

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，您便可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. 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. In the event any discrepancy between the Chinese and English language of this brochure, the English version shall prevail.
7. Critical IllnessCare Insurance Plan is a critical illness plan underwritten and issued by Bolttech Insurance (Hong Kong) 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. 本單張僅提供保單概要，詳情請參閱保單條款及細則，本公司可根據要求提供保單樣本。此單張的中英文版本如有差異，概以英文版本為準。
7. 擊衛您危疾保險計劃是由保特保險 (香港) 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。

Critical IllnessCare Insurance Plan 擊衛您危疾保險計劃

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 renewable 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
<ol style="list-style-type: none">1. 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%)<ol style="list-style-type: none">1.1 Cancer 癌症1.2 Heart Attack 急性心肌梗塞1.3 Stroke 中風
<ol style="list-style-type: none">2. Special Disease Benefit for below covered special diseases 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%)<ol style="list-style-type: none">2.1 Carcinoma-in-situ of Specific Organs 特定器官之原位癌<ol style="list-style-type: none">1. Breast 乳房 ;2. Colon and rectum 結腸及直腸 ;3. Liver 肝 ;4. Lung 肺 ;5. Nasopharynx 鼻咽 ;6. Ovary and/or fallopian tube 卵巢及 / 或輸卵管 ;7. Pancreas 胰臟 ;8. Penis 陰莖 ;9. Stomach and esophagus 胃及食道 ;10. Testis 睪丸 ;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) ;12. Uterus or cervix uteri 子宮或子宮頸 ;13. Vagina 陰道 ;2.2 Early Stage Malignancy of Specific Organs 特定器官之早期癌症<ol style="list-style-type: none">14. Thyroid 甲狀腺 ;15. Prostate 前列腺 ;16. Chronic lymphocytic leukaemia 慢性淋巴性白血病 ;17. Non melanoma skin cancer 非黑色素瘤皮膚癌 。

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 / 港元 200,000



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			Per \$100,000 of Sum Insured			Per \$100,000 of Sum Insured			Per \$100,000 of Sum Insured		
以每十萬元投保額計算			以每十萬元投保額計算			以每十萬元投保額計算			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 day 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 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。

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

<ul style="list-style-type: none"> One application form for <u>one person to be insured only</u> 每份申請表只限投保一名受保人 Person to be insured must be applicant himself or child 受保人必須是申請人自己或子女 Please tick as appropriate 請選擇並加「✓」號 		For Company Use only: 公司專用 Effective Date: 生效日期		
Personal Details of Applicant (Applicant must be a HKID cardholder and age 18 or above) 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)				
Name in English (same as HKID Card) 英文姓名 (與香港身份證相同)		Family Name 姓	Given Name 名	Name in Chinese 中文姓名
HKID Card No. 香港身份證號碼		Sex 性別		<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Date of Birth (DD/MM/YYYY) 出生日期 (日 / 月 / 年)		Nationality (Optional) 國籍 (非必要填寫)		
Contact Details of Applicant 申請人聯絡資料				
Address 地址 (Please complete in ENGLISH 請以英文填寫) (P.O. Box, hotel address and overseas address are not acceptable. 不接受郵政信箱、酒店地址和海外地址。)				
Flat 單位 _____, Room 室 _____, Floor 層數 _____, Block 座 _____				
Building / Mansion / House / Estate 大廈 / 閣 / 樓 / 屋苑				
Street / Road 街 / 道				
District 地區				
<input type="checkbox"/> HK Island 香港島 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> N.T. 新界				
Contact No. 聯絡電話號碼		Mobile No. 流動電話號碼		Email Address 電郵地址
Details of Person to be insured 受保人資料				
Please tick one only 請只選擇一項	<input type="checkbox"/> Myself (Personal details as above) 本人(資料與以上相同)		<input type="checkbox"/> Child 子女	
Please provide average stay of the person to be insured in Hong Kong per year 受保人每年平均居港時間: _____months月				
If the average stay is less than nine months, please provide the place of residence outside Hong Kong: 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: _____				
Name in English (same as HKID Card) 英文姓名 (與香港身份證相同)		Family Name 姓	Given Name 名	Name in Chinese 中文姓名
HKID Card No. 香港身份證號碼		Sex 性別	Date of Birth (DD/MM/YYYY) 出生日期 (日/月/年)	Nationality (Optional) 國籍(非必要填寫)
<input type="checkbox"/> Non-Smoker 非吸煙者 <input type="checkbox"/> Smoker 吸煙者		Number of cigarette per day 每日吸食量 _____ pc(s)		
Nature of Business 行業			Occupation 職業	
Work Environment 工作環境				
<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				
Does your work involve manual work? 是否牽涉手製、手控或體力勞動的工作? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否				
If manual work involved, are you: 如牽涉手製、手控或體力勞動的工作，是否：				
i. Working at height exceeding 6 meters? 需從事離地面超過6米的高空工作? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否				
ii. Working underground or underwater? 需從事地下作業或水下工作? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否				
iii. Handling of nuclear radioactive or toxic chemical materials or explosive materials? 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? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否				
iv. Working as armed forces or carrying? 為武裝部隊或工作時需攜帶武器? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否				
Summary of Benefits 保障範圍				
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)				

Initial Sum Insured 原有投保額 (港元 HK\$)		
<input type="checkbox"/> 200,000	<input type="checkbox"/> 300,000	<input type="checkbox"/> 400,000
<input type="checkbox"/> 500,000	<input type="checkbox"/> 600,000	<input type="checkbox"/> 700,000
<input type="checkbox"/> 800,000	<input type="checkbox"/> 900,000	<input type="checkbox"/> 1,000,000

(此申請以本公司作最終決定為準。The Application is subject to final decision of the Company.)

Critical IllnessCare Insurance Plan Application Form

擊衛您危疾保險計劃申請表

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) 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)			
1. Your Height and Weight 您的身高及體重	Height : 身高 :	m : 米 :	cm : 厘米 :
	ft : 尺 :	in : 寸 :	Weight : 體重 :
			Kg : 公斤 :
			lb : 磅 :
2. In the last 5 years, have you ever been diagnosed with or experienced any symptom(s) of, received any form of treatment or received advice from a doctor regarding, 在過去的 5 年裡, 您是否曾就下列疾病被診斷過或出現過任何症狀、或接受過任何類型的治療、或曾接受醫生建議,			
i. Cancer, tumour or any abnormal growth of the body (including carcinoma-in-situ), heart disease, hypertension, chest pain, palpitation, murmur, stroke, transient ischaemic attack, blood disorder, HIV infection or positive test result. 癌症、腫瘤或身體任何異常增長 (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、血液疾病以及 / 或人類免疫缺乏病毒感染或陽性檢測結果。			<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 沒有
ii. Diabetes or high blood sugar 糖尿病或高血糖			<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 沒有
iii. Kidney failure or abnormal liver function 腎功能衰竭或肝功能異常			<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 沒有
iv. Chronic Lung disease (including but not limited to Chronic Obstructive Pulmonary Disease, Chronic Bronchitis, Emphysema, excluding Asthma) 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)			<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 沒有
3. In the last 12 months, have you ever experienced unexplained bleeding or fever, weight loss of 10 lbs/4.5 kg or more, lumps or abnormal growths anywhere on your body, or any other medical conditions for which you have yet to receive or are currently undergoing medical treatment, investigation, or consultation with a doctor? (Note: Minor illnesses, such as colds, flu, gastroenteritis, respiratory infections, etc., that were treated for less than 14 days, and routine medical check-ups that do not require further investigation or treatment, do not need to be reported). 在過去的 12 個月內, 您是否曾經歷任何未能解釋的出血或發燒, 體重下降超過 10 磅 / 4.5 公斤, 身體任何部位的腫塊或異常生長, 或者其他您尚未接受或正接受醫療治療、調查或與醫生諮詢的醫療狀況? (註: 輕微疾病, 例如感冒、流感、胃腸炎、呼吸道感染等, 治療時間少於 14 天, 以及不需要進一步調查或治療的例行醫療檢查, 無需報告。)			
4. 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 that charged you an additional premium compared to the standard rate of premium advertised by the insurer in the brochure or a term that applied exclusions in addition to those incorporated in the general terms and conditions of the insurance policy)? 在過去的 5 年裡, 您是否曾經有過保人壽、傷殘、危疾或醫療保險的申請被暫緩、拒絕、撤回或需接受附加特殊條款 (例如, 比保險公司宣傳冊上標準保費更高的額外費用, 或是在保險合同的一般條款和條件之外增加一些不保事項條款)?			<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 沒有
5. Do you have two or more immediate family members (i.e., natural parents or siblings) who have been diagnosed with any form or type of cancer, heart disease, or stroke before the age of 50? 您是否有兩位或以上的直系親屬 (即親生父母或兄弟姐妹) 在 50 歲之前已被診斷出患有任何形式?			<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 沒有
Premium Payment Method 繳付保費方法			
Payment Mode 付款期數	<input type="checkbox"/> Yearly 每年	<input type="checkbox"/> Monthly 每月	
Payment Method 付款方法	<input type="checkbox"/> Cheque 支票	<input type="checkbox"/> Credit Card (Please complete the below "Credit Card Payment Authorization" section) 信用卡 (請填寫以下「信用卡付款授權」部分)	
If the Cardholder is not the applicant, please fill in the following information. 若信用卡持有人並非申請人, 請填寫以下資料。			
Relationship with the applicant 與申請人關係:		Reason for paying premium and insurance levy on behalf of the applicant 代申請人支付保費及保費徵費的原因	
<input type="checkbox"/> spouse 配偶		_____	
<input type="checkbox"/> parents 父母		_____	
<input type="checkbox"/> children 子女		_____	
<input type="checkbox"/> I hereby confirm to pay the premium and insurance levy in respect of this Application. 本人同意及承擔此申請的全數應繳保費及保費徵費金額。			
Credit Card Payment Authorisation 信用卡付款授權			
<input type="checkbox"/> Visa 卡		<input type="checkbox"/> Master Card 萬事達卡	
Cardholder's Name 持卡人姓名 _____			
Credit Card Account No. 信用卡戶口號碼 _____		Credit Card Expiry Date (MM/YY) 信用卡到期日 (月 / 年) _____	
<input type="checkbox"/> I hereby authorise Bolttech Insurance (Hong Kong) Company Limited to charge my above credit card account for the premium and insurance levy (including renewal premium) until further notice. 本人茲授權保持保險 (香港) 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。			
X Cardholder's Signature 持卡人簽署 _____		Date 日期 (DD/MM/YYYY) _____	

Critical IllnessCare Insurance Plan 擊衛您危疾保險計劃

Declaration 聲明

I/We hereby declare and agree that:

- 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.
- 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.
- 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.
- 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.



- 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.
- (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).
- 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:

- 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。
- 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持保險 (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。
- 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。
- 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。



- 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。
- (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)。
- 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 _____

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

Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.
本申請表格的中文版本如有差異, 以英文版本為準。

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

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。

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年將品牌重塑並易名,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。

Bolttech Insurance (Hong Kong) Company Limited 保特保險(香港)有限公司

9/F, 308 Central Des Voeux, No. 308 Des Voeux Road Central, Sheung Wan, Hong Kong 香港上環德輔道中 308 號 9 樓 | T 2603 9435