

AccidentCare Plus Insurance

綜合意外保險



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This Personal Accident Policy gives you maximum protection and security in the event of even the worst of accidents. Our Worldwide AccidentCare Plus Insurance pays compensation in case of Accidental Death or Permanent Total Disablement and operates:

- 24 hours round the clock
- On or off the job, at home, at play or while travelling

You may select additional cover for:

- Temporary total disablement (weekly benefit)
- Medical expenses
- Costs of treatment by Chinese Bonesetter or Acupuncturist

很多意外的發生是如此突如其來，令人難以預料，而帶來的後果是事前無法估計。這份保險單能使閣下無論身處於世界任何地方亦得到24小時保障。儘管閣下是上班或下班，在家中或者到外地旅遊亦能給予閣下因意外身故或導致永久傷殘的賠償。閣下亦可加上下列之自選附加保障：

- 暫時性完全喪失工作能力(每週賠償)
- 醫療費用
- 中醫跌打或針灸治療費用

Product Highlights 產品特點	
24-hour Worldwide Personal Accident Insurance : on or off the job, at home, at play and while traveling	
無論身處於世界任何地方均獲24小時保障：儘管是上班或下班，在家中或者到外地旅遊亦能給予因意外而導致死亡及永久傷殘的賠償	✓
Covers a wide range of injuries from the loss of a toe to paralysis 意外受傷的保障範圍廣闊，由喪失腳趾至全身癱瘓等	✓
Medical expenses for treatment of injury 醫藥費用	✓
Free extra benefits : 免費額外保障： <ul style="list-style-type: none">Double indemnity 雙倍賠償Hospital confinement allowance 住院現金津貼Double indemnity for medical expenses incurred outside Hong Kong 雙倍海外醫療費用賠償Extended spouse cover 附加配偶保障Compassionate compensation for dependent children 撫恤賠償Major burns 嚴重燒傷Worldwide emergency assistance services and benefits 全球緊急支援服務	✓

Basic Benefits

1. Accidental Death

If the Insured Person is injured and dies within the following 12 months of the injury and that the injury is the sole cause of his / her death, a capital sum insured is payable.

2. Permanent Total Disablement

If the Insured Person is injured and disabled within the following 12 months of the injury and that the injury is the sole cause of his / her disablement, a sum equal to the percentage of compensation specified in the Policy is payable.

Optional Extra Benefits

3. Temporary Total Disablement

If the Insured Person is totally disabled from engaging in or attending to his / her usual employment or occupation, a weekly amount is payable for up to a period not exceeding 104 weeks from the 4th day of commencement of the eligible disability.

4. Medical Expenses

It pays the actual expenses for treatment of injuries incurred within 12 months from date of accident, including medical, surgical and nursing fees or charges, provided such treatment is received from a fully qualified and registered medical practitioner.

5. Chinese Bonesetter or Acupuncturist Treatment Expenses

(This benefit must be insured simultaneously with Section 4 - Medical Expenses) It covers treatment by a Chinese Bonesetter or Acupuncturist up to HK\$100 per visit per day and also not exceeding HK\$1,000 per accident and HK\$3,000 per period of insurance.

Free Extra Benefits

1. Double Indemnity

Accidental Death Benefits will be doubled up to a maximum amount of HK\$1,000,000 if the accident is a result of:

- Traffic accident while the Insured Person is travelling as a fare paying passenger in the following public common carrier licensed to carry passenger: Underground Railway, Railway Train, Tram Car, Taxi, Public Bus, Ferry or Scheduled Airlines
- Gun battle between police and criminal
- Fire at residential building

2. Hospital Confinement Allowance

In the event the Insured Person is confined in a hospital for treatment of bodily injury for more than 3 consecutive days, we will pay you HK\$1,000 a week, up to HK\$25,000 in total during the period of insurance. Benefit will be payable from the 4th day of confinement.

3. Double Indemnity for Medical Expenses incurred outside Hong Kong

The limit of medical expenses benefit will be doubled if the expenses are incurred and consequent upon an accident happening outside Hong Kong.

4. Extended Spouse Cover

(Applicable when the Insured Person has taken out Basic Benefit for HK\$1,000,000 or more) Free Accidental Death Benefits for Insured Person's spouse up to HK\$100,000.

5. Compassionate Compensation for Dependent Children

(Applicable when the Insured Person has taken out Basic Benefit for HK\$1,000,000 or more) If both the Insured Person and his / her spouse died in the same accident, HK\$50,000 will be payable to each of the Insured Person's dependent children under 18 years old up to a maximum of HK\$200,000 in total (i.e. 4 children).

6. Major Burns

In the event of the Insured Person suffers Third Degree Burns which cover more than 15% of the entire body surface, a sum equal to the percentage of compensation specified in the Policy is payable.

7. 24-Hour Worldwide Emergency Assistance Services and Benefits

If you are travelling abroad, free 24-hour worldwide emergency assistance cover will be provided which includes medical evacuation & repatriation, travel service assistance and legal referral.

* The above services are arranged by the assistance service provider as appointed by the Company.

基本保障

1. 意外身故

如被保人於意外發生後12個月內因該宗意外而身故，本公司將根據所投保之金額作出賠償。

2. 永久傷殘

如被保人於意外發生後12個月內因該宗意外而導致永久傷殘，本公司將依照保單的賠償表所列之百分率計算賠償。

自選附加保障

3. 暫時性完全喪失工作能力

如被保人因意外而暫時完全不能處理其原有業務或工作，由第四天起，可按保單內之每週定額賠償條款獲得補償，最高可至104週。

4. 醫療費用

意外發生後12個月內之實際醫藥、手術、護理及住院費用，將可按保單條款獲得賠償，賠償金額最高以投保額為限，但一切治療必須由政府註冊之醫生處理。

5. 中醫跌打或針灸治療費用(需連同第4項-醫療費用一併投保)

此項賠償包括中醫跌打或針灸治療費用，每次以港幣\$100為限，每天祇限一次。每次意外之最高賠償額為港幣\$1,000，而每年最高賠償額為港幣\$3,000。

免費額外保障

1. 雙倍賠償

因下列任何一種情況所引致的意外身故，閣下的受益人可獲雙倍的意外身故保障賠償，金額最高可達港幣\$1,000,000。

- 作為公共交通付款乘客因交通意外死亡
(公共交通包括地下鐵路、火車、電車、的士、公共巴士、渡輪或民航機)

- 警察與匪徒間的槍戰

- 住宅大廈內發生火災

2. 住院現金津貼

如被保人因意外而需入院治療，由第四天起，每星期可獲現金津貼港幣\$1,000，而每年最高賠償額為港幣\$25,000。

3. 雙倍海外醫療費用賠償

若被保人在香港以外發生意外，醫療費用的賠償限額將會自動增加一倍。

4. 附加配偶保障

(若投保基本保障額達港幣\$1,000,000或以上)
被保人的配偶可獲港幣\$100,000的意外身故保障。

5. 撫恤賠償

(若投保基本保障額達港幣\$1,000,000或以上)
如被保人及其配偶於同一意外中身故，其未滿18歲之子女均可獲港幣\$50,000的賠償。最高賠償總額達港幣\$200,000(即共4名子女)。

6. 嚴重燒傷

若被保人遭受三級程度燒傷且燒傷部份達身體總表面積百分之十五或以上，本公司將依照保單的賠償表所列之百分率作出賠償。

7. 24小時全球緊急支援服務

若被保人出外旅遊或公幹發生意外，可享免費24小時全球緊急支援。服務包括醫療撤離及遣返、旅遊支援服務及法律團體轉介。

*上述服務由本公司委任之救援中心提供。

Summary of Benefits for Major Injuries and Compensation Scale

保障利益賠償表(摘要)

Benefits 保障利益	Compensation Payable 保額賠償百分比
1. Accidental Death 意外死亡	100%
2. Total and permanent disablement from engaging in or attending to employment or occupation of any and every kind 完全及永久性傷殘而導致不能從事任何工作	100%
3. Loss of all sight in one or both eyes 完全及永久喪失單眼或雙眼視力	100%
4. Total loss by physical severance or total and permanent loss of use of: 完全喪失或永久及完全喪失以下部份之功用: a. one or two limbs 單肢或雙肢 b. one or both hands 單手或雙手 c. arm above the elbow 手肘以上之手臂 d. arm at or below the elbow 手肘或手肘以下之手臂 e. leg above the knee 膝蓋以上的腿部 f. leg at or below the knee 膝蓋或以下的腿部	100% 100% 100% 100% 100% 100%
5. Total and permanent loss of 完全及永久喪失 a. sight in one eye (except perception of light) 單目之視力(對光線感應除外) b. lens of one eye 單目的晶狀體	50% 50%
6. Total loss by physical severance or total and permanent loss of use of: 完全喪失或永久及完全喪失以下部份之功用: a. thumb and four fingers of one hand 其中一手之所有手指 b. four fingers of one hand 其中一手之四指 c. thumb (both phalanges) 拇指之兩個關節	50% 40% 25%
7. Total and permanent loss of: 完全及永久喪失: a. hearing in both ears 雙耳聽覺 b. hearing in one ear 單耳聽覺 c. speech 說話能力	75% 15% 50%
8. Total loss by physical severance or total loss of use of thumbs, fingers, toes 完全喪失或永久及完全喪失拇指、手指及腳趾之功用	*see below *如下
9. Third degree burns which cover more than: 三級程度燒傷: a. 30% of the entire body surface 燒傷部份達身體總表面積百分之三十或以上 b. 15% of the entire body surface 燒傷部份達身體總表面積百分之十五或以上	40% 30%

* Please refer to our Policy for detail of the percentage of compensation.

* 有關詳細的賠償百分率請參照保單。

Major Exclusions

The following is only a summary of the major exclusions. Please refer to the Policy for full details.

- Any death, disablement or injury caused by pre-existing physical or mental defects or infirmity, effects of alcohol or drugs, war, riot, strike, civil commotion, suicide or intentional self-injury, pregnancy or childbirth.
- Flying except as a passenger in a fully licensed passenger carrying aircraft.
- Motor cycling (as driver or passenger), winter sports (other than skating), mountaineering or rock climbing, parachuting, hang gliding, underwater activities necessitating the use of breathing apparatus, any kind of racing (other than on foot or swimming), trial of speed or reliability or any sports in a professional capacity.
- Act of terrorism.

主要不保事項

以下只為不保事項之概略，詳細內容請參閱保單。

- 受保前已存在之身體殘缺、精神病或智力不健全、酗酒、濫用藥物、戰爭、暴亂、罷工、內亂、自殺或自我傷害行為、懷孕或分娩引致之死亡、傷殘及損傷。
- 飛行(以乘客身份乘搭民航機除外)。
- 駕駛或乘坐電單車、冬季運動(溜冰除外)、攀山或攀岩、跳傘、翔翔飛行、水肺潛水、非徒步或游泳之速度競賽或測試及一切職業體育運動。
- 恐怖主義活動。

Notes

This brochure gives only an outline of the terms and conditions of the insurance cover and any information given herein is subject to the precise terms and conditions in our Policy, a specimen copy of which will be furnished to you on request.

注意

本小冊子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。

Occupational Classification

Class 1

Persons engaged in indoor or professional, administrative, managerial, clerical and non - manual occupations.

e.g. Accountant, Banker, Clerk, Doctor, Teacher, Secretary, etc.

Class 2

Persons engaged in outdoor duties of non-manual works and / or work of a supervisory nature.

e.g. Outdoor Salesman, Commercial Traveller, Domestic Servant, Merchandiser, Messenger, Civil Engineer, etc.

Class 3

Persons engaged in light manual work without using heavy machine.

e.g. Restaurant Waiter, Private Car Driver (within Hong Kong), Garment Worker, etc.

Class 4

Persons engaged in manual works.

e.g. Car Mechanic, Electrician, Plumber (indoor), Commercial Vehicle Driver (within Hong Kong), etc.

Those occupations not listed above will be considered on application.

職業類別

第一類

從事室內工作或專業、行政、管理、文職等非體力勞動之工作。例如會計師、銀行家、文員、醫生、教師、秘書等。

第二類

從事非體力勞動之戶外或有監管性質之工作。

例如外勤營業員、商務行政人員、家傭助理、買辦人員、信差、建築工程師等。

第三類

日常涉及體力勞動但不需操作重型機器之人士。

例如侍應生、私家車司機(香港境內)、製衣工人等。

第四類

從事體力勞動人士。

例如汽車維修工人、電器技工、水喉匠(室內)、商用車司機(香港境內)等。

上文沒有列舉的職業，本公司須按個別情況而決定是否承保及釐定保費

Premium Table 保費表

Benefits 保障利益	Annual Rate (on amount to be insured) 年費率 (下列%乘以投保額)			
	Class 1 第一類別	Class 2 第二類別	Class 3 第三類別	Class 4 第四類別
Basic Benefits Coverage 基本保障				
A. Accidental Death or 意外身故或	0.08%	0.1%	0.2%	0.3%
B. Permanent Disablement 永久傷殘				
Optional Extra Benefits Coverage 自選附加保障				
C. Temporary Total Disablement (per week) 暫時性完全喪失工作能力 (每週)	35%	40%	70%	90%
D. Medical Expenses 醫療費用	3%	4%	6%	10%
E. Chinese Bonesetter or Acupuncturist Treatment Expenses 中醫跌打或針灸治療費用	HK\$120	HK\$150	HK\$180	HK\$210

Insurance levy is not included in the above premium 以上保費並未包括保費徵費

Insurance Levy Rate Table 保費徵費表

Date of Policy Inception 保單起保日	Rate 徵費率	最高徵費 (港幣)
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 the relevant policy at the applicable rate. For further information, please visit boltechinsurance.com.hk or contact: (852) 2603 9435.

Notes

1. Minimum Premium

Minimum Policy Premium is HK\$500.00.

2. Minimum Capital Sum Insured for Accidental Death or Permanent Disablement Benefit

Accidental Death or Permanent Disablement (Basic Benefits) shall be subject to a minimum capital sum insured of:

- HK\$500,000 for Class 1 & 2 occupation
- HK\$250,000 for Class 3 occupation
- HK\$150,000 for Class 4 occupation

3. Temporary Total Disablement Benefit

- Housewife, student, daily waged employee, casual worker, unemployed, self-employed, sole proprietor, retired as well as children are not entitled to Temporary Total Disablement benefit.
- Weekly benefit of Class 1 & 2 occupation shall not exceed 80% of the Insured Person's weekly income and up to 0.2% of the capital sum insured of Basic Benefit or HK\$2,000, whichever shall be the lesser.
- Weekly benefit for Class 3 & 4 occupation shall not exceed 80% of the Insured Person's weekly income or HK\$700, whichever shall be the lesser.
- For reimbursement under Temporary Total Disablement benefit, only original sick leave certificates issued by registered medical practitioner will be recognised. The Insured Person is also required to submit a written confirmation from the employer(s) on his/her absence from work due to injury before any compensation is payable.

4. Medical Expenses Benefit

Medical Expenses benefit shall not exceed:

- 5% of the capital sum insured of Basic Benefit, or
- HK\$50,000 for Class 1 & 2 occupation and HK\$10,000 for Class 3 & 4 occupation, whichever shall be the lesser.

注意

1. 最低收費

本保單最低收費為港幣\$500。

2. 意外身故或永久傷殘的最低投保額

意外身故或永久傷殘保障(基本保障)的最低投保額將以被保人所從事的職業為依據:

- 第一或第二類為港幣\$500,000
- 第三類為港幣\$250,000
- 第四類為港幣\$150,000

3. 暫時性完全喪失工作能力

- 暫時性完全喪失工作能力保障不適用於家庭主婦、學生、日薪僱員、臨時工、失業、自僱、獨資經營、退休人士及兒童。
- 從事第一或第二類職業的被保人，暫時性完全喪失工作能力的每週最高賠償額將不會超過其每週入息的80%，並不超過基本保障額的0.2%或港幣\$2,000，以較低者為限。
- 從事第三或第四類職業的被保人，暫時性完全喪失工作能力的每週最高賠償額將不會超過其每週入息的80%，或港幣\$700，以較低者為限。
- 被保人必須出示由政府註冊醫生簽發的病假證明書正本及由僱主發出的休假證明書正本，才可獲得每週賠償利益。

4. 醫療費用

醫療費用的最高投保額:

- 以基本保障之5%為限，或
- 港幣\$50,000(從事第一或第二類職業的被保人) 港幣\$10,000(從事第三或第四類職業的被保人)

AccidentCare Plus Insurance Application Form 綜合意外投保書 Please complete in BLOCK LETTERS and tick where appropriate. 請以英文正楷填寫並於適當空格內加上「✓」號。

(I) Details of Applicant 投保人資料		
Full Name 姓名: <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Miss 小姐	Date of Birth 出生日期: _____DD日 _____MM月 _____YY年	HKID Card 香港身份證:
	Contact No. 聯絡電話	Email Address 電郵地址:
Relationship with Person to be insured 與被保人關係:	Nature of Work / Exact Duties: 工作性質 / 職責:	
Correspondence Address 通訊地址: Flat 室 _____, Floor 樓 _____, Block 座 _____, Building 大廈名稱: _____ Street 街道: _____ District 地區: _____ <input type="checkbox"/> HK 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> NT 新界		Period of Insurance Required 要求保單生效日期: From 由 _____DD日 _____MM月 _____YY年 To 至 _____YY年DD日 _____MM月 _____

(II) The Person to be insured (Age Limit : 18 to 65) 被保人資料 (年齡限制: 18至65歲)		
Full Name 姓名: <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Miss 小姐	Date of Birth 出生日期: _____DD日 _____MM月 _____YY年	HKID Card. 香港身份證:
	Name of Employer 僱主名稱:	Occupation / Profession 職業:
		Nature of Work / Exact Duties 工作性質 / 職責

(III) Beneficiary 受益人		(IV) Type of Cover Required 保障選擇	
Full Name 姓名: <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Miss 小姐	HKID Card 香港身份證:	Basic Benefits Coverage 基本保障	
		Accidental Death or 意外身故或 Permanent Disablement 永久傷殘	HK 港幣 \$
Relationship with Person to be insured 與被保人關係:		Optional Extra Benefits Coverage 自選附加保障	
		Temporary Total Disablement (per week) 暫時性完全喪失工作能力 (每週)	HK 港幣 \$
		Medical Expenses 醫療費用	HK 港幣 \$
		Chinese Bonesetter or Acupuncturist Treatment Expenses 中醫跌打或針灸治療費用	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

(V) General Information 其他資料	
1. Are you or the person to be insured normally residing in Hong Kong? 閣下或被保人是否經常居於香港?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
2. Do you or the person to be insured's occupation or profession involve manual work or supervision of manual work? 閣下或被保人從事的職務是否需要體力勞動或監管體力勞動?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
3. Are you or the person to be insured at present holding any Life, Accident or Medical Insurance effected with us or other insurers? 閣下或被保人現在是否已與本公司或其他公司購有任何人壽、意外或醫療保險?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
4. In respect of Life, Accident or Medical insurance, has any insurer ever declined to insure you or refused to renew your insurance or imposed special terms on your insurance or cancelled your insurance? 閣下或被保人否在投保人壽、意外或醫療保險時被拒絕投保或拒絕續保或附加特別條款或取消保單?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
5. In respect of Life, Accident or Medical insurance, have you or the person to be insured ever made any claims against any insurers during the last 5 years? 閣下或被保人否曾在過去五年內因任何疾病或身體損傷而向保險公司要求賠償?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
6. Are you or the person to be insured suffering or ever suffer from any major medical conditions, mental disease, physical defects or infirmity? 閣下或被保人之身體功能否曾有殘損? 閣下或被保人曾否患有任何精神病?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
7. Do you or the person to be insured engage or intend to engage in any dangerous sports or activities? 閣下或被保人否會參加任何危險性運動或活動?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

If the answer to any of the question no. 2 to 7 (inclusive) above is "Yes", please provide details. 如以上2至7之問題中, 所選的答案為 "是", 請詳細說明。

(VI) Payment Method 付款方法	
Cheque should be crossed and made payable to "Bolttech Insurance (Hong Kong) Company Limited" 劃線支票抬頭請寫: 「保特保險(香港)有限公司」 <input type="checkbox"/> Cheque 支票 <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Credit Card No. 信用卡號碼 _____ Cardholder's Name 持卡人姓名 _____ Card Expiry Date 信用卡有效期至 _____ M月 _____ Y年	I hereby authorize Bolttech Insurance (Hong Kong) Company Limited to charge my credit card account specified for this insurance. 本人茲授權保特保險(香港)有限公司從本人列明的信用卡賬戶支取此保險所應繳之保費 _____ Cardholder's Signature 持卡人簽署 _____ Date 日期

*The payer and the policyholder must be the same person. No third party payment is accepted. 付款人及保單持有人必須為同一人。第三者付款將不獲接納。

Levy collected by the Insurance Authority will be imposed on the relevant policy at the applicable rate. For further information, please visit bolttechinsurance.hk or contact: (852) 2603 9435.

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 bolttechinsurance.hk 或致電: (852) 2603 9435。

Declaration 聲明

I/We hereby declare and agree that:

1. I/We have read and understood the product brochure and the terms and/or conditions of the policy provisions of the product in this application.
2. The information and particulars provided on this application form are accurate, true and complete and are given to the best of my knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Bolttech Insurance (Hong Kong) Company Limited ("the Company") and me/us. I hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about this application may render the Company unable to accept or process this application or the insurance policy void.
3. The insurance coverage applied for shall only take effect when this application has been accepted by the Company and I/ We have paid the required premium.
4. I/We have read, understood and accepted the Personal Information Collection Statement of the Company ("PICS"). By signing below, I/We confirm this application and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the PICS, and I understand I can scan the QR code below for review of the PICS or else I can request a copy of the PICS by calling the Company's Customer Service Hotline at 2603 9435.



5. If you do not agree to the use and provision of your personal data for direct marketing as set out in paragraphs 8 and 9 of the PICS, please tick the box below and we will not use your personal data for direct marketing.
 I/We do not agree with the use and provision of my/our personal data for direct marketing purposes and do not wish to receive any promotional and direct marketing materials.
6. (If applicable) I/We have obtained the authorisation from the insured person to provide the information requested in this application and to deal with and receive or request information concerning the insured person from the Company in relation to any matters arising from this application. I/We further acknowledge that the insured person has been explicitly informed and agrees that his/her personal data will be transferred to the Company for the purpose of this application and has been informed of his/ her rights under the PICS (see paragraph 4 above).
7. Where the Applicant(s) has/have an Insurance Broker:
I/We understand, acknowledge and agree that, as a result of the purchasing and taking up the policy by me/us, with the policy issued by the Company, the Company will pay my/our authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy.(If applicable) Where the applicant is a body corporate, I/We am/ are the authorized person(s) signing on behalf of the applicant and I/We further confirm to the Company that I/We am/are authorized to do so. I/We understand that the above agreement is necessary for the Company to proceed with the application.

本人/我們，謹此聲明並同意：

1. 本人/我們已參閱並明白有關此申請之產品小冊子及保單條款。
2. 此申請表格內所提供的資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的。本人/我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為保特保險(香港)有限公司("本公司")及本人/我們之保險合約之承保根據。本人/我們在此確認，如未能提供真實及準確無誤之資料或通知本公司任何有關此保險申請之重要資料，將可能導致本公司不能接受或處理此保險申請或令本保單失效。
3. 保障一概必須在本申請獲本公司接納後及本人/我們已繳交應付保費後始可生效。
4. 本人/我們已閱讀、明白及接受本公司的收集個人資料聲明。透過以下簽名，本人/我們確認此申請並同意本公司可根據收集個人資料聲明列出之目的使用及披露本公司目前或將來持有的關於本人/我們的所有個人資料，並理解本人可以掃描以下二維碼查看本公司的收集個人資料聲明，或可致電本公司的客戶服務熱線 2603 9435 索取收集個人資料聲明副本。



5. 如閣下不同意本公司根據收集個人資料聲明第8和9段使用及提供本人的個人資料以作直銷目的，請在以下有關方格內加上剔(✓)號。
 本人/我們不同意本公司使用及提供本人的個人資料以作直銷目的，並不願意接收任何推廣訊息或直銷資訊。
6. (如適用)本人/我們已獲受保人授權提供本申請所需之一切資料，並就本申請之相關事宜，與本公司進行交涉，並向其接收或索取與受保人有關之資料。本人/我們並確認受保人已獲明確通知及同意，其個人資料將會轉介予本公司作辦理本申請之用，亦已獲通知其在收集個人資料聲明下所享有的權利(見上文第4段)。
7. 如申請人有保險經紀：
本人/我們明白、確知及同意，本公司會就本人/我們購買及接受其簽發的保單，於保單有效期內(包括續保期)向負責替本人/我們安排有關保單的獲授權保險經紀支付佣金。(如適用)假如申請人為法人團體，本人/我們為代表申請人簽署的獲授權人員並向本公司確認本人/我們已獲該法人團體授權。

本人/我們亦明白本公司必須取得申請人的上述同意，才可以處理其保險申請。

Signature of Applicant / Individual to whom the Personal Information Collection Statement of the Company is given

申請人 / 獲發收集個人資料聲明人士簽署 _____

Name of Agent / Broker/ Technical Representative

代理人 / 經紀 / 業務代表 _____

Date (DD / MM / YYYY)

日期(日/月/年) _____

Account Code

賬戶號碼 _____

Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.

本申請表格的中英文版本如有差異，以英文版本為準。

About bolttech Insurance

Bolttech Insurance (Hong Kong) Company Limited is an established general insurance company authorised by the Hong Kong Insurance Authority. bolttech Insurance offers a wide range of general insurance solutions to meet the evolving needs of individual and business customers. In 2023, bolttech Insurance was rebranded and renamed as part of the international insurtech group, bolttech.

For more information, please visit bolttechinsurance.hk

關於保特保險

保特保險(香港)有限公司獲保險業監管局授權的一般保險業務公司。保特保險提供多元化的一般保險方案，以滿足個人和企業客戶的需求。保特保險於2023年將品牌重鑄並易名，是國際保險科技集團保特集團的其中一員。

如需更多資訊，請瀏覽bolttechinsurance.hk網站。

Personal Information Collection Statement ("PICS") 收集個人資料聲明

Please scan the following QR code for review of Bolttech Insurance (Hong Kong) Company Limited's (the "Company") PICS. You can also request a copy of the PICS by calling the Company's Customer Service Hotline at 2603 9435.

請掃描以下二維碼查看保特保險(香港)有限公司(「本公司」)的收集個人資料聲明。您亦可致電本公司的客戶服務熱線 2603 9435 索取收集個人資料聲明副本。



English



中文

Important Notes

The Applicant (i.e. You are) is required to disclose all material facts which you know Bolttech Insurance (Hong Kong) 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保特保險(香港)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(包括此投保書副本作紀錄)，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。

Bolttech Insurance (Hong Kong) Company Limited 保特保險(香港)有限公司
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香港上環德輔道中308號9樓 | T 2603 9435