



Payor's Questionnaire
付款人問卷

- NOTES 注意：**
- 1 **Applicable if Payor's Benefit is applied for.** 只適用於申請付款人保障。
 - 2 **Payor's Benefit will be only applied to those with gainful occupation and HKID cardholder.** 付款人保障只適用於受薪工作人士及香港身分證持有人。
 - 3 **This questionnaire forms part of the application for proposed insured.** 此問卷將成為受保人保險申請表的一部分。
 - 4 **Any changes should be signed by the Payor.** 任何答案如有更改，敬請付款人在旁簽署。
 - 5 **Please ✓ the appropriate box and complete in BLOCK LETTERS.** 請在適當方格內加上✓號，並以正楷填寫。

A. Personal Details of the Payor 付款人個人資料 (Client No. _____) Policy No. 保單號碼 _____

1. Name of Payor (Surname first) 姓名			2. Chinese Name 中文姓名		
3. <input type="checkbox"/> Mr 先生 <input type="checkbox"/> Mrs 太太 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Ms 女士		4. <input type="checkbox"/> ID Card No./Birth Cert. No. 身分證號碼/出生證明書號碼 _____ <input type="checkbox"/> Passport No. 護照號碼 _____ Country 國家 _____			
5. Date of Birth 出生日期 (DD 日 / MM 月 / YYYY 年)		6. Nationality 國籍		7. Marital Status <input type="checkbox"/> Single 未婚 <input type="checkbox"/> Married 已婚 婚姻狀況 <input type="checkbox"/> Widowed 鰥寡 <input type="checkbox"/> Divorced 離婚	
8. Occupation 職業		9. Industry 行業		10. Job Activities 職責範圍	
11. <input type="checkbox"/> Indoor work 戶內工作 <input type="checkbox"/> Outdoor work 戶外工作 <input type="checkbox"/> Indoor & Outdoor work 戶內及戶外工作			12. Great height work involved 參予高空工作 <input type="checkbox"/> Yes 是 max. height 最高達 _____ ft 呎 / m 米 <input type="checkbox"/> No 否		
13. Correspondence Address in English 英文通訊地址					
14. Telephone No. 聯絡電話 Home 住宅 _____ Office 辦公室 _____ Mobile phone/Pager 流動電話/傳呼機 _____			15. Fax No. 傳真號碼		
16. Relationship to Proposed Life Insured 與受保人之關係： <input type="checkbox"/> Father 父親 <input type="checkbox"/> Mother 母親 <input type="checkbox"/> Other 其他 _____					
17. Employer's Name & Address 僱主名稱及地址 Name of Employer 僱主名稱 _____ Address 地址 _____					
18. a. Are you now covered by any life insurance policy (excluding group life insurance)? 現時閣下是否受保於任何人壽保險單(團體保險除外)? Yes 是 No 否 (If the answer is "Yes", please give information below. 若答「是」, 請提供以下資料。)					
Name of Insurance Company 投保公司名稱		Year Issued 簽發年份	Amount of Life Insurance (HKD) 人壽保險金額(港幣)	Amount of Accidental Death 意外保障金額	
_____		_____	_____	_____	
_____		_____	_____	_____	
b. Please state your total monthly income (salary or otherwise). 請申報閣下每月收入的總和(薪金或其他)。 <input type="checkbox"/> ≤HK\$10,000 <input type="checkbox"/> HK\$10,001 - 20,000 <input type="checkbox"/> HK\$20,001 - 30,000 <input type="checkbox"/> HK\$30,001 - 40,000 <input type="checkbox"/> >HK\$40,000					
19. Is there any other application of insurance on your life now pending? If the answer is "Yes", please give details. 閣下有否申請其 他人壽保險而仍在審核中? 若答「是」, 請述詳情。 _____				Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
20. Has any proposal or application for life or accident or health insurance on you or reinstatement of such insurance ever been declined/ postponed/accepted at other than normal terms? If the answer is "Yes", please give reason and name of the company. 閣下在過去投保 壽險、意外保險、醫療保險或要求恢復此類保險效力時, 曾否被拒/延遲受保/更改受保條款? 若答「是」, 請說明原因及公司名稱。 _____				Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
21. Do you engage or expect to engage in any hazardous activities, such as automobile or motorcycle racing, skin or scuba diving, sky diving, professional sports or flying other than as a fare-paying passenger? If the answer is "Yes", please state activity and frequency below: 閣下曾否或計劃參與任何危險活動, 例如賽車、潛水、跳傘、職業性體育運動或從事飛行活動(以乘客身分購票 者除外)? 若答「是」, 請在下面詳細列明活動種類及活動頻率: _____				Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>

B. Health Details of the Payor 付款人健康資料

22. Height 體高 : _____ ft 呎 _____ in 吋 / _____ cm 厘米 Weight 體重 : _____ lb 磅 / _____ kg 公斤 Yes 是 No 否

23. Have you ever taken or used any habit forming drugs? And, have you, in the past 12 months, smoked cigarettes or frequently taken alcoholic drink(s)? If the answer is "Yes", please state average consumption (such as quantity per day or week) and type. 閣下曾否吸食或使用任何成癮藥物? 此外, 在過去12個月內曾否吸煙或經常性地飲酒? 若答「是」, 請說明平均數量(如每日或每星期之份量)及種類。

24. For females only 只適用於女性

a. Are you now pregnant? If the answer is "Yes", please state for how many months. 閣下現在是否懷孕? 若答「是」, 請述已懷孕月數。

b. Have you ever had complications of pregnancy during gestation in the past 10 years including current pregnancy, if applicable (eg. ectopic pregnancy, abortion, disseminated intravascular coagulation, gestational diabetes, hypertension, protein in urine etc.)? 在過去十年包括此次懷孕(如適用), 閣下曾否在妊娠期間患有併發症(例如: 宮外孕、流產、瀰漫性血管內凝血、妊娠糖尿病、血壓高或蛋白尿等)?

25. Have any of your parents, brothers, or sisters whether dead or living EVER SUFFERED from (a) heart disease, (b) stroke, (c) cancer, (d) kidney disease, (e) diabetes, (f) high blood pressure, (g) mental disorder, (h) coronary artery disease, (i) epilepsy, (j) tuberculosis, (k) any hereditary disease or (l) liver disease? If the answer is "Yes", please state details of which relative(s), the diagnosis, the onset age and current health condition. 閣下的父母、兄弟或姊妹無論在生或已死亡曾否患有(a)心臟病、(b)中風、(c)癌症、(d)腎病、(e)糖尿病、(f)血壓高、(g)精神病、(h)冠狀動脈疾病、(i)癲癇症、(j)結核病、(k)任何遺傳病或(l)肝病? 若答「是」, 請詳述那位親人、病症、發病年齡及現時健康情況。

26. Have you ever had, been told that you had or been treated for cancer, tumour, diabetes, asthma, stroke, heart trouble (including murmur), high blood pressure, rheumatic fever, lupus erythematosus, lung disease, liver disease, hepatitis B/C carrier, kidney disease, mental disorder, blood disease, blood spitting, passing blood per rectum, epilepsy, or any disease, abnormality or discomfort of the brain, eyes, ears (including hearing impairment), genito-urinary system, musculo-skeletal system, digestive system, respiratory system or nervous system? 閣下曾否患有、被告知患有或被治療癌症、腫瘤、糖尿病、哮喘、中風、心臟毛病(包括心臟雜音)、血壓高、風濕熱、紅斑狼瘡、肺病、肝病、乙/丙型肝炎帶菌者、腎病、精神病、血科疾病、咳血、便血、癲癇或任何腦部、眼部、耳部(包括聽覺受損)、生殖泌尿系統、肌肉骨骼系統、消化系統、呼吸系統或神經系統的疾病、不正常或不適?

27. Have you ever consulted any medical adviser about, or been tested for (including self-initiate oral fluid test), or been recommended to undergo a test for Human Immunodeficiency Virus, AIDS-related Complex or AIDS or is there anything about your life-style which could expose you to the risk of AIDS? 閣下曾否接受過與後天性失去免疫能力病症、愛滋病或愛滋病有關病症諮詢醫療顧問、接受測試(包括自發性的口液檢驗)或被推薦接受測試、或有任何生活方式可能導致愛滋病症?

28. Have you, in the past 5 years, (a) consulted your physician or medical adviser, or (b) had any operations, hospital care, medical tests, X-ray, medical treatment or any other treatment or examination not mentioned above (exclude consultations for minor complaints, such as flu, cold, as well as pre-employment medical examination which did not lead to any further investigation or treatment)? 在過去5年, 閣下曾否(a)就診或(b)接受手術、入院療養、X光檢驗、內科治療、體格檢驗或以上未提及的治療(普通病症如傷風、感冒及受聘前的健康檢查而不需要額外檢驗和治療者除外)?

29. Do you have any other acquired or congenital deformity, bodily injury or disorder not mentioned above? 閣下有否其他上述未有提及的先天或後天缺陷、身體損傷或不適?

If the answer of questions 24b-29 is "Yes", please complete the following information 若問題24b至29答案為「是」, 請填寫下列有關資料:

Question No. 題號	Diagnosis 診斷結果	Date 日期	Duration of Illness or Injury 疾病或受傷的持續時間	Type of Treatment Received 曾接受之治療	Physician & Hospital 主診醫生及醫護機構		Last Follow Up Date 最後診治日期	Results 結果
					Name 姓名	Address 地址		

Any Additional Information 其他附加資料

C. Declaration and Authorisation 聲明及授權書

I declare that 本人作出以下之聲明:

All the statements and answers in this application together with those given in any medical examination, questionnaires and amendments are full, complete and true and shall form the basis and become part of any policy issued. I acknowledge if any of the statements and answers given in this application are inaccurate or any material facts have not been disclosed, **HSBC Life (International) Limited**, shall be entitled to cancel the policy or to re-issue the policy with modifications even after the policy has been issued. 所有在此申請表上的陳述及答案及任何所需的身體檢驗問卷及修改皆完全屬實及真確無訛, 更將為簽發保單之根據及保單之一部分。本人瞭解並同意如在本申請表上的陳述及答案有不確之處或隱瞞任何重要事實, 即使保單已獲簽發, 滙豐人壽保險(國際)有限公司仍保留終止保單或就此修訂而重新簽發另一保單之權利。

I authorise any physician, hospital, clinic, insurance company or other individual organisation or government office that has any records or knowledge of the Proposed Insured to disclose to HSBC Life (International) Limited, or its representative any information relevant to this application. This authorisation shall irrevocably bind my successors and assigns and remain valid, notwithstanding my death or incapacity and a copy of this authorisation shall be as effective and valid as the original. 本人授權任何知道受保人健康情況及據有任何紀錄之醫生、診所、保險公司或其他機構或人士向滙豐人壽保險(國際)有限公司或其代表提供本人之有關資料。本人之繼承人及受托人亦受此授權書之約束, 不得主張異議。並於本人死亡或喪失能力後依然生效, 本授權書之影印本亦屬有效。

Signature of Payor 付款人簽署 Date Signed (DD / MM / YYYY) 簽署日期(日 / 月 / 年) At (City) 地點(城市)

HONG KONG

Remark 附註: For your personal interest, please refer to your copy of "Personal Information Collection Statement" which is also available at our office: 18/F, Tower 1 HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong. 如欲查詢個人資料之用途, 請參閱「收集個人資料聲明」或於辦公時間內到香港九龍深旺道1號滙豐中心1座18樓之本公司辦事處索閱。

(文義如有歧異, 以英文為準。)