、披露、讓其查閱或與上文第6及第9(ii)段所列的各方共同使用及閣下知悉有關一方可能設在香港以外的地方及閣下的個人資料可能被轉往的地方未必設有與《個人資料（私隱）條例》大致相同或用作同一用途的資料保護法。
 - 根據《個人資料（私隱）條例》，閣下有權要求查閱本公司所持有閣下的個人資料，並要求改正閣下的不正確個人資料及本公司有權就處理及遵行閣下的查閱資料要求而收取合理費用。
 - 查閱或改正閣下的個人資料要求，應以書面形式向本公司的資料保護主任提出並將函件郵寄至上述地址。如閣下有任何疑問，敬請致電本公司之客戶服務熱線3123 3123。
 - 中英文本如有歧異，概以英文本為準。
 - 本公司保留隨時增補、更改、更新及修訂本聲明之權利，並任何更改將於發出通知時起生效。

FWD in Hong Kong

2021年2月

FWD spans Hong Kong, Macau, Thailand, Indonesia, the Philippines, Singapore, Vietnam, Japan and Malaysia. In Hong Kong, the FWD life insurance and general insurance businesses have been assigned strong financial strength ratings by international rating agencies, and offer customers life, medical insurance, general insurance, employee benefits, and financial planning.

FWD is focused on creating fresh customer experiences and making the insurance journey simpler, faster and smoother, with innovative propositions, and easy-to-understand and relevant products, supported by digital technology. Through this customer-led approach, FWD aims to become a leading pan-Asian insurer with a vision to change the way people feel about insurance. Established in Asia in 2013 with a trailblazer mentality, FWD is the primary insurance business of investment group, Pacific Century Group.

FWD in Hong Kong offers*

Life Insurance	Products range from individual life insurance, medical and critical illness protection plans, savings plans, educational reserves for children, legacy, retirement plans, investment-linked insurance, and more.
General Insurance	A wide spectrum of insurance solutions for individual and corporate customers, including household, motor, personal accident, individual medical, property, travel, working holiday, overseas study, golf, marine cargo, pet, business pack, office, and more.
Employee Benefits	An array of group life and health insurances are available to protect and retain corporations' invaluable assets – employees. Group life solutions cover members for total and permanent disablement, death, accidental death and dismemberment benefits and more, while group health solutions protect members with medical insurance and long-term disability income etc.
Financial Planning	Professional financial advisers help customers analyse their financial situations and propose tailored plans to build and boost customers' wealth and investment portfolios.

* Life Insurance, employee benefits and financial planning are offered by FWD Life Insurance Company (Bermuda) Limited and General Insurance is offered by FWD General Insurance Company Limited

富衛在香港

富衛業務遍佈香港、澳門、泰國、印尼、菲律賓、新加坡、越南、日本及馬來西亞。在香港，富衛的人壽保險及一般保險業務均獲國際評級機構授予卓越的財務實力評級，並提供人壽及醫療保險、一般保險、僱員福利，及財務策劃服務。

富衛專注為客戶創造嶄新體驗，利用數碼科技，提供簡單、易明和貼心的創新產品，使整個保險體驗更簡便、快捷及順暢。富衛秉持以客為先的服務理念及方針，矢志成為泛亞洲區領先的保險公司，創造保險新體驗。富衛於2013年在亞洲成立，是投資集團「盈科拓展集團」轄下的主要保險業務。

我們的保險服務

人壽保險	產品包括個人人壽保險、醫療及危疾保障計劃、儲蓄計劃、子女教育儲備、遺產傳承規劃、退休計劃、投資相連保險等。
一般保險	為個人及企業客戶提供多元化的保險方案，包括家居、汽車、個人意外、個人醫療、財產、旅遊、工作假期、海外升學、高爾夫球、貨運、寵物、辦公室、工商業綜合保險等。
僱員福利	一系列團體人壽及健康保險服務，為企業最寶貴的資產——僱員——提供全面保障。團體人壽方案提供完全及永久傷殘、身故、意外身故及傷殘賠償等；而團體健康方案則包括醫療及長期傷殘保險等。
財務策劃	專業理財顧問協助客戶分析財務狀況，度身制定合適的財富增值及投資方案。

* 富衛人壽保險(百慕達)有限公司提供人壽保險、僱員福利及財務策劃服務；富衛保險有限公司則提供一般保險。

產品合適性評估表 Product Suitability Assessment Form



請根據此產品合適性評估表提供個人資料以助我們分析您在醫療、財務及保障上的需要，以便提供合適的醫療保障建議。客戶在填寫此分析表時，即表示您明白及同意有關資料將根據富衛保險有限公司之個人資料收集聲明處理。

Please provide the personal information in this Suitability Assessment Form in order for us to analyse your medical, financial, and coverage needs to make suitable medical coverage recommendations for you. By providing the information below, you understand and agree that the information provided in this form will be handled in accordance with the Personal Information Collection Statement ("PICS") of FWD General Insurance Company Limited.

申請人姓名: Applicant's name:	準被保人姓名: Proposed insured's name:	準被保人年齡 Proposed Insured's Age	準被保人性別: Proposed insured's Sex	準被保人與申請人關係: Proposed insured's relationship to applicant

第一步：客戶醫療保險需求及目標:

Step 1: Customer's medical insurance needs and objectives:

- 1) 您確定每年都能支付醫療保險保費，以醫療保險保單中指明的福利和服務去保障未來可能發生的疾病或受傷嗎？
Are you able to afford to pay medical insurance premium every year to enjoy the benefits and services as stated in the medical insurance policy for future illnesses or injuries?
 - a) 確定 Yes
 - b) 不確定 No
- 2) 您的每年醫療保障費用預算為？
What is your annual budget for medical insurance protection?
港幣 HK\$ _____
- 3) 您有現有的個人醫療保險嗎？
Do you have any existing personal medical insurance(s)?
 - a) 有 Yes
如有，請指出生效之保單數目：
(If yes, please indicate no. of in-force policy)
 - i) 醫療費用實報實銷保險 Medical expense reimbursement insurance
 - ii) 每日住院現金保險 Daily cash for hospitalization insurance
 - iii) 危疾保險 Critical illness insurance
 - iv) 個人意外保險 Personal accident insurance
 - b) 沒有 No
- 4) 您為什麼想購買一份新的醫療保險？
Why do you want to purchase a new medical insurance?
 - a) 為日益增加的醫療費用提供保險保障 For insurance protection of the increasing medical treatment costs
 - b) 用於疾病期間的收入保障 For income protection during sickness
 - c) 我的現有醫療保險保障不足 My existing medical insurance cover is insufficient
 - d) 我希望享受「自願醫保」所提供的免稅額 To enjoy tax allowance of VHIS compliant product ("Voluntary Health Insurance Scheme")
 - e) 其他，請註明 Others, please specify: _____
- 5) 在您新投保的醫療保險中，您的首選福利和保險範圍是什麼？
What are your preferred benefits and coverages for your newly applied medical insurance?
 - a) 基本住院及手術福利 Basic hospitalization and surgical benefits
 - b) 全面的醫療保險保障 Comprehensive medical insurance protection
 - c) 疾病期間的收入保障 Income protection during sickness
 - d) 每年自付費 或 共付保險 選項以降低每年保費 Annual deductible or co-insurance options to lower the annual premium

第二步：產品合適性評估後，保險中介人之產品建議

Step 2: Insurance intermediary product recommendation after product suitability assessment

保險中介人之產品建議 Insurance intermediary product recommendations:

第三步： 產品合適性評估後客戶選擇之產品

Step 3: Customer selected product after product suitability assessment

本人/我們 確認 本人/我們 已進行上述之產品合適性評估並確認以下之醫療保險產品選擇是 本人/我們 自己的決定。

I / we confirm that I have gone through the above product suitability assessment and confirm the below medical insurance product is selected by my / our own decision.

計劃名稱 Plan name: _____

每年自付費選擇(如有)Annual Deductible option (if applicable): HK\$ _____

自選保障(如有)Optional benefit (if applicable): _____

客戶聲明 Customer Declaration:

- 1) 本人/我們 已細閱及明瞭 本人/我們 所選擇之醫療保險產品的產品小冊子、資訊單張、及保單條款。I / We have read and understood the product brochure, information sheet and policy provision of the medical insurance product I / we selected.
- 2) 本人/我們 確認 本人/我們 所選擇之醫療保險產品 (包括任何種類之賠償、非賠償、或組合產品) 符合 本人/我們 的保險需要及購買醫療保險產品的目標 (包括但不限於 (i) 住院期間的收入保障; (ii) 為疾病或受傷之住院及其醫療費用作準備), 及本人/我們 有能力支付其所需的保費。I / We confirm the medical insurance product I / we selected (in respect of any type of indemnity, non-indemnity, or combo product) is suitable for my / our insurance needs and my / our objectives for purchasing a medical insurance product (including but not limited to (i) income protection during hospital confinement; (ii) preparation for the hospitalization and medical treatment expenses due to illness or injury), and I / we can afford to pay the required premium.
- 3) 本人/我們 確認 本人/我們 所選擇之醫療保險產品是在沒有受第三者壓力之下 本人/我們 之個人決定。I / We confirm the medical insurance product I/we selected is my / our own decision with no forced pressure from any third parties.
- 4) 本人/我們 明白此表格內所提供之資料乃用作分析 本人/我們 的醫療保險需求, 並為 本人/我們 在選擇保險計劃及保費金額時作參考。本人/我們 亦明白此表格內之資料會根據富衛保險有限公司的收集個人資料聲明處理。I / We understand the information contained in this form was used to analyse my / our medical insurance needs and provided as reference only for my choice of medical insurance product and premium amount. I / We also understand and agree that the information contained in this form will be handled in accordance with the Personal Information Collection Statement ("PICS") of FWD General Insurance Company Limited.
- 5) 本人/我們 明白此表格之分析及選擇乃根據 本人/我們 所提供之資料, 並不構成富衛保險有限公司之任何責任。I / We understand that the analysis and choices made in this form were based upon the information provided and it does not create any liability to FWD General Insurance Company Limited.
- 6) 本人/我們 明白在保單簽發前如 本人/我們 就此表格內資料有任何重要更改, 本人/我們 需通知富衛保險有限公司。I / We understand that I / We am required to inform FWD General Insurance Company Limited if there are any substantial changes to the information provided in this form prior to the insurance policy being issued.

本人/我們 作為申請人確認已細閱及明瞭此表格之內容, 並代表此計劃準被保人/現有被保人就以上問題提供正確無誤之資料。

I / We, as the Applicant, confirm that I / we have read and understood all the contents in this form and provided all the correct information for the above on behalf of the proposed insured / existing insured listed in this application.

申請人姓名
Applicant's name

申請人簽署
Applicant's Signature

日期
Date

準被保人姓名
Proposed insured's name

準被保人簽署
Proposed insured's Signature

日期
Date

經紀姓名
Name of Agent / Broker

經紀編號
Agent's / Broker's Code

經紀簽署
Agent's / Broker's signature