

This form is only applicable to those general and medical insurance policy(ies) underwritten by AXA General Insurance Hong Kong Limited. 此表格只適用於由安盛保險有限公司承保的一般保險及醫療保險保單。

Policy Number 保單號碼		<b>General Insurance Amendment Request Form</b> <b>一般保險更改保單申請表</b>	
<input type="text"/>		Received Date (by Branch) 分行收表日期	
Effective Date* 生效日期*		Plan Type 計劃名稱	
<input type="text"/>		<input type="checkbox"/> Accident Surance 意外萬全保 <input type="checkbox"/> Overseas Study Surance 海外升學萬全保 <input type="checkbox"/> Card Repayment Plan 信用卡償還計劃 <input type="checkbox"/> Preferred Care <sup>^</sup> 優越醫護計劃 <sup>^</sup> <input type="checkbox"/> Fire Insurance 火險 <input type="checkbox"/> Refundable Hospital Surance 保費回贈住院萬全保 <input type="checkbox"/> Golfer's Insurance Package 高爾夫球保險計劃 <input type="checkbox"/> Residence Surance 家居超卓萬全保 <input type="checkbox"/> Home Surance 家居萬全保 <input type="checkbox"/> Single Trip Travel Surance 單次旅遊萬全保 <input type="checkbox"/> Hospital Surance 住院萬全保 <input type="checkbox"/> Others (please specify) 其他 (請註明) <input type="checkbox"/> Motor Insurance 汽車保險 <input type="checkbox"/> Multi Trip Travel Surance** 多程旅遊萬全保 ** (STX/STZ) _____	
		Name of Policyholder in English (Surname first) 保單持有人英文姓名 (姓氏先行)	
		# ID Type & No. # 身份證明文件類別及號碼	
NOTE 注意	<ol style="list-style-type: none"><li>1. Please complete all related sections; failure to do so may result in your request being delayed. 請填妥有關部分，如有遺漏可能令申請延誤。</li><li>2. Please put a "✓" in the appropriate box(es) and complete in BLOCK LETTERS. 請在適當方格內加上"✓"號，並用正楷填寫。</li><li>3. *All changes are subject to approval by AXA General Insurance Hong Kong Limited (AXA). Without prejudice to the aforesaid, except for Part II, III, IV(iv), VI(i), V(iii) item 4, VI(iv), VI(i), and VI(iii) item 1 where the effective date for the change is designated by customers, all other changes will become effective on the next policy renewal date for monthly payment policies. For annual payment policies, all changes will become effective upon acceptance of the request by AXA. 任何更改須經安盛保險有限公司 ("AXA 安盛") 批准。在無損於上述的情況下，除第 (II) 項、(III) 項、(IV) 項 (iv)、(V) 項 (i)、(V) 項 (iii)(4)、(V) 項 (iv)、(VI) 項 (i) 及 (VI) 項 (iii) 1 的更改生效日期由客戶指定外，其他所有月繳保單的更改將於下一個保單續保日生效；所有年繳保單的更改將於獲 AXA 安盛批准後起生效。</li><li>4. # ID Type 身份證明文件類別：I = HKID 香港身份證、P = Passport 護照。</li><li>5. ^ Please use Preferred Care Amendment Request Form for addition/deletion of insured person(s) 若增加/取消受保人須填寫優越醫護計劃修改保單申請書。</li><li>6. ** Please refer to your policy schedule or contact our customer service hotline to enquire your policy contract type 請參閱您的保單文件或聯絡我們的客戶服務熱線查詢您的保單類別。</li></ol>		

**I.  Change of premium and levy<sup>^</sup> payment account / Additional premium and levy<sup>^</sup> payment  
更改繳付保費及徵費<sup>^</sup> 戶口 / 繳付額外保費及徵費<sup>^</sup>**

Holder of payment credit card/account must be applicant 支賬信用卡 / 戶口持有人必需為保單申請人  
I/We hereby authorise The Hongkong and Shanghai Banking Corporation Limited ("HSBC") to debit my/our following credit card/savings/current account maintained with the same for all premium and levy<sup>^</sup> due or payable under this Policy as shall be instructed by AXA General Insurance Hong Kong Limited ("AXA") from time to time. 本人 (等) 授權香港上海滙豐銀行有限公司 (簡稱「滙豐」) 根據 AXA 安盛保險有限公司 (簡稱「AXA 安盛」) 不時的指示從本人 (等) 之滙豐信用卡 / 儲蓄 / 往來戶口內扣除此保單下所有到期或應繳付的保費及徵費<sup>^</sup>。

I HEREBY DECLARE that I understand that [AXA/the Company] may deduct any outstanding amount applicable to the policy from sum received by [AXA/the Company] under the policy/Policy according to the applicable statutory and/or regulatory requirement(s), including but not limited to levy collected by the Insurance Authority.  
本人謹此聲明本人明白 [AXA 安盛 / 本公司 / 貴公司] 或會從保單的給付金額中，根據適用法定及 / 或規管要求扣除任何逾期金額，包括但不限於保險業監管局收取的徵費。

For savings/current account only 只適用於使用儲蓄 / 往來戶口：  
I/We also acknowledge that HSBC will establish an autopay on my/our following savings/current account for the required premium and levy<sup>^</sup> payments upon policy renewal as shall be instructed by AXA from time to time. 本人 (等) 亦知悉並同意滙豐根據 AXA 安盛不時的指示於本人 (等) 之儲蓄 / 往來戶口設立自動轉帳以繳付保單續保時所需之保費及徵費<sup>^</sup>。

Credit card/Account no.  Credit card expiry date (mm/yy)   
信用卡 / 賬戶號碼 信用卡有效期限 (月 / 年)

(Accept Visa Card/MasterCard only 只接受滙財卡 / 萬事達卡)

Please specify the type of account if you are paying via your Integrated Account. 如支賬戶口為綜合理財戶口，請註明戶口類別。  
 Savings 儲蓄  Current 往來

Name of account holder   
戶口持有人姓名



ID TYPE 身份證明文件類別 \* DELETE IF INAPPROPRIATE 請刪去不適用者  
HKID 香港身份證 \* / PASSPORT 護照 \* / OTHERS 其他 \*

ID Number 文件編號： \_\_\_\_\_

Name of joint account holder (if any)   
聯名戶口持有人姓名 (如適用)

ID TYPE 身份證明文件類別 \* DELETE IF INAPPROPRIATE 請刪去不適用者  
HKID 香港身份證 \* / PASSPORT 護照 \* / OTHERS 其他 \*

ID Number 文件編號： \_\_\_\_\_

	
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Signature of applicant 申請人簽署  
Signature(s) of account/credit card/joint account to be debited (if different from applicant's signature) 扣款戶口 / 信用卡 / 聯名戶口簽署 (如與申請人簽署不同)

Date   
日期

HSBC Union Pay Dual currency Credit card is not applicable 滙豐銀聯雙幣信用卡並不適用

## II. Change of contact details 更改聯絡資料

If you want to change your insured address, please complete Part V (i). 若您需要同時更改受保住址，請填妥第 V 項 (i)。

Room 室號	Floor 層數	Block 座數	Name of building 大廈名稱	
Name of estate 屋苑名稱			No. and name of street/road 街道號數及名稱	
District 地區 HK 香港 / KLN 九龍 / NT 新界			Others Country/ Region/ Place 其他國家 / 地區 / 地點	
Home phone 住宅電話	Work phone 辦公室電話		Mobile phone 手提電話	E-mail 電郵地址

## III. Change of TravelSurance information 更改「旅遊萬全保」資料

All changes of TravelSurance must be submitted and accepted before the commencement of insured trip except extension of the period of insurance.

Extension of the period of insurance must be submitted and accepted before the original expiry of insured trip.

所有有關「旅遊萬全保」更改必須於受保旅程出發前提出及被接納方可生效，延長受保期除外。

延長受保期必須於原定受保期完結前提出及被接納方可生效。

### i) Change of period of insurance 更改受保期

SingleTrip TravelSurance 單次旅遊萬全保	Period of insurance (both days inclusive) 受保期 (包括首尾兩天)		
	From (DD/MM/YYYY) 由 (日 / 月 / 年)	To (DD/MM/YYYY) 至 (日 / 月 / 年)	Total No. of days 總日數
Multitrip TravelSurance 多程旅遊萬全保	Effective Date (DD/MM/YYYY) 生效日期 (日 / 月 / 年)		

\*No premium and levy^ will be refunded for the reduction of total number of days. 如總日數減少，保費及徵費 ^ 將不獲退還。

### ii) Extend period of insurance 延長受保期

Extend period of insurance to (DD/MM/YYYY) 延長受保期至 (日 / 月 / 年)	No. of days of extension (both days inclusive) 延長日數 (包括首尾兩天)
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### iii) Change of insurance plan 更改投保計劃

Geographical area 地理分區	Only Applicable to "STX" 只適用於保單類別 "STX"	<input type="checkbox"/> Area 區 2 – Worldwide 全球 *No premium and levy^ will be refunded for the change of insurance plan from Area 2 to Area 1. 投保計劃由區 2 改為區 1，保費及徵費 ^ 將不獲退還。
	Only Applicable to "STZ" 只適用於保單類別 "STZ"	<input type="checkbox"/> Asia Standard 亞洲標準 <input type="checkbox"/> Worldwide Basic 環球基本 <input type="checkbox"/> Worldwide Standard 環球標準 * No premium and levy^ will be refunded for the change of insurance plan. 投保計劃的更改，保費及徵費 ^ 將不獲退還。

### iv) Change of coverage 更改保障

**Only Applicable to "STX" 只適用於保單類別 "STX"**

If any friend(s)/relative(s) would like to apply for family coverage, please submit a separate application. 如任何朋友／親屬欲投保家屬保障，請填寫獨立申請表。

<input type="checkbox"/> <b>Basic Coverage</b> 基本保障	<input type="checkbox"/> Self and spouse 投保人及配偶	<input type="checkbox"/> Self and child(ren) 投保人及子女	<input type="checkbox"/> Spouse and child(ren) 配偶及子女	<input type="checkbox"/> Family (Self, spouse and child(ren)) 家庭 (投保人、配偶及子女)
<input type="checkbox"/> <b>Coverage for friends / relatives (Only applicable to SingleTrip TravelSurance)</b> 朋友 / 親屬保障 (只適用於單次旅遊萬全保)				

**Details of additional insured person(s) 新增受保人資料**

For contract type "STX" premium and levy^ for each friend / relative will be calculated on "Insured" basis. 保單類別 "STX", 每位朋友/親友的保費及徵費^以 "投保人" 計算。

For contract type "STZ" premium and levy^ will be calculated on "per Insured Person" basis. Each policy can cover up to six children and up to 12 Insured Persons in total. Only one Insured Person premium will be charged for all child(ren) if they are covered with any adult(s) in the policy. Each child will be charged if there is no adult in the policy. 保單類別 "STZ", 保費及徵費^以 "每位受保人" 計算。每份保單合共可為最多六名小童和最多 12 位受保人提供保障。若保單有受保成人, 就所有小童而言, 只收取一位受保人保費。若保單並無受保成人, 每名小童將須個別繳付保費。

	Name 姓名	Date of birth 出生日期							HKID no. / Passport no. 香港身份證號碼 / 護照號碼 DELETE IF INAPPROPRIATE 請刪去不適用者	Relationship with Insured (Self/Spouse/Children* / Friend/Relative) 與投保人 關係 (本人/配偶/ 子女* / 朋友/親屬)	Parent's / Legal Guardian's Name (Applicable to Child Insured Person only**) 父母/合法監護人名稱 (只適用於兒童受保人)**	Parent's / Legal Guardian's HKID / Passport Number 父母/合法監護人的 香港身份證/護照號碼
		D	D	M	M	Y	Y	Y				
Add insured person (1) 新增受保人 (1)												
Add insured person (2) 新增受保人 (2)												
Add insured person (3) 新增受保人 (3)												
Add insured person (4) 新增受保人 (4)												

\* "Children" refers to any dependent unmarried child, including any stepchild and legally adopted child of the insured, who are aged between 6 months to 16 years (inclusive). "子女" 指年齡在 6 個月至 16 歲任何未婚並受供養的子女, 包括投保人的繼子女和合法領養的子女。

\*\* Any dependent unmarried child aged under 18, including any stepchild who is legally adopted child of the Policyholder. 任何未滿 18 歲受供養的未婚子女, 包括保單持有人合法收養的繼子女。

**v) Issue/Re-issue of China Medical Card 簽發 / 補發中國醫療卡**

	Name (English & Chinese) 姓名	Date of birth 出生日期							HKID no. / Passport no. 香港身份證號碼 / 護照號碼 DELETE IF INAPPROPRIATE 請刪去不適用者	Relationship with Insured (Self/Spouse/Children* / Friend/Relative) 與投保人 關係 (本人/配偶/ 子女*)	Parent's / Legal Guardian's Name (Applicable to Child Insured Person only**) 父母/合法監護人名稱 (只適用於兒童受保人)**	Parent's / Legal Guardian's HKID / Passport Number 父母/合法監護人的 香港身份證/ 護照號碼
		D	D	M	M	Y	Y	Y				
Cardholder (1) 持卡人 (1)												
Cardholder (2) 持卡人 (2)												
Cardholder (3) 持卡人 (3)												
Cardholder (4) 持卡人 (4)												

\* "Children" refers to any dependent unmarried child, including any stepchild and legally adopted child of the insured, who are aged between 6 months to 16 years (inclusive). "子女" 指年齡在 6 個月至 16 歲任何未婚並受供養的子女, 包括投保人的繼子女和合法領養的子女。

\*\* Any dependent unmarried child aged under 18, including any stepchild who is legally adopted child of the Policyholder. 任何未滿 18 歲受供養的未婚子女, 包括保單持有人合法收養的繼子女。

**IV.  Change of AccidentSurance / HospitalSurance information (Not applicable to Refundable HospitalSurance)**

更改「意外萬全保」/「住院萬全保」資料 (不適用於「回贈住院萬全保」)

i) **Change of plan 更改計劃**: from 由 \_\_\_\_\_ to 轉至 \_\_\_\_\_

ii) **Add insured person(s) to 增加受保人至**

- Self and spouse 個人及配偶       Self and child (ren) 個人及子女       Self and spouse and child (ren) 個人、配偶及子女

Name of spouse 配偶姓名	HKID no. 香港身份證號碼	Date of birth 出生日期

iii) **Declaration (to be completed for plan upgrade or addition of insured person) 聲明 (提升計劃或增加受保人必須填寫)**

Yes 是      No 否

- I/We understand and accept the policy terms and conditions. 本人 (等) 明白及接受本保單之條款及條件。  Yes       No
- I/We have never been denied personal accident, medical or hospital cash insurance. 本人 (等) 從未被拒絕申請個人意外或醫療或住院保險。  Yes       No
- I am, and the insured spouse (if any) is, under 60 years of age, and the insured child/children is/are 6 months of age or over but under 18 years of age (for AccidentSurance) or, 21 years of age or below (for HospitalSurance), or a full-time student at a school, college or university under 23 years of age. 本人和受保配偶的年齡均為六十歲以下, 而受保子女年齡則為在六個月或以上但十八歲以下 (適用於意外萬全保), 21 歲或以下 (適用於住院萬全保), 或不超過二十三歲而在學校、學院或大學就讀的全日制學生。  Yes       No

**For AccidentSurance only 只適用於「意外萬全保」:**

- I (insured) am/We (insured, insured spouse and insured child/children) are in good health and free from physical impairment or deformity. 本人 (等) 現在身體健康, 身體並無任何缺陷。  Yes       No

**For HospitalSurance only 只適用於「住院萬全保」:**

- I/We did not have, during the last four years, any illness, injury, ailment or condition requiring in-patient treatment or consultation with a specialist, and do not have any foreseeable need for treatment or for consulting any medical practitioner. 本人 (等) 在過去四年內, 未曾因患上疾病、受傷、生理失調或任何情況而需要入院治療或接受專科診治及在可見的未來沒有需要接受治療或醫生診治。  Yes       No

iv) Issue/Re-issue of China Hospital Deposit Guarantee Card (Only applicable to Accident/Surace) 簽發 / 補發中國住院按金保證卡 (只適用於「意外萬全保」)

	Name (English & Chinese) 姓名 (英文及中文)	Date of birth 出生日期								HKID no. / Passport no. 香港身份證號碼 / 護照號碼 DELETE IF INAPPROPRIATE 請刪去不適用者	Relationship with Insured (Self/Spouse/ Children*) 與投保人關係 (本人 / 配偶 / 子女*)
		D	D	M	M	Y	Y	Y	Y		
Cardholder (1) 持卡人 (1)											
Cardholder (2) 持卡人 (2)											
Cardholder (3) 持卡人 (3)											
Cardholder (4) 持卡人 (4)											

\* "Children" refers to legally dependent unmarried children, including step children and legally adopted children of the Insured, who are 6 months of age or over but under 18 years of age or under 23 years of age and a full-time student at a school, college or university. "子女"指有未婚並受供養的合法子女，包括投保人的繼子女和合法領養的子女，惟年齡須在六個月或以上但十八歲以下或不超過二十三歲而在學校、學院或大學就讀的全日制學生。

V.  Change of HomeSurace / Fire Insurance information  
更改「家居萬全保」/「火險」資料

i) Change of Insured Address (Applicable to HomeSurace / Fire Insurance)  
更改受保地址 (適用於「家居萬全保」/「火險」)

Room 室號	Floor 層數	Block 座數	Name of building 大廈名稱	
Name of estate 屋苑名稱			No. and name of street/road 街道號數及名稱	
District 地區 HK 香港 / KLN 九龍 / NT 新界		New gross floor area* 新受保地址建築面積 *		sq.ft. 平方呎
Change correspondence address to the new insured address 據上述新受保地址更改您的聯絡地址 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否				
*Notes 注意 (applicable to HomeSurace 適用於「家居萬全保」): The premium and levy^ may be adjusted if the new gross floor area is different from the existing property. 若新地址的建築面積與現有地址的建築面積有差異，保費及徵費^將有所調整。				
<b>Declaration 聲明</b> I (the Insured), on behalf of each of myself and the joint insured (if any), hereby declare as follows: 本人 (受保人) 並代表聯名受保人 (如適用)，作出以下聲明： I/We further declare that: 本人 (等) 更作出以下聲明：				
(i) I/We am/are, or shall be, by the Policy Effective Date, the legal owner(s) or the tenant(s) of this home. My/Our home is/are built of bricks, stone and concrete and roofed with concrete. The gross floor area stated in this application has included balconies, terrace, forecourt, backyard and/or roof of the Home. 本人 (等) 現時或在保單生效之時是此住所的合法戶主或租客。本人 (等) 的居所是用磚、石及混凝土築成，屋頂則用混凝土建造。此投保申請書內的建築面積已包括居所的露台、陽臺、前院、後院及/或天臺。				Yes <input type="checkbox"/> No <input type="checkbox"/> 是 否
(ii) My/Our home is in a permanent residential building which is already constructed and less than 40 years of age, or will be constructed by the Policy Effective Date. 本人 (等) 的居所位於已落成的永久住宅大廈及樓齡不超過 40 年或將於保單生效日當日或之前落成的住宅大廈。				Yes <input type="checkbox"/> No <input type="checkbox"/> 是 否

ii) Change of plan 更改計劃：from 由 \_\_\_\_\_ to 轉至 \_\_\_\_\_

iii) Change of optional cover(s) 更改自選投保項目 (Not applicable during premium free period 保費豁免期間不適用) (Only applicable to HomeSurace 只適用於「家居萬全保」)

	Add 增加	Delete 刪減
1) Supplementary Worldwide "All Risks" 附加「全險」保障	<input type="checkbox"/>	<input type="checkbox"/>
2) Loss of Rent 租金損失 ( <input type="checkbox"/> Plan 計劃 A <input type="checkbox"/> Plan 計劃 B)	<input type="checkbox"/>	<input type="checkbox"/>
3) Golfer 高爾夫球保障	<input type="checkbox"/>	<input type="checkbox"/>
4) Domestic Helper 家庭傭工 (Aged between 18 and 59 年齡介乎 18 至 59 歲)	<input type="checkbox"/>	<input type="checkbox"/>
(Number of domestic helper(s) added/deleted 新增加或減少傭工人數 _____)		

**VI.  Change of Residence Insurance information**  
更改「家居超卓萬全保」資料

**i) Change of Insured Address (Applicable to Residence Insurance)**  
更改受保地址 (適用於「家居超卓萬全保」)

Room 室號	Floor 層數	Block 座數	Name of building 大廈名稱
Name of estate 屋苑名稱			No. and name of street/road 街道號數及名稱
District 地區 HK 香港 / KLN 九龍 / NT 新界		New floor area* 新受保地址居住面積 * sq.ft. 平方呎	
Change correspondence address to the new insured address 據上述新受保地址更改您的聯絡地址 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否			
*Notes 注意 (applicable to Home Insurance 適用於「家居萬全保」): The premium and levy^ may be adjusted if the new floor area is different from the existing property. 若新地址的居住面積與現有地址的居住面積有差異, 保費及徵費^將有所調整。			
<b>Declaration 聲明</b> I (the Insured), on behalf of each of myself and the joint insured (if any), hereby declare as follows: 本人(受保人)並代表聯名受保人(如適用), 作出以下聲明: 1. I/We further declare that: 本人(等)更作出以下聲明: (i) I/We am/are, or shall be, by the Policy Effective Date, the legal owner(s), occupier(s) or the tenant(s) of this home. My/Our home is/are built of bricks, stone and concrete and roofed with concrete. The floor area stated in this application has included saleable area, terrace, forecourt, backyard and/or roof of the Home. 本人(等)現時或在保單生效之時是此住所的合法戶主、佔用人或租客。本人(等)的居所是用磚、石及混凝土築成, 屋頂則用混凝土建造。此投保申請書內的居住面積已包括居所的實用面積、陽臺、前院、後院及/或天台。 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 (ii) My/Our home is in a permanent residential building which is already constructed and less than 51 years of age, or will be constructed by the Policy Effective Date. 本人(等)的居所位於已落成的永久住宅大廈及樓齡不超過51年或將於保單生效日當日或之前落成的住宅大廈。 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否			

**ii) Change of plan 更改計劃: from 由 \_\_\_\_\_ to 轉至 \_\_\_\_\_**

**iii) Change of optional cover(s) 更改自選投保項目 (Not applicable during premium free period 保費豁免期間不適用) (Only applicable to Residence Insurance 只適用於「家居超卓萬全保」)**

	Add 增加	Delete 刪減
1) Domestic Helper 家庭傭工 (Aged between 18 and 59 年齡介乎 18 至 59 歲) (Number of domestic helper(s) added/deleted 新增加或減少傭工人數 _____)	<input type="checkbox"/>	<input type="checkbox"/>
2) <input type="checkbox"/> Unspecified item Top-up Worldwide 'All Risks' (Applicable to Plan 3 and 4 with annual payment only) 非指定物品額外增加全球性全險保障 (只適用於計劃 3 及 4 並以年繳保費) <input type="checkbox"/> Option 1 (For floor area >=376 sq ft) Top-up HKD100,000 (per item limit increased to HKD30,000) 選項 1 (居住面積 >=376 平方呎) 額外增加港幣 100,000 元 (每項限額增至港幣 30,000 元) <input type="checkbox"/> Option 2 (For floor area >=526 sq ft) Top-up HKD300,000 (per item limit increased to HKD50,000) 選項 2 (居住面積 >=526 平方呎) 額外增加港幣 300,000 元 (每項限額增至港幣 50,000 元) <input type="checkbox"/> Option 3 (For floor area >=751 sq ft) Top-up HKD500,000 (per item limit increased to HKD80,000) 選項 3 (居住面積 >=751 平方呎) 額外增加港幣 500,000 元 (每項限額增至港幣 80,000 元)		
3) <input type="checkbox"/> Specified item (Applicable to Plan 3 & 4 and only if the Unspecified item Top-up Worldwide 'All Risks' Option 1/2/3 is chosen) 指定物品 (只適用於計劃 3 及 4 及已選非指定物品額外增加全球性全險保障之選項 1 或 2 或 3) If you require insurance for any specified personal effects or valuable, please complete Specified Item Application Form. 若閣下需要為任何指定的個人財物或貴重物品投保, 請填妥指定物品投保申請書。		

**VII.  Change of Overseas Study Insurance information**  
更改「海外升學萬全保」資料

**i)  Change of period of insurance**  
更改受保期

**Effective Date (DD/MM/YYYY) 生效日期 日 / 月 / 年** \_\_\_\_\_

**ii)  Change of insurance plan**  
更改投保計劃

**Effective Date (DD/MM/YYYY) 生效日期 日 / 月 / 年** \_\_\_\_\_

Plan 計劃 (Country/Region of Study 就讀升學國家 / 地區)				
USA / Canada 美國 / 加拿大	<input type="checkbox"/> USA 美國	<input type="checkbox"/> Canada 加拿大		
Worldwide (excluding USA/ Canada) 全球 (不包括美國 / 加拿大)	<input type="checkbox"/> Australia 澳洲	<input type="checkbox"/> Austria 奧地利	<input type="checkbox"/> Belgium 比利時	<input type="checkbox"/> mainland China 中國內地
	<input type="checkbox"/> Denmark 丹麥	<input type="checkbox"/> Finland 芬蘭	<input type="checkbox"/> France 法國	<input type="checkbox"/> Germany 德國
	<input type="checkbox"/> Ireland 愛爾蘭	<input type="checkbox"/> Israel 以色列	<input type="checkbox"/> Italy 意大利	<input type="checkbox"/> Macau SAR 澳門特別行政區
	<input type="checkbox"/> Malaysia 馬來西亞	<input type="checkbox"/> Netherlands 荷蘭	<input type="checkbox"/> New Zealand 新西蘭	<input type="checkbox"/> Norway 挪威
	<input type="checkbox"/> Philippines 菲律賓	<input type="checkbox"/> Singapore 新加坡	<input type="checkbox"/> South Korea 南韓	<input type="checkbox"/> Spain 西班牙
	<input type="checkbox"/> Sweden 瑞典	<input type="checkbox"/> Switzerland 瑞士	<input type="checkbox"/> Taiwan 台灣	<input type="checkbox"/> Thailand 泰國
	<input type="checkbox"/> United Kingdom 英國			
	<input type="checkbox"/> Others 其他 _____			

\*If the Country/Region of Study is changed, the premium and levy^ may be adjusted. 若更改升學國家 / 地區, 保費及徵費^將有所調整。

**VIII. Others (Please specify) 其他 (請說明)**


**Personal Information Collection Statement 收集個人資料聲明**

AXA General Insurance Hong Kong Limited (referred to hereinafter as the “**Company**”) recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (“**PDPO**”). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

**Purpose:** From time to time it is necessary for the Company to collect your personal data (including credit information and claims history) which may be used, stored, processed, transferred, disclosed or shared by us for purposes (“**Purposes**”), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group (“**our affiliates**”) or our business partners (see “**Use and provision of personal data in direct marketing**” below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
5. detecting and preventing fraud (whether or not relating to the products/services provided by the Company and/or our affiliates);
6. evaluating your financial needs;
7. designing products/services for customers;
8. conducting market research for statistical or other purposes;
9. matching any data held which relates to you from time to time for any of the purposes listed herein;
10. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
11. conducting identity and/or credit checks and/or debt collection;
12. complying with the laws of any applicable jurisdiction;
13. carrying out other services in connection with the operation of the Company’s business; and
14. other purposes directly relating to any of the above.

**Transfer of personal data:** Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
2. \*The Hongkong and Shanghai Banking Corporation Limited (“**HSBC**”) for any of the Purposes and for the following additional bank related purposes: ensuring ongoing credit worthiness of customers, creating and maintaining credit and risk related models, providing the personal data to credit reference agencies for the purposes of conducting credit checks and other directly related purposes, determining the amount of indebtedness owed to or by customers and collection of amounts outstanding from customers and those providing security for customers’ obligations;
3. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
4. any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
5. credit reference agencies or, in the event of default, debt collection agencies;
6. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
7. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere; and
8. the following persons who may collect and use the data only as reasonably necessary to carry out any of the purposes described in paragraphs nos. 2, 3, 4 and 5 of the Purposes specified above: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check data provided against existing data.

For our policy on using your personal data for marketing purposes, please see the section below “**Use and provision of personal data in direct marketing**”.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

**Use and provision of personal data in direct marketing:** The Company intends to:

1. use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
2. conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer:
  - a) insurance, banking, provident fund or scheme, financial services, securities and related products and services;
  - b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products;
3. the above products and services may be provided by the Company and/or:
  - a) any of our affiliates;
  - b) third party financial institutions;
  - c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in 2. above;
  - d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities
4. in addition to marketing the above products and services, the Company also intends to provide the data described in 1. above to all or any of the persons described in 3. above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose;

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

If you wish to withdraw your consent, please inform us in writing to the address in the section on “**Access and correction of personal data**”. The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

**Access and correction of personal data:** Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer  
AXA General Insurance Hong Kong Limited  
5/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong

A reasonable fee may be charged to offset the Company’s administrative and actual costs incurred in complying with your data access requests.

\* This is applicable only if you are applying for a product and/or service of, or making a request to, the Company through HSBC as the Company’s distribution agent. Your personal data will not be provided to HSBC for any of the Purposes and the additional purposes and for direct marketing by HSBC set out in the paragraphs above if you do not apply for the product and/or service of, or make a request to, the Company through HSBC as the Company’s distribution agent.

安盛保險有限公司(下稱“本公司”)明白其就《個人資料(私隱)條例》(香港法例第 486 章)(“條例”)收集、持有、處理、使用和/或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料,並將採取一切切實可行的步驟,確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟,確保個人資料的安全性,及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意,如果閣下不向本公司提供閣下的個人資料,我們可能無法提供閣下所需的資料、產品或服務,或無法處理閣下的要求。

**目的:**本公司不時有必要收集閣下的個人資料(包括信用資料和以往申索紀錄),並可能因下列各項目的(“有關目的”)而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料:

1. 向閣下推介、提供和營銷本公司、安盛集團的其他公司(“安盛關聯方”)或本公司的商業合作夥伴(參閱下文“在直接促銷中使用及將其個人資料提供予其他人士”部份)之產品/服務,以及提供、維持、管理和操作該等產品/服務;
2. 處理和評估閣下就本公司及安盛關聯方所提供之產品/服務提出的任何申請或要求;
3. 向閣下提供後續服務,包括但不限於執行/管理已發出的保單;
4. 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的,包括索賠調查;
5. 偵測和防止欺詐行為(無論是否與就由本公司及/或安盛關聯方提供的產品/服務有關);
6. 評估閣下的財務需求;
7. 為客戶設計產品/服務;
8. 為統計或其他目的進行市場研究;
9. 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料;
10. 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查;
11. 進行身份和/或信用核查和/或債務追收;
12. 遵守任何適用的司法管轄區的法律;
13. 開展與本公司業務經營有關的其他服務;及
14. 與上述任何目的直接有關的其他目的。

**個人資料的轉移:**個人資料將予以保密,但在遵守任何適用法律條文的前提下,可提供給:

1. 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構,以及就此方面而言,閣下同意將閣下的資料轉移至香港境外;
2. \*就任何有關目的和下列與銀行有關的額外目的提供給香港上海滙豐銀行有限公司(“滙豐”):確保客戶信貸信譽度持續良好,建立和維持信貸及風險的相關模型,為進行信用核查以及其他直接相關的目的而向信貸資料服務機構提供個人資料,確定尚欠客戶的債務或客戶所欠債務的金額以及向客戶和為客戶的欠款提供擔保之人追收未償款項;
3. 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士(包括私家偵探);
4. 在香港或香港以外其他地方向本公司和/或安盛關聯方提供行政、技術或其他服務(包括直接促銷服務)並對個人資料負有保密義務的任何代理、承包商或第三方;
5. 信貸資料機構或(在出現拖欠還款的情況下)追討欠款公司;
6. 本公司權利或業務的任何實際或建議的承讓方、受讓方、參與者或次參與者;
7. 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關;及
8. 在有合理需要履行任何上述有關目的段落 2, 3, 4 及 5 之情況下,以下人士:保險理算人、代理和經紀、僱主、醫護專業人士、醫院、會計師、財務顧問、律師、整合保險業申訴和承保資料的組織、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士)、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)。

如欲了解本公司為促銷目的使用閣下的個人資料的政策,請參閱下文“在直接促銷中使用及將其個人資料提供予其他人士”部份。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

**在直接促銷中使用及將其個人資料提供予其他人士**

本公司有意:

1. 使用本公司不時持有的閣下的姓名、聯絡資料、產品及服務的組合資料、交易模式及行為、財政背景及人口統計數據以進行直接促銷;
2. 就本公司,安盛關聯方,本公司合作品牌夥伴及商業合作夥伴可能提供關於下列類別的服務及產品而進行直接促銷(包括但不限於提供獎賞、客戶或會員或優惠計劃):
  - a. 保險、銀行、公積金或公積金計劃、金融服務、證券和相關產品及服務;
  - b. 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身浴或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體的產品及服務及高級消費類產品;
3. 以上服務及產品將會由本公司及/或以下機構提供:
  - a. 任何安盛關聯方;
  - b. 第三方金融機構;
  - c. 提供上文 2. 所列之服務及產品之本公司及/或安盛關聯方的商業合作夥伴或合作品牌夥伴;
  - d. 向本公司或任何以上所列機構提供支援的第三方獎賞、客戶或會員或優惠計劃提供者;
4. 除由本公司促銷上述服務及產品外,本公司亦有意將上文 1. 段部份所述的資料提供予上文 3. 段部份所述的全部或任何人士,以供該等人士在促銷該等服務及產品中使用,而本公司為此目的須獲得客戶書面同意(包括表示不反對)。

在使用閣下的個人資料作上文所述的目的或提供予上文所述的人士之前,本公司須獲得閣下的書面同意,及只在獲得閣下的書面同意後方可使用閣下的個人資料及提供予其他人士作任何推廣及促銷用途。

閣下日後可撤回閣下給予本公司有關使用閣下的個人資料及提供予其他人士作任何促銷用途的同意。

閣下如欲撤回閣下給予本公司的同意,請發信至下文“個人資料的查閱和更正”部份所列的地址通知本公司。本公司會在不收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。

**個人資料的查閱和更正:**根據條例,閣下有權查明本公司是否持有閣下的個人資料,獲取該資料的副本,以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求,或有關獲取政策、常規及本公司所持的資料種類的資料,均應以書面形式發送至:

香港黃竹坑黃竹坑道 38 號安盛匯 5 樓  
安盛保險有限公司  
個人資料保護主任

本公司可能會向閣下收取合理的費用,以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

\* 此僅適用於閣下透過滙豐(作為本公司的分銷代理人)申請本公司的產品和/或服務或者透過滙豐(作為本公司的分銷代理人)向本公司提出要求的場合。如果閣下並未透過滙豐(作為本公司的分銷代理人)申請本公司的產品和/或服務或者透過滙豐(作為本公司的分銷代理人)向本公司提出要求,閣下的個人資料將不會因上文所述的任何有關目的、額外目的或為讓滙豐進行直接促銷而提供給滙豐。

**Declaration and authorisation 聲明與授權**

- a) I (Policyholder)/We (Policyholder and Joint Policyholder) declare that the statements and particulars given in this form are to the best of my/our knowledge and belief, true and complete and that this form will form the basis of my/our contract with AXA General Insurance Hong Kong Limited. 本人 (保單持有人) / 本人 (等) (保單持有人與聯名保單持有人) 茲聲明就本人 (等) 所知所信, 本表格內的各項陳述及細節均屬真實無訛及完整, 且本表格將會成為本人 (等) 與安盛保險有限公司所簽署合約的依據。
- b) I/We understand that no request shall take effect unless accepted by AXA General Insurance Hong Kong Limited and the relevant additional premium due is fully paid (if any). 本人/我們明白所有更改申請須經安盛保險有限公司接納及有關額外應繳保費 (如適用) 收訖後方為有效。
- c) I/We further request that this policy will be changed in accordance with the above particulars on the understanding and agreement that a copy of this request shall be attached to and form a part of the said policy. 本人/我們要求貴公司按照上述細則更改保單, 並同意本申請表的副本將附於保單內, 且成為保單的一部分。
- d) I/we understand that at least 10 working days from the date of my/our request of change is required for being approved by AXA General Insurance Hong Kong Limited to update my/our records. 本人/我們明白此更改申請需時最少 10 個工作天並經安盛保險有限公司批核, 始能更新本人/我們的記錄。
- e) I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement ("PICS"). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by AXA General Insurance Hong Kong Limited in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing. 本人/我們確認本人/我們已閱讀並明白收集個人資料的聲明 ("該聲明")。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀該聲明, 而本人/我們已詳細閱讀該聲明對貴公司所收集或持有之本人/我們的個人資料的影響 (不論是否此表格所載或從其他途徑所取得)。根據以上所述, 本人/我們特此確認並同意安盛保險有限公司根據該聲明使用及轉移本人/我們的個人資料, 包括在直接促銷中使用及將本人/我們個人資料提供予其他人士。

*Important: If you do not agree to the use and provision of your personal data for direct marketing as set out in the section "Use and provision of personal data in direct marketing", please tick the box below and we will not use your personal data for direct marketing. 重要通知: 如閣下不同意根據 "收集個人資料的聲明" 使用和轉移閣下的個人資料作直接促銷用途 (參閱 "在直接促銷中使用及將其個人資料提供予其他人士" 部份), 請在下列方格內  加上剔號 ("✓"), 本公司將不會使用閣下的個人資料作為直接促銷用途。]*

I/We do not agree with the use and provision of my/our personal data for direct marketing purposes as set out above in the **Personal Information Collection Statement** (see "**Use and provision of personal data in direct marketing**") and do not wish to receive any promotional and direct marketing materials. 本人/我們不同意貴公司根據 "收集個人資料的聲明" 使用和轉移本人/我們的個人資料作直接促銷用途 (參閱 "在直接促銷中使用及將其個人資料提供予其他人士" 部份) 及並不願意接受任何貴公司的推廣及直接促銷的材料。

Signature of Policyholder  
保單持有人簽署

Signature of Joint Policyholder (For HomeSurance / Fire Insurance)  
聯名保單持有人簽署 (只適用於家居萬全保及火險)

Date Signed YY年 / MM月 / DD日  
簽署日期

^ Levy collected by the Insurance Authority has been imposed on this policy at the applicable rate. For further information, please visit [www.axa.com.hk/ia-levy](http://www.axa.com.hk/ia-levy) or contact AXA at (852) 2867 8678.  
^ 保單已按適用之徵費率徵收保險業 管局的有關徵費。欲了解更多詳情, 請瀏覽 [www.axa.com.hk/ia-levy](http://www.axa.com.hk/ia-levy) 或致電 AXA 安盛 (852) 2867 8678。

**Important Notes 重要事項:**  
The above policy is underwritten by **AXA General Insurance Hong Kong Limited ("AXA")**, which is authorised and regulated by the Insurance Authority of the Hong Kong SAR. AXA will be responsible for providing your insurance coverage and handling claims under your policy. The Hongkong and Shanghai Banking Corporation Limited "**HSBC**" is registered in accordance with the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong) as an insurance agent of AXA for distribution of general insurance products in the Hong Kong SAR.  
In the event of any inconsistency between the English version and the Chinese version, the English version shall prevail.  
以上保單由 **安盛保險有限公司 ("AXA 安盛")** 承保, AXA 安盛已獲香港保險業監管局授權並受其監管。AXA 安盛將負責按保單條款為您提供保險保障以及處理索償申請。香港上海滙豐銀行有限公司 "**滙豐**" 乃根據保險業條例 (香港法例第 41 章) 註冊為 AXA 安盛於香港特別行政區分銷一般保險產品之授權保險代理商。  
如中英文版本的條款有任何分歧, 以英文版本為準。

For branch use only 分行專用				
<input type="checkbox"/> Client's ID copy attached	Staff Name and ID:	Servicing Staff IA No.	Branch no.	Branch Chop
<input type="checkbox"/> Client's original ID sighted	Staff no	Contact No.:	Division Code	