



自願醫保

智慧之選

智適簡自願醫療保險計劃

為政府自願醫保計劃的認可標準計劃
(認可產品編號: S00012-01-000-02)

智適簡自願醫療保險計劃 政府自願醫保計劃認可標準計劃

預期以外的醫療開支會對您造成不必要的阻礙。智適簡自願醫療保障計劃，為您提供政府自願醫保認可的全面綜合的住院及手術醫療保障。為您及您的摯愛親人提供住院保障，助你減輕醫療費用所帶來的壓力。

全面及持續保障

計劃提供每年港元\$420,000的保障限額為住院及手術開支提供保障，限額可每年重新計算，您不會因為保障限額耗盡而失去保障。更可獲保證續保至100歲（實際年齡）。

周全保障

智適簡承保一系列的住院及手術開支，包括精神科治療、診斷成像測試（包括電腦斷層掃描（“CT”掃描）、磁力共振掃描（“MRI”掃描）、正電子放射斷層掃描（“PET”掃描）、PET - CT組合及PET - MRI組合）。以及入院前或出院後 / 日間手術前後的門診護理。假設您不幸被確診患上癌症，不論手術或非手術治療均在承保範圍內。

政府監管 稅項扣減⁹

智適簡自願醫療保險計劃以政府自願醫保計劃作依據，保障您的權益。如果您是香港納稅人為自己及指明親屬投保，您便可從為每名受保人所支付的保費中申請每年稅務扣減高達港元\$8,000。

指明親屬包括：

- 您的配偶/子女
- 您的或您的配偶的父母/祖父母/外祖父母/兄弟姐妹

多名保單持有人

智適簡自願醫療保險計劃提供多名保單持有人選項，所有保單持有人均可於一份保單就同一位受保人申請年度稅務扣減。其扣減額可由所有保單持有人平分，而為同一受保人申請稅務扣減的納稅人數量並沒有設上限。

未知的投保前已有病症可獲保障

在投保時未知的已有病症於一般醫療保險中一般不獲保障。智適簡則可在保單生效首三年的等候期提供部分保障，如下：

投保後首年	投保後第二年	投保後第三年	投保後第四年或以上
不獲賠償	25%	50%	100% (全面賠償)

覆蓋全球的支援服務¹⁰（認可標準計劃以外的免費附加服務）

當您身處外地遇上意外或患病，本計劃的全球緊急援助服務將妥善照顧您的需要。您只需致電24小時緊急援助熱線，即可獲得全天候環球緊急支援服務，包括電話醫療諮詢、緊急醫療撤離及遺體運送等服務。

全天候客戶支援

致電富衛的服務熱線 (852)3123 3123，我們的客戶服務主任隨時為您服務，處理您的保險需要。

透過富衛eServices流動應用程式或登入www.fwd.com.hk，您可隨時隨地輕鬆管理您的富衛保險賬戶。

富衛eServices的功能全面及操作簡易，主要服務包括：

- 檢視保單及保障範圍
- 檢視索償記錄及索償理賠表
- 電子索償申請- 線上迅速及安全地遞交索償申請
- 透過「保單服務」功能，更新通訊資料
- 以流動應用程式的推送通知及電郵，收取有關索償狀況及理賠詳情通知



立即下載
富衛 eServices
流動應用程式！

智適簡自願醫療保險計劃

申請資格

投保年齡	15日至80歲(實際年齡)
保障年期	保證每年續保至受保人100歲 ^{ix}
保費繳費方式	年繳 / 月繳
保單貨幣	港元

保障表

保障項目 ⁽¹⁾	賠償限額(港元)
(a) 病房及膳食	每日 \$750 每保單年度 最多180日
(b) 雜項開支	每保單年度 \$14,000
(c) 主診醫生巡房費	每日 \$750 每保單年度 最多180日
(d) 專科醫生費 ⁽²⁾	每保單年度 \$4,300
(e) 深切治療	每日 \$3,500 每保單年度 最多25日
(f) 外科醫生費	每項手術，按手術表劃分的手術分類 — <ul style="list-style-type: none"> • 複雜 \$50,000 • 大型 \$25,000 • 中型 \$12,500 • 小型 \$ 5,000
(g) 麻醉科醫生費	外科醫生費的35% ⁽⁵⁾
(h) 手術室費	外科醫生費的35% ⁽⁵⁾
(i) 訂明診斷成像檢測 ^{(2) (3)}	每保單年度 \$20,000 (設30%共同保險)
(j) 訂明非手術癌症治療 ⁽⁴⁾	每保單年度 \$80,000
(k) 入院前或出院後 / 日間手術前後的門診護理 ⁽²⁾	每次\$580，每保單年度 \$3,000 <ul style="list-style-type: none"> • 住院 / 日間手術前最多1次門診或急症診症 • 出院 / 日間手術後90日內最多3次跟進門診
(l) 精神科治療	每保單年度 \$30,000
其他限額	
保障項目 (a) — (l) 的每年保障限額	每保單年度 \$420,000
保障項目 (a) — (l) 的終身保障限額	無

註解 -

- (1) 同一項目的合資格費用不可獲上述表中多於一個保障項目的賠償。
- (2) 本公司有權要求有關書面建議的證明，例如轉介信或由主診醫生或註冊醫生在索償申請表內提供的陳述。
- (3) 檢測只包括電腦斷層掃描（“CT”掃描）、磁力共振掃描（“MRI”掃描）、正電子放射斷層掃描（“PET”掃描）、PET - CT組合及PET - MRI組合。
- (4) 治療只包括放射性治療、化療、標靶治療、免疫治療及荷爾蒙治療。
- (5) 此百分比適用於外科醫生費實際賠償的金額或根據手術分類下外科醫生費的保障限額，以較低者為準。
- (6) 縱使保單年度不足十二（12）個月，此計劃的保障範圍、保障金額、保障限額、保障地域範圍、選擇病房級別及其他共同保險也將維持不變。
- (7) 除了保障表內提及的保障項目（I）精神科治療外，所有保障項目均適用於全球。
- (8) 所有保障均不設病房等級及醫療服務提供者選擇的限制，包括但不限於註冊醫生及醫院。
- (9) 智適簡為合資格獲得稅務扣減的計劃（香港納稅人）。年結保費通知書會於每年四月底向前向保單持有人發出，以總結該年度三（3）月底前過去十二（12）個月內已繳付的保費。合資格獲得稅務扣減的指明親屬的數目不設上限。稅務扣減僅適用於香港，並須不時遵守《稅務條例》（第112章）及政府的最新政策。富衛及其中介不會提供任何稅務建議，就任何稅務建議，您應諮詢您的稅務顧問。有關詳情，請參閱稅務局（www.ird.gov.hk）。

指明親屬	有關條件*
父母、祖父母或外祖父母 (包括配偶的父母、祖父母或外祖父母)	1) 年滿55歲（實際年齡）或以上；或 2) 未年滿55歲，但有資格根據政府傷殘津貼計劃申索津貼。
子女或兄弟姊妹 (包括配偶的兄弟姊妹)	1) 未年滿18歲（實際年齡）； 2) 滿18歲或以上，但未滿25，（實際年齡），並在大學、學院、學校或其他相類似的教育機構接受全日制教育；或 3) 年滿18歲或以上，但因身體上或精神上無行為能力而不能工作。

- (10) 服務由第三方服務供應商提供，富衛將不會就第三方服務供應商的任何行為或疏忽負上任何責任。此服務為非保證持續提供及不適用於七十五（75）歲或以上的受保人。富衛或將不時調整有關服務詳情，恕不另行通知。此項服務將適用於受保人在外地旅遊或暫時居住國外並每次行程不超過連續九十（90）天。

重要事項及聲明：

- i. 智適簡由富衛保險有限公司（「富衛」）承保。富衛保留作出更改、修改或調整經香港特別行政區政府（「政府」）所認可此保單的保障賠償及/或於每保單續保時的保費率的權利。
- ii. 智適簡是由富衛發行。富衛對此產品資料所載資料的準確性承擔一切責任。此產品資料只在香港特別行政區（「香港」）派發，並不能詮釋為在香港境外出售，游說購買或提供的富衛保險產品。智適簡的銷售及申請程序必須在香港境內進行及完成手續。
- iii. 所有核保及理賠決定均取決於富衛，富衛根據申請人及受保人於投保時所提供的資料而決定接受或拒絕有關申請，富衛保留接納或拒絕任何申請的權利，並可通過申請結果通知及說明拒絕您的申請。申請經正式接納及在保費繳付後，本公司承保之責任才開始生效。
- iv. 以上全部保障及款項將於扣除未清繳之保費或任何欠付富衛之款項（如有）後支付。
- v. 如您對保單不滿意，則在您未曾因索償而獲得或將獲得賠償的條件下，您有權在「冷靜期」內要求取消保單及取回所有已繳交的保費（以減去任何市值調整後計，如適用）及任何保費徵費。取消權利是受限於 (a) 保單交付至保單持有人或其代表或 (b) 有關通知領取保單及「冷靜期」屆滿日的《通知書》予保單持有人或其代表後，起計21天，以較早者為準，您以書面作出取消保單要求及附有您的親筆簽署並直接寄往於富衛位於香港中環德輔道中308號富衛金融中心9樓的辦事處。
- vi. 智適簡之保單條款受香港特別行政區的法律所規管。
- vii. 於保單生效期間，您可向富衛作出書面申請退回或終止保單。
- viii. 此產品資料只供參考及旨在描述智適簡的主要特點，此產品應與說明文件、條款及保障及其他相關銷售資料一同閱讀。有關粗體及斜體詞匯之釋義、條款細則的詳細資料及所有不保事項，請參閱保單條款。本單張及保單條款內容於描述上有任何歧異，應以保單條款為準。如欲在投保前參閱保險合約條款及保障，您可向富衛索取。
- ix. 保證每年續保受限於富衛能否持續提供本計劃、每年續保時將根據當時的條款及細則包括但不受限於保單終止條文、保障和保費率。續保保費並非保證及每次續保之保費將根據續保時的實際年齡及當時的保費表釐定。保費表會不時根據各因素，包括但不受限於相關的醫療費用的通脹及富衛的理賠數據及保單續保情況釐定。富衛保留隨時作出修改應付賠償額、條款及細則及保費的權利。
- x. 由2018年1月1日起，所有保單持有人須向保險業監管局就新生效的香港保單繳付保費徵費。有關保費徵費的更多資料，請瀏覽我們的網頁 www.fwd.com.hk/tc/insurance-levy/ 或致電客戶服務熱線 3123 3123。

一般不保事項

按本條款及保障，本公司不會賠償與下列項目相關或由其引致的費用 -

1. 任何非醫療所需治療、治療程序、藥物、檢測或服務的費用。
2. 若純粹為接受診斷程序或專職醫療服務（包括但不限於物理治療、職業治療及言語治療）而住院，該住院期間所招致的全部或部分費用。惟若該等程序或服務是在註冊醫生建議下因而進行醫療所需的診斷，或無法以為日症病人提供醫療服務的方式下有效地進行的傷病治療，則不屬此項。
3. 在保單生效日前，因感染或出現人體免疫力缺乏病毒（“HIV”）及其相關的傷病所招致的費用。不論保單持有人或受保人在遞交投保申請文件（若本公司在第一部分第8節提出要求，則包括相關必需資料的任何更新及改動）時是否知悉，若此傷病在保單生效日前已存在，本條款及保障則不會賠償此傷病。若無法證明初次感染或出現此傷病的時間，則此傷病於保單生效日起計五（5）年內發病，將被推定為於保單生效日前已感染或出現；若在這五（5）年後發病，將被推定為於保單生效日後感染或出現。

惟本第3節的不保事項並不適用於因性侵犯、醫療援助、器官移植、輸血或捐血、或出生時受HIV感染所引致的傷病，有關賠償將按本條款及保障內其他條款處理。

4. 因倚賴或過量服用藥物、酒精、毒品或類似物質（或受其影響）、故意自殘身體或企圖自殺、參與非法活動、或性病及經由性接觸傳染的疾病或其後遺症（HIV及其相關的傷病將按本第七部分第3節處理）的醫療服務費用。
5. 以下服務的收費 -
 - (a) 以美容或整容為目的的服務，惟受保人因意外而受傷，並於意外後九十（90）日內接受的必要醫療服務則不屬此項；或
 - (b) 矯正視力或屈光不正的服務，而該等視力問題可透過驗配眼鏡或隱形眼鏡矯正，包括但不限於眼部屈光治療、角膜激光矯視手術（LASIK），以及任何相關的檢測、治療程序及服務。
6. 預防性治療及預防性護理的費用，包括但不限於並無症狀下的一般身體檢查、定期檢測或篩查程序、或僅因受保人及/或其家人過往病歷而進行的篩查或監測程序、頭髮重金屬元素分析、接種疫苗或健康補充品。為免存疑，本第6節並不適用於 -
 - (a) 為了避免因接受其他醫療服務引起的併發症而進行的治療、監測、檢查或治療程序；
 - (b) 移除癌前病變；及
 - (c) 為預防過往傷病復發或其併發症的治療。
7. 牙科醫生進行的牙科治療及口腔頰面手術的費用，惟受保人因意外引致在住院期間接受的急症治療及手術則不屬此項。出院後的跟進牙科治療及口腔手術則不會獲得賠償。
8. 下列醫療服務及輔導服務的費用 - 產科狀況及其併發症，包括但不限於懷孕、分娩、墮胎或流產的診斷檢測；節育或恢復生育；任何性別的結紮或變性；不育（包括體外受孕或任何其他人工受孕）；以及性機能失常，包括但不限於任何原因導致的陽萎、不舉或早泄。
9. 購買屬耐用品的醫療設備及儀器的費用，包括但不限於輪椅、床及家具、呼吸道壓力機及面罩、可攜式氧氣及氧氣治療儀器、血液透析機、運動設備、眼鏡、助聽器、特殊支架、輔助步行器具、非處方藥物、家居使用的空氣清新機或空調及供熱裝置。為免存疑，住院期間或日間手術當日所租用的醫療設備及儀器則不屬此項。
10. 傳統中醫治療的費用，包括但不限於中草藥治療、跌打、針灸、穴位按摩及推拿，以及另類治療，包括但不限於催眠治療、氣功、按摩治療、香薰治療、自然療法、水療法、順勢療法及其他類似的治療。
11. 按接受治療、治療程序、檢測或服務所在地的普遍標準（或尚未經當地認可機構批准）界定為實驗性或未經證實醫療成效的醫療技術或治療程序的費用。
12. 受保人年屆八（8）歲前發病或確診的先天性疾病所招致的醫療服務費用。
13. 已獲任何法律，或由任何政府、僱主或第三方提供的醫療或保險計劃賠償的合資格費用。
14. 因戰爭（不論宣戰與否）、內戰、侵略、外敵行動、敵對行動、叛亂、革命、起義、或軍事政變或奪權事故所招致的治療費用。

調整保費

保費為非保證並每年續保的保費會根據受保人的年齡、居住地、職業以及保單續保時所適用的標準保費計劃而定。

保費年期及欠繳保費

智適簡自願醫療保險計劃的保費條款有效期直至受保人年齡達一百(100)歲。

本公司將給予保單持有人三十(30)日繳交保費的寬限期，由每期保費到期日起計。本保單於寬限期內仍然生效，若在寬限期屆滿後保單持有人仍未繳清保費，本保單即於保費到期日起當日終止。

終止保單

本保單將在以下情況時自動終止，以最先者為準 -

- (a) 保單持有人在本保單之條款及細則內指明的寬限期屆滿時仍未繳交保費；或
- (b) 受保人身故翌日；或
- (c) 本公司不再獲《保險業條例》授權承保或繼續承保本保單。

有關詳細資料，請參閱保單條款之條款及細則。

一般保險保費徵費表

保單起保日	徵費率	最高徵費 (港元)
由 2019 年 4 月 1 日至 2020 年 3 月 31 日	0.060%	\$3,000
由 2020 年 4 月 1 日至 2021 年 3 月 31 日	0.085%	\$4,250
由 2021 年 4 月 1 日之後	0.100%	\$5,000

保險業監管局將會向相關的保單按規定的徵費率徵收保費徵費。將會收取的徵費會按規定轉付予保險業監管局，有關詳情請瀏覽 <https://www.fwd.com.hk/tc/insurance-levy/> 或聯絡(852) 3123 3123。

Premium adjustment

The premium is not guaranteed. The premium for each Renewal is determined based on the Insured Person's attained Age, Place(s) of Residence, occupation and the Standard Premium Schedule applicable at that time when the Policy is renewed.

Premium term and non-payment of premium

The premium payment term of the Policy of VChoice ends on the Policy anniversary immediately following the Insured Person's 100th birthday.

FWD allows a grace period of thirty (30) days after the premium due date for payment of each premium. If a premium is still unpaid at the expiration of the grace period, the Policy will be terminated from the date the first unpaid premium was due. Please note that once the Policy is terminated on this basis, you will lose all of your benefits.

Termination conditions

The Policy shall be automatically terminated on the earliest of the followings –

- (a) where the Policy is terminated due to non-payment of premiums after the grace period as specified in the Policy provision;
- (b) the day immediately following the death of the Insured Person; or
- (c) the Company has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write the Policy.

For more details, please refer to the Terms and Conditions of the Policy provisions.

Insurance Levy Rate Table for General Insurance

Date of Policy Inception	Rate	Cap (HKD)
From 1 Apr 2019 till 31 Mar 2020	0.060%	\$3,000
From 1 Apr 2020 till 31 Mar 2021	0.085%	\$4,250
From 1 Apr 2021 onward	0.100%	\$5,000

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

Exclusions:

Under these Terms and Benefits, the Company shall not pay any benefits in relation to or arising from the following expenses.

1. Expenses incurred for treatments, procedures, medications, tests or services which are not Medically Necessary.
2. Expenses incurred for the whole or part of the Confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a Registered Medical Practitioner for Medically Necessary investigation or treatment of a Disability which cannot be effectively performed in a setting for providing Medical Services to a Day Patient.
3. Expenses arising from Human Immunodeficiency Virus ("HIV") and its related Disability, which is contracted or occurs before the Policy Effective Date. Irrespective of whether it is known or unknown to the Policy Holder or the Insured Person at the time of submission of Application, including any updates of and changes to such requisite information (if so requested by the Company under Section 8 of Part 1) such Disability shall be generally excluded from any coverage of these Terms and Benefits if it exists before the Policy Effective Date. If evidence of proof as to the time at which such Disability is first contracted or occurs is not available, manifestation of such Disability within the first five (5) years after the Policy Effective Date shall be presumed to be contracted or occur before the Policy Effective Date, while manifestation after such five (5) years shall be presumed to be contracted or occur after the Policy Effective Date.

However, the exclusion under this entire Section 3 shall not apply where HIV and its related Disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth, and in such cases the other terms of these Terms and Benefits shall apply.

4. Expenses incurred for Medical Services as a result of Disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related Disability, where Section 3 of this Part 7 applies).
5. Any charges in respect of services for –
 - (a) beautification or cosmetic purposes, unless necessitated by Injury caused by an Accident and the Insured Person receives the Medical Services within ninety (90) days of the Accident; or
 - (b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.
6. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the Insured Person and/or his family members, Hair Mineral Analysis (HMA), immunisation or health supplements. For the avoidance of doubt, this Section 6 does not apply to –
 - (a) treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other Medical Services provided;
 - (b) removal of pre-malignant conditions; and
 - (c) treatment for prevention of recurrence or complication of a previous Disability.
7. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist except for Emergency Treatment and surgery during Confinement arising from an Accident. Follow-up dental treatment or oral surgery after discharge from Hospital shall not be covered.
8. Expenses incurred for Medical Services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause.
9. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during Confinement or on the day of the Day Case Procedure.
10. Expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydrotherapy, homeotherapy and other similar treatments.
11. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.
12. Expenses incurred for Medical Services provided as a result of Congenital Condition(s) which have manifested or been diagnosed before the Insured Person attained the Age of eight (8) years.
13. Eligible Expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.
14. Expenses incurred for treatment for Disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

Important Notes and Declarations:

- i. VChoice is underwritten by FWD General Insurance Company Limited (“FWD”). FWD reserves the right to revise, modify or adjust the benefits payable under the Policy as certified by the Hong Kong Special Administrative Region Government (“Government”) and/or premium rates at each Policy Renewal.
- ii. VChoice is issued by FWD. FWD 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 FWD outside Hong Kong. All selling and application procedures of VChoice must be conducted and completed in Hong Kong.
- iii. All underwriting and claims decisions are made by FWD. FWD relies upon the information provided by the applicant and the insured in the insurance application. FWD reserves the right to accept or decline any application and can decline your application by giving notification and explanation of application result. The liability of FWD does not commence until the application has been formally accepted and the premium has been paid.
- iv. All the above benefits and payment are paid after deducting unpaid premiums or any amount due (if any) to FWD under the Policy.
- v. If you are not satisfied with the Policy, you have the right to cancel it and obtain a refund of any premium paid (less any market value adjustment, if any) and any levy by giving written notice during the cooling-off period. The cancellation right is subject to the request to cancel must be signed by you and received by the office of FWD at 9/F., FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong within twenty-one (21) days after (a) the delivery of the Policy; or (b) the issue of a notice to you or your representative stating that the Policy are available and when the cooling-off period would expire, whichever is earlier, provided that no refund can be made if a benefit payment has been made, is to be made or impending.
- vi. The Policy provisions of VChoice are governed by the laws of Hong Kong.
- vii. While the Policy is in force, you may terminate the Policy by sending a written request to FWD.
- viii. This product material is for reference only and is indicative of the key features of VChoice. This product material should read along with the Terms and Benefits and other relevant marketing materials. For the definition of capitalized terms, the exact terms and conditions and the full list of exclusions of VChoice, please refer to the Policy provisions. In the event of any ambiguity or inconsistency between the terms of this leaflet and the Policy provisions, the Policy provisions shall prevail. If you want to read the Terms and Benefits of the Policy provisions before making an application, you can obtain a copy from FWD.
- ix. Guaranteed yearly renewal is subject to the continual availability of the Plan offered by FWD, terms and conditions applicable including but not limited to Termination Provisions, benefits, and premium rates at the time of renewal. Renewal premiums are not guaranteed and the premiums for each renewal are determined based on the Age and the premium table applicable upon renewal. Premium table is subject to change based on factors including but not limited to the inflation of related medical expense, FWD’s medical claim experience and persistency of policies from time to time.
- x. Effective from 1 January 2018, all Policy Holder are required to pay a levy on each premium payment made for both new and in-force Hong Kong policies to the Insurance Authority. For further information on levy, please visit our website at www.fwd.com.hk/en/insurance-levy or contact our customer service hotline 3123 3123.

Remarks:

1. Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.
2. The Company shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.
3. Tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.
4. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
5. The percentage here applies to the Surgeon's fee actually payable or the benefit limit for the Surgeon's fee according to the surgical categorisation, whichever is the lower.
6. The benefit coverage, benefit amount and benefit limits, territorial scope of cover, choice of ward class and Coinsurance of this Plan will remain unchanged even if the Policy Year lasts for less than 12 months.
7. Except for the psychiatric treatments as stated in benefit item (I), of the Benefit Schedule, all benefits described in the benefit items shall be applicable worldwide.
8. All benefits described in the benefit items are not subject to any restriction in the choice of healthcare services provider and ward class, including but not limited to Registered Medical Practitioner and Hospital.
9. VChoice is eligible for tax deduction by you (Hong Kong taxpayer). The annual premium statement will be issued to you on or before end of April every year for the premium paid during the preceding 12 months ending March of the same year. There is no cap on the number of specified relatives that are eligible for tax deduction. This tax deduction is applicable for Hong Kong only and shall be subject to the Inland Revenue Ordinance (Cap.112) and Government policy as applicable from time to time. FWD and its intermediaries do not provide tax advice and you should consult your own tax advisor for any tax advice. For details of tax deduction arrangement, please refer to the website of Inland Revenue Department of Hong Kong (www.ird.gov.hk).

Specified Relative	Conditions
Parent or Grandparent (including spouse's parent or grandparent)	1) aged 55 or more; or 2) under the Age of 55 but eligible to claim an allowance under the Government's Disability Allowance Scheme
Child or Sibling (including spouse's sibling)	1) under the Age of 18; or 2) aged 18 or more but under the Age of 25 and receiving full time education at a university, college, school or other similar educational establishment; or 3) aged 18 or more but incapacitated for work by reason of physical or mental disability

10. The service is provided by a 3rd party service provider and FWD shall not be responsible for any act or failure to act on the part of the 3rd party service provider. This service is not guaranteed renewable and is not applicable to Insured Person aged 75 or above. FWD may revise the details of the services from time to time without prior notice. This service is available to the Insured Person when travelling outside the home country or country of residence for periods not exceeding ninety (90) consecutive days per trip.

VChoice Voluntary Health Insurance Plan

Eligibility

Issue Age	Age 15 days – Age 80 (Attained Age)
Benefit Term	Guaranteed yearly renewal ^{ix} up to Age 100 of the Insured Person
Premium Payment Mode	Annually / Monthly
Currency	HKD

Benefit Schedule

Benefit items ⁽¹⁾	Benefit limit in HKD
(a) Room and board	\$750 per day Maximum 180 days per Policy Year
(b) Miscellaneous charges	\$14,000 per Policy Year
(c) Attending doctor's visit fee	\$750 per day Maximum 180 days per Policy Year
(d) Specialist's fee ⁽²⁾	\$4,300 per Policy Year
(e) Intensive care	\$3,500 per day Maximum 25 days per Policy Year
(f) Surgeon's fee	Per surgery, subject to surgical category for the surgery / procedure in the Schedule of Surgical Procedures– <ul style="list-style-type: none"> • Complex \$50,000 • Major \$25,000 • Intermediate \$12,500 • Minor \$5,000
(g) Anaesthetist's fee	35% of Surgeon's fee payable ⁽⁵⁾
(h) Operating theatre charges	35% of Surgeon's fee payable ⁽⁵⁾
(i) Prescribed Diagnostic Imaging Tests ^{(2) (3)}	\$20,000 per Policy Year Subject to 30% Coinsurance
(j) Prescribed Non-surgical Cancer Treatments ⁽⁴⁾	\$80,000 per Policy Year
(k) Pre-and post-Confinement/ Day Case Procedure outpatient care ⁽²⁾	\$580 per visit, up to \$3,000 per Policy Year <ul style="list-style-type: none"> • 1 prior outpatient visit or Emergency consultation per Confinement / Day Case Procedure • 3 follow-up outpatient visits per Confinement / Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)
(l) Psychiatric treatments	\$30,000 per Policy Year
Other limits	
Annual Benefit Limit for benefit items (a) – (l)	\$420,000 per Policy Year
Lifetime Benefit Limit for benefit items (a) – (l)	Nil

VChoice Voluntary Health Insurance Plan is a Standard Plan certified by the Government under Voluntary Health Insurance Scheme

Yet unexpected medical costs can distract your focus and hinder progress. To ensure peace of mind, the Government-certified VChoice Voluntary Health Insurance (“VChoice”) provides you comprehensive reimbursement coverage on hospitalisation and surgical care. With VChoice, you and your loved ones are covered for the high cost of medical treatments which helps ease the financial stress of medical treatments.

Comprehensive and Continuous Coverage

VChoice provides you with an annual limit of HKD420,000 to reimburse your expense on hospitalisation and surgical benefits. Limits are reset annually to offer your comprehensive coverage with intact insurance, which is guaranteed renewable until the Age of 100 (attained Age)!

All-round Protection

A range of hospitalisation and surgical benefits, including Psychiatric Treatment, Diagnostic Imaging Tests (CT scan, MRI scan, PET scan, PET-CT combined and PET-MRI combined) and Pre- and Post- Confinement/ Day case Procedure outpatient care, can be reimbursed under VChoice without any lifetime limit. In case you are unfortunately diagnosed with a cancer, no matter it is surgical or non-surgical, this plan does cover the treatment needed.

Government regulated; Pay less in Tax⁹

You can be confident VChoice is fair to you and meets the Government’s regulatory standards. If you are a Hong Kong taxpayer, you can claim annual tax deduction up to HKD8,000 per Insured Person from the premium paid for yourself and your specified relatives (irrespective of number)!

Specified relatives include:

- Your spouse / child
- Your or your spouse’s parent / grandparent / brother or sister

Multiple Policyholders

VChoice offers Multiple Policy Holders option where all the Policy Holders can equally share the premium paid for the same Insured Person under one Policy for tax deduction. There is no cap on the number of taxpayers who can make a claim for tax deduction for the same Insured Person.

Cover Unknown Pre-existing Conditions

Pre-existing conditions unknown to applicants are commonly excluded from benefit coverage. VChoice, however, provides partial coverage during a waiting period of 3 years upon Policy inception as below:

1 st Policy Year	2 nd Policy Year	3 rd Policy Year	4 th Policy Year and thereafter
No Coverage	25%	50%	100% (Full coverage)

Worldwide support service¹⁰ (Free service other than the Certified Plan)

If you have an Accident or suffer an illness whilst abroad, your needs will be well taken care of with the Worldwide Emergency Assistance. All you need to do is call the 24-hour emergency assistance hotline to enjoy round-the-clock worldwide support and assistance that includes phone medical advice, emergency medical evacuation and repatriation of mortal remains, etc.

Service at Your Fingertips

Just call one number at (852)3123 3123 and our Customer Service Representatives are at your service to address your insurance needs.

You may access the FWD eServices mobile app or website (www.fwd.com.hk) to manage your FWD insurance account anytime and anywhere. FWD eServices has broad features and is easy to use. Key services of the FWD eServices include:

- View policy terms and benefits
- View claim history and statements
- Claims submission - secure e-claims submission
- Update contact information (under ‘Self-Service’)
- Receive latest update on claim status and notification on settlement via the mobile app’s push notification and email



**Download
FWD eServices
Mobile App now!**



VHIS

Choice of Wisdom

VChoice Voluntary Health Insurance Plan

is a Standard Plan certified by the Government
under the Voluntary Health Insurance Scheme (“VHIS”)
(Certification Number: S00012-01-000-02)

VChoice Voluntary Health Insurance Plan

Standard Premium Schedule (HKD)

(Effective from 1 April, 2019)

Attained Age	Male		Female		Attained Age	Male		Female	
	Annual	Monthly	Annual	Monthly		Annual	Monthly	Annual	Monthly
0#	2,996	270	2,177	196	50	4,104	370	4,941	445
1	2,996	270	2,177	196	51	4,320	389	5,085	458
2	2,996	270	2,177	196	52	4,544	409	5,235	472
3	2,996	270	2,177	196	53	4,781	431	5,393	486
4	1,363	123	1,525	138	54	5,028	453	5,561	501
5	1,363	123	1,525	138	55	5,321	479	5,766	519
6	1,363	123	1,525	138	56	5,557	501	5,989	540
7	1,363	123	1,525	138	57	5,848	527	6,211	559
8	1,363	123	1,525	138	58	6,142	553	6,451	581
9	1,363	123	1,525	138	59	6,440	580	6,735	607
10	1,363	123	1,525	138	60	6,736	607	7,068	637
11	1,363	123	1,525	138	61	7,108	640	7,417	668
12	1,363	123	1,525	138	62	7,491	675	7,765	699
13	1,363	123	1,525	138	63	7,883	710	8,117	731
14	1,363	123	1,525	138	64	8,374	754	8,457	762
15	1,400	126	1,613	146	65	8,833	795	8,803	793
16	1,471	133	1,696	153	66	9,322	839	9,171	826
17	1,484	134	1,760	159	67	9,841	886	9,563	861
18	1,492	135	1,821	164	68	10,385	935	9,975	898
19	1,501	136	1,875	169	69	10,953	986	10,405	937
20	1,566	141	1,921	173	70	11,532	1,038	10,839	976
21	1,574	142	1,956	177	71	12,115	1,091	11,271	1,015
22	1,606	145	1,995	180	72	12,702	1,144	11,696	1,053
23	1,638	148	2,060	186	73	13,168	1,186	12,108	1,090
24	1,693	153	2,121	191	74	13,568	1,222	12,507	1,126
25	1,738	157	2,234	202	75	13,894	1,251	12,839	1,156
26	1,782	161	2,284	206	76	14,263	1,284	13,161	1,185
27	1,842	166	2,338	211	77	14,561	1,311	13,483	1,214
28	1,886	170	2,393	216	78	14,815	1,334	13,800	1,242
29	1,949	176	2,450	221	79	15,180	1,367	14,121	1,271
30	1,993	180	2,576	232	80	15,744	1,417	14,638	1,318
31	2,041	184	2,639	238	81*	16,054	1,445	14,886	1,340
32	2,087	188	2,709	244	82*	16,357	1,473	15,123	1,362
33	2,150	194	2,778	251	83*	16,676	1,501	15,372	1,384
34	2,230	201	2,856	258	84*	16,995	1,530	15,641	1,408
35	2,289	207	3,012	272	85*	17,295	1,557	15,913	1,433
36	2,326	210	3,090	279	86*	17,592	1,584	16,186	1,457
37	2,400	216	3,172	286	87*	17,866	1,608	16,428	1,479
38	2,471	223	3,255	293	88*	18,164	1,635	16,688	1,502
39	2,540	229	3,343	301	89*	18,457	1,662	16,943	1,525
40	2,643	238	3,517	317	90*	18,753	1,688	17,199	1,548
41	2,707	244	3,628	327	91*	19,051	1,715	17,459	1,572
42	2,829	255	3,764	339	92*	19,360	1,743	17,726	1,596
43	2,966	267	3,909	352	93*	19,665	1,770	17,991	1,620
44	3,120	281	4,060	366	94*	19,983	1,799	18,267	1,645
45	3,274	295	4,203	379	95*	20,302	1,828	18,543	1,669
46	3,428	309	4,351	392	96*	20,604	1,855	18,804	1,693
47	3,578	323	4,501	406	97*	20,924	1,884	19,081	1,718
48	3,755	338	4,648	419	98*	21,249	1,913	19,362	1,743
49	3,899	351	4,804	433	99*	21,396	1,926	19,499	1,755

"0" year old means 15 days of age * Standard Premium of 81 years old or above is for renewal only

Note : • This Standard Premium Schedule does not include levy which is collected by the Insurance Authority.

• The above Standard Premiums are not guaranteed. The premiums for each Renewal are determined based on the Insured Person's attained age, Place of Residence, the occupation and the Standard Premium Schedule applicable at that time when the policy is renewed.

智適簡自願醫療保險計劃

標準保費表(港元)

(2019年4月1日起生效)

實際年齡	男		女		實際年齡	男		女	
	年繳	月繳	年繳	月繳		年繳	月繳	年繳	月繳
0#	2,996	270	2,177	196	50	4,104	370	4,941	445
1	2,996	270	2,177	196	51	4,320	389	5,085	458
2	2,996	270	2,177	196	52	4,544	409	5,235	472
3	2,996	270	2,177	196	53	4,781	431	5,393	486
4	1,363	123	1,525	138	54	5,028	453	5,561	501
5	1,363	123	1,525	138	55	5,321	479	5,766	519
6	1,363	123	1,525	138	56	5,557	501	5,989	540
7	1,363	123	1,525	138	57	5,848	527	6,211	559
8	1,363	123	1,525	138	58	6,142	553	6,451	581
9	1,363	123	1,525	138	59	6,440	580	6,735	607
10	1,363	123	1,525	138	60	6,736	607	7,068	637
11	1,363	123	1,525	138	61	7,108	640	7,417	668
12	1,363	123	1,525	138	62	7,491	675	7,765	699
13	1,363	123	1,525	138	63	7,883	710	8,117	731
14	1,363	123	1,525	138	64	8,374	754	8,457	762
15	1,400	126	1,613	146	65	8,833	795	8,803	793
16	1,471	133	1,696	153	66	9,322	839	9,171	826
17	1,484	134	1,760	159	67	9,841	886	9,563	861
18	1,492	135	1,821	164	68	10,385	935	9,975	898
19	1,501	136	1,875	169	69	10,953	986	10,405	937
20	1,566	141	1,921	173	70	11,532	1,038	10,839	976
21	1,574	142	1,956	177	71	12,115	1,091	11,271	1,015
22	1,606	145	1,995	180	72	12,702	1,144	11,696	1,053
23	1,638	148	2,060	186	73	13,168	1,186	12,108	1,090
24	1,693	153	2,121	191	74	13,568	1,222	12,507	1,126
25	1,738	157	2,234	202	75	13,894	1,251	12,839	1,156
26	1,782	161	2,284	206	76	14,263	1,284	13,161	1,185
27	1,842	166	2,338	211	77	14,561	1,311	13,483	1,214
28	1,886	170	2,393	216	78	14,815	1,334	13,800	1,242
29	1,949	176	2,450	221	79	15,180	1,367	14,121	1,271
30	1,993	180	2,576	232	80	15,744	1,417	14,638	1,318
31	2,041	184	2,639	238	81*	16,054	1,445	14,886	1,340
32	2,087	188	2,709	244	82*	16,357	1,473	15,123	1,362
33	2,150	194	2,778	251	83*	16,676	1,501	15,372	1,384
34	2,230	201	2,856	258	84*	16,995	1,530	15,641	1,408
35	2,289	207	3,012	272	85*	17,295	1,557	15,913	1,433
36	2,326	210	3,090	279	86*	17,592	1,584	16,186	1,457
37	2,400	216	3,172	286	87*	17,866	1,608	16,428	1,479
38	2,471	223	3,255	293	88*	18,164	1,635	16,688	1,502
39	2,540	229	3,343	301	89*	18,457	1,662	16,943	1,525
40	2,643	238	3,517	317	90*	18,753	1,688	17,199	1,548
41	2,707	244	3,628	327	91*	19,051	1,715	17,459	1,572
42	2,829	255	3,764	339	92*	19,360	1,743	17,726	1,596
43	2,966	267	3,909	352	93*	19,665	1,770	17,991	1,620
44	3,120	281	4,060	366	94*	19,983	1,799	18,267	1,645
45	3,274	295	4,203	379	95*	20,302	1,828	18,543	1,669
46	3,428	309	4,351	392	96*	20,604	1,855	18,804	1,693
47	3,578	323	4,501	406	97*	20,924	1,884	19,081	1,718
48	3,755	338	4,648	419	98*	21,249	1,913	19,362	1,743
49	3,899	351	4,804	433	99*	21,396	1,926	19,499	1,755

#「0」歲指出生滿15天 * 81歲或以上之標準保費只適用於續保

注意：• 此標準保費表並未包括由保險業監管局徵收的保費徵費。

• 上述標準保費並非保證。每次續保之保費將根據保單續保時受保人的實際年齡、居住地及職業及當時的標準保費表而釐定。

智適簡自願醫療保險計劃申請表

VChoice Voluntary Health Insurance Plan Application Form



自願醫保認可產品編號：S00012-01-000-02 (標準計劃) VHIS Plan Certification Number: S00012-01-000-02 (Standard Plan)

- 每份申請表只限投保一名受保人 **One application form for one Insured Person only**
- 受保人必須是申請人自己或其配偶、子女(年齡小於18歲、18歲至25歲而接受全日制教育者或18歲或以上之殘疾人士)，其兄弟姐妹/配偶的兄弟姐妹(年齡小於18歲、18歲至25歲而接受全日制教育者或18歲或以上之殘疾人士)，其父母或祖父母/其配偶的父母或祖父母(年齡達55歲或以上或年齡小於55歲之殘疾人士)。
Insured Person must be applicant himself or his spouse, children (aged below 18, aged 18 to 25 with full-time education or aged 18 or below disabled), siblings / siblings of spouse (aged below 18, aged 18 to 25 with full-time education or aged 18 or below disabled), parents and grandparents / parents and grandparents of spouse (aged 55 or above or aged 55 or below disabled).
- 本保險計劃允許多於一名保單持有人，如保單持有多於一人，需要所有保單持有人共同委任一名保單持有人作為「保單持有人代表」，授權其對本公司發出指示或通知，並代表所有保單持有人接收通知或保障，除非另有所指，此申請表之申請人將設定為保單持有人代表。其他保單持有人(非保單持有人代表)與受保人之關係亦必須符合以上第2點所列要求。
This insurance plan allows more than one Policyholder. If there is more than one Policyholder, a "Representative Policyholder" must be jointly designated by all the other Policyholder(s), the Representative Policyholder shall be authorised to give instructions or notices, and receive notices or benefits on behalf of all the Policyholders. The Applicant here will be set as the Representative Policyholder unless otherwise is specified. The relationship between the other Policyholder(s) (non-Representative Policyholder(s) and the insured person must be the relationship listed in the above point no. 2.
- 此保險計劃為自動續保保單，保單於到期日將自動續保，保單持有人需繳付相關保費，而續保保費將另函通知保單持有人或保單持有人代表(如適用)，直至保單持有人書面通知取消為止。
This insurance plan is an automatic renewal policy. The policy will be automatically renewed on the policy expiry date. The policyholder will be required to pay the relevant renewal premium. The Policyholder or Representative Policyholder (if applicable) will be notified on the renewal premium separately until the policyholder's prior written instruction for cancellation.
- 為確保閣下的未來利益，閣下必須在此申請書上填報一切有關之事實，因閣下與富衛保險有限公司(「富衛」)之合約將以這些事實為根據，否則富衛有權將所續發之保單宣告無效。如閣下不清楚某一項事實是否重要，也請在此申請書上披露。
To ensure your future benefits, you have to disclose in this application ALL material facts, which shall form the basis of our contracts; otherwise the policy issued may be declared void at the discretion of FWD General Insurance Company Limited ("FWD"). If you are in doubt whether a fact is material, please disclose it on the application form.

請選擇並加「✓」號 Please tick as appropriated	富衛專用 For FWD use only	生效日期: Effective date: / /
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申請人資料 (申請人年齡必須為18歲以上) (如保單持有多於一人，申請人將設定為保單持有人代表，並請填寫其他保單持有人資料部份) **Personal Details of Applicant (Applicant's age must be 18 years or above) (If there is more than one Policyholder, the applicant will be set as the Representative Policyholder and please complete the other Policyholders information section)**

英文姓名 (與香港身份證相同) Name in English (same as HKID Card)		中文姓名 Name in Chinese	
姓 Family Name	名 Given Name		
身份證號碼 HKID Card No. ()	出生日期 (日/月/年) Date of Birth (DD/MM/YYYY) / /	性別 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
職業* (適用於同時為受保人的申請人) Occupation* (Applicable to Applicant who is also the Insured Person)		國籍 (非必要填寫) Nationality (Optional)	
地址* Address* (請以英文填寫 Please complete in ENGLISH)			
單位 / 室 Flat / Room	層數 Floor	座 Block	大廈 Building / 閣 Mansion / 樓 House / 屋苑 Estate
街 Street / 道 Road	地區 District	<input type="checkbox"/> 香港島 HK Island <input type="checkbox"/> 九龍 Kowloon <input type="checkbox"/> 新界 N.T.	
聯絡電話 Contact No.	碼號話電動流 Mobile No.	電郵地址^ Email Address^ (必需填寫) (Required field)	

受保人資料 **Details of Insured Person**

請選擇一項並提供 每年平均居港時間 Please tick one and provide average stay in Hong Kong per year	<input type="checkbox"/> 本人 (資料與以上相同) Myself (Details as above)	受保人每年平均居港時間: Please provide average stay of Insured Person in Hong Kong per year: _____月 months
	<input type="checkbox"/> 其他 (請提供與申請人關係): Others (Please provide Relationship with the Applicant):	如受保人之每年平均居港時間少於9個月，請提供海外居住地*名稱: If the average stay is less than nine months, please provide the place of residence* outside Hong Kong: _____
英文姓名 (與香港身份證相同) Name in English (same as HKID Card)		中文姓名 Name in Chinese
姓 Family Name	名 Given Name	
身份證號碼 HKID Card No. ()	出生日期 (日/月/年) Date of Birth (DD/MM/YYYY) / /	性別 Sex
職業* Occupation*		國籍 (非必要填寫) Nationality (Optional)

投保項目

Choice of Cover

<input checked="" type="checkbox"/> 智適簡自願醫療保險計劃 VChoice Voluntary Health Insurance Plan	<input type="checkbox"/> 每年保費 Annual Premium <input type="checkbox"/> 每月保費 Monthly Premium	港幣 HKD (不包括保費徵費)(Excluding Insurance Levy)
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保險業監管局將會向相關的保單按規定的徵費率徵收保費徵費。將會收取的徵費會按規定轉付予保險業監管局，詳情請瀏覽<https://www.fwd.com.hk/tc/insurance-levy/>或聯絡(852) 3123 3123。Levy collected by the Insurance Authority will be imposed on relevant policy at the applicable rate. The payment to be received for such levy will be remitted to the Insurance Authority under the prescribed arrangement. For further information please advise <https://www.fwd.com.hk/en/insurance-levy/> or contact: (852) 3123 3123.

註釋 Footnotes:

- # 若受保人的職業或居住地有所變更，保單持有人需於續保時通知富衛。請注意有關變更需重新核保及其結果有可能導致保費或相關條款的轉變，或終止保障。 If there is any change in places of residence or occupation of the Insured Person, the policyholder must notify FWD at the time of renewal. Please note that the changes need to be re-underwritten and the re-underwriting result may be lead to premium change or termination of Terms and Benefits.
- * 信箱，酒店地址和海外地址均不可接受。 P.O. Box, hotel address and overseas address are not acceptable.
- ^ 請提供電郵地址以享用富衛eServices應用程式及通過電子郵件收取保單、醫療索償理賠表及續保通知。 Please provide email address to enjoy FWD eServices app and receive policy, medical claim statement and renewal notice by email.

自願醫保認可產品健康相關資料的標準核保問卷
Standardized Underwriting Questionnaire on Health-Related Information for VHIS Certified Plans

甲部 — 基本資料

Part A – General Information

1. 身高 Height	厘米 centimetres (cm)	或 OR	呎 / 吋 feet / inches	
2. 體重 Weight	公斤 kilogrammes (kg)	或 OR	磅 pounds (lbs)	
請在適當方格上填上 ✓ Please ✓ the appropriate boxes.			是 Yes	否 No
3. 吸煙習慣 Smoking habit 閣下有沒有吸煙或在過去12個月內曾否吸煙？ Do you smoke or have you smoked in the last 12 months？ 「吸煙」在此問題的含義包括但不限於香煙、嚼煙及使用尼古丁補充劑產品（例如電子煙）。 For the purpose of this question, the meaning of "smoking" includes but is not limited to cigarettes, chewing tobacco and the use of nicotine replacement products (such as e- cigarettes) . 若「是」，請填寫： If yes, please specify: 吸煙習慣的持續時間 Duration of smoking habit _____ 每天吸食份量 Daily quantity of consumption _____			<input type="checkbox"/>	<input type="checkbox"/>
4. 飲酒 Alcohol consumption 在過去12個月內，閣下是否平均每週飲用酒精飲品超過三次？ In the last 12 months, on average do you drink alcoholic beverage for more than 3 times in a week? 若「是」，請填寫： If yes, please specify: 酒精飲品種類 Type of alcoholic beverage _____ 飲酒習慣的持續時間 Duration of drinking habit _____ 每天飲用份量 Daily quantity of consumption _____			<input type="checkbox"/>	<input type="checkbox"/>
5. 服用未經醫生處方之藥物 在過去五年內，閣下曾否持續超過一個月使用未經醫生處方之藥物（包括成癮性或消遣性藥物，例如可卡因、興奮劑、海洛英、美沙酮、同化性類固醇；惟不包括營養補充品）？ Taking of drugs not prescribed by doctors In the last 5 years, have you used any drugs (excluding dietary supplements) which are not prescribed by doctors (including habit-forming or recreational drugs such as cocaine, ecstasy, heroin, methadone, anabolic steroids) for a continuous period of more than 1 month? 若「是」，請填寫： If yes, please specify: 藥物種類 Type of drugs _____ 用藥持續時間 Duration of drug use _____ 每天用藥份量 Daily quantity of consumption _____			<input type="checkbox"/>	<input type="checkbox"/>
6. 閣下曾否在過去十二個月內或會否在未來十二個月內參與以下活動？ Have you engaged in the following activities within the last 12 months or will you engage / intend to engage in the following activities within the next 12 months? (a) 任何危險性運動或活動（例如：潛水、賽車、攀山或攀石、跳傘、高空跳傘、懸掛滑翔飛行）？ any hazardous sports or activities (such as diving, motor racing, mountaineering or rock climbing, parachuting, sky diving, hang gliding). (b) 飛行活動（不包括以付費乘客身份乘搭由商業性民航客機提供並獲認可的定期航班服務） flying activities other than as a fare-paying passenger of a licensed air service operating within recognised scheduled routes. 若「是」，請填寫： If yes, please specify: 活動種類** Type of activity** _____ 參與活動的持續時間 Duration of engagement _____ 參與活動的頻密度 Frequency of engagement _____			<input type="checkbox"/>	<input type="checkbox"/>
** 備註：請填寫有關活動問卷。 Remark: please complete appropriate activity questionnaire.				

乙部 — 健康資料**Part B – Health Information**

申請人須知：無需於乙部問題披露以下健康狀況或治療 —

Note for applicant(s): Questions of Part B do not require the applicant(s) to disclose information regarding the medical conditions or treatments below —

傷風 / 感冒 / 喉嚨痛 / 腸胃炎 / 食物中毒 (已痊癒) / 消化不良 (無需檢查) / 痤瘡 / 肌肉扭傷 (已痊癒) / 鵝口瘡 / 常規產前掃描 / 血液檢驗 (檢驗結果正常) / 常規子宮頸細胞塗片檢驗 (檢驗結果正常) / 常規健康檢查 (檢查結果正常) / 預防疫苗 / 荷爾蒙補充治療 (更年期) / 不育治療或胎兒生長情況正常的懷孕 / 近視 / 遠視 / 散光 / 老花。
Cold / flu / sore throat, gastroenteritis / food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan / blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia / hyperopia / astigmatism / presbyopia.

請在適當方格上填上 ✓

Please ✓ the appropriate boxes.

7. 閣下是否曾被確診下列疾病或健康狀況？ HAVE YOU EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING DISEASES OR MEDICAL CONDITIONS?	是 Yes	否 No
(a) 癌症或原位癌 CANCER OR CARCINOMA IN SITU	<input type="checkbox"/>	<input type="checkbox"/>
(b) 腦部腫瘤 BRAIN TUMOR	<input type="checkbox"/>	<input type="checkbox"/>
(c) 心臟疾病 HEART DISEASE	<input type="checkbox"/>	<input type="checkbox"/>
(d) 中風 (包括短暫性腦缺血，俗稱「小中風」) STROKE (INCLUDING TRANSIENT ISCHEMIC ATTACK (TIA))	<input type="checkbox"/>	<input type="checkbox"/>
(e) 高血壓 HYPERTENSION	<input type="checkbox"/>	<input type="checkbox"/>
(f) 糖尿病或葡萄糖耐量異常 DIABETES MELLITUS OR IMPAIRED GLUCOSE TOLERANCE	<input type="checkbox"/>	<input type="checkbox"/>
(g) 腎病 KIDNEY DISEASE	<input type="checkbox"/>	<input type="checkbox"/>
(h) 椎間盤突出或脊椎退化性疾病 PROLAPSED INTERVERTEBRAL DISC OR DEGENERATIVE SPINE CONDITIONS	<input type="checkbox"/>	<input type="checkbox"/>
(i) 需要植入醫療儀器或義肢的疾病或健康狀況 DISEASES OR MEDICAL CONDITIONS REQUIRING A MEDICAL DEVICE OR PROSTHESIS TO BE IMPLANTED WITHIN THE BODY	<input type="checkbox"/>	<input type="checkbox"/>
(j) 人體免疫力缺乏病毒 (愛滋病毒) 感染 HUMAN IMMUNODEFICIENCY VIRUS ("HIV") INFECTION	<input type="checkbox"/>	<input type="checkbox"/>
(k) 先天性疾病 (指於出生時或之前已存在的醫學、生理或精神上的異常) CONGENITAL CONDITIONS (MEDICAL, PHYSICAL OR MENTAL ABNORMALITIES THAT EXISTED AT THE TIME OF OR BEFORE BIRTH)	<input type="checkbox"/>	<input type="checkbox"/>
(l) 身體缺陷、不健全、畸形、及 / 或影響活動能力、視力、說話能力或聽力的狀況 PHYSICAL DEFECTS, IMPAIRMENTS, DEFORMITIES, AND / OR CONDITIONS AFFECTING MOBILITY, SIGHT, SPEECH OR HEARING	<input type="checkbox"/>	<input type="checkbox"/>
(m) 精神健康狀況 (例如抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症) MENTAL HEALTH CONDITIONS (SUCH AS DEPRESSION, ANXIETY, SCHIZOPHRENIA, EATING DISORDERS, OR BIPOLAR DISORDERS)	<input type="checkbox"/>	<input type="checkbox"/>
(n) 高膽固醇症或高血脂症 HYPERCHOLESTEROLEMIA OR HYPERLIPIDEMIA	<input type="checkbox"/>	<input type="checkbox"/>
(o) 肝臟疾病 (例如乙型或丙型肝炎 (包括測試呈陽性反應)、脂肪肝或肝硬化) LIVER DISORDER (SUCH AS HEPATITIS B OR HEPATITIS C (INCLUDING TESTED POSITIVE), FATTY LIVER OR CIRRHOSIS OF LIVER)	<input type="checkbox"/>	<input type="checkbox"/>
(p) 多發性硬化症 MULTIPLE SCLEROSIS	<input type="checkbox"/>	<input type="checkbox"/>
8. 閣下目前是否患有下列疾病或健康狀況？ Do you currently have any of the following diseases or medical conditions?	是 Yes	否 No
(a) 疝氣 (俗稱「小腸氣」) Hernia	<input type="checkbox"/>	<input type="checkbox"/>
(b) 乳房病變 (腫瘤 / 硬塊 / 腫塊 / 囊腫 / 結節 / 增生) Breast lesion (tumour / mass / lump / cyst / nodule / growth)	<input type="checkbox"/>	<input type="checkbox"/>
(c) [只適用於女性] 子宮或卵巢病變 (腫瘤 / 硬塊 / 腫塊 / 囊腫 / 瘻肉 / 結節 / 增生) [For female only] Uterine or ovarian lesion (tumour / mass / lump / cyst / polyp / nodule / growth)	<input type="checkbox"/>	<input type="checkbox"/>
(d) [只適用於男性] 良性前列腺肥大 [For male only] Benign prostatic hypertrophy	<input type="checkbox"/>	<input type="checkbox"/>
(e) 膽結石或泌尿道結石 (腎結石、輸尿管結石或膀胱結石) Gall bladder stone or urinary stone (renal stone, ureteric stones or urinary bladder stone)	<input type="checkbox"/>	<input type="checkbox"/>
(f) 白內障、青光眼或視網膜病變 Cataract, glaucoma or retinopathy	<input type="checkbox"/>	<input type="checkbox"/>
(g) 關節炎或其他關節疾病 Arthritis or other joint disorder	<input type="checkbox"/>	<input type="checkbox"/>
9. 在過去五年內，閣下是否曾經或被建議定期或持續 (例如每月、每兩個月、每半年、每年) 為任何疾病或健康狀況接受專業醫護人員 (例如專科醫生、物理治療師、精神科醫生) 的跟進診治或醫療護理？ In the last 5 years, have you ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half-yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or medical condition?	<input type="checkbox"/>	<input type="checkbox"/>
10. 在過去五年內，閣下是否曾被醫生建議定期 (例如按醫生指示每日 / 每週一次 / 有需要時) 服用為期超過一個月的處方藥物？ In the last 5 years, have you been advised by your doctor to take any medications (such as to be taken daily / once per week / as needed as directed by doctor) for a continuous period of more than 1 month?	<input type="checkbox"/>	<input type="checkbox"/>
11. 在過去五年內，閣下是否曾入住醫院？ In the last 5 years, have you been admitted into a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
12. 在過去五年內，閣下是否曾在非住院情況下接受外科程序 (包括內窺鏡檢查或活組織化驗)？ In the last 5 years, have you undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital?	<input type="checkbox"/>	<input type="checkbox"/>

13. 在過去五年內，閣下是否曾接受或曾被建議接受檢查（例如驗血、驗尿、心電圖、X光、超聲波、電腦掃描、磁力共振、正電子掃描、愛滋病測試、乙型肝炎測試、丙型肝炎測試）？ In the last 5 years, have you ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B test, Hepatitis C test)?	是 Yes	否 No
如果答案屬「是」，閣下的檢查結果是否包括下列情況？ If the answer is "Yes", do your investigation result(s) include the followings?	<input type="checkbox"/>	<input type="checkbox"/>
(a) 檢驗結果正常 Normal test result is advised	<input type="checkbox"/>	<input type="checkbox"/>
(b) 檢驗結果異常 Abnormal test result is advised	<input type="checkbox"/>	<input type="checkbox"/>
(c) 閣下正等候檢驗或檢驗結果 you are still awaiting test / test result	<input type="checkbox"/>	<input type="checkbox"/>
(d) 檢驗結果為無定論或不確定（需要重新或進一步檢驗） Test result is inconclusive or uncertain (retesting or follow up test is required)	<input type="checkbox"/>	<input type="checkbox"/>
(e) 就檢驗結果已尋求醫療意見或需要接受治療（例如一些未必需要即時治療的情況如肝囊腫 / 腦囊腫 / 關節退化或鈣化 / 於成像檢測中發現肺部或乳房或甲狀腺出現鈣化） Medical advice has been sought or treatment is required for the test result (such as liver cyst / brain cyst / joint degeneration or calcification / lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment)	<input type="checkbox"/>	<input type="checkbox"/>
14. 除了閣下在第7至13項問題中已披露的資料外，閣下是否有下列情況？ Apart from anything you have already disclosed in Questions 7 - 13, do you have any of the following conditions?	是 Yes	否 No
(a) 在過去一年內，體重無故地減少了5公斤（11磅）以上 Unintentional weight loss by more than 5 kg (11 lbs) over past 1 year	<input type="checkbox"/>	<input type="checkbox"/>
(b) 不正常出血（例如陰道出血、便血、流鼻血或咳血）至少一個月 Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least 1 month	<input type="checkbox"/>	<input type="checkbox"/>
(c) 在過去一年內，閣下有任何健康狀況或病徵及症狀曾經接受或需要接受專業醫護人員（例如專科醫生、物理治療師、精神科醫生）的跟進診治 In the last 1 year, you had or have been required to have follow-up consultation with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any medical condition or sign and symptom	<input type="checkbox"/>	<input type="checkbox"/>
(d) 其他健康狀況或病徵及症狀（例如腫塊、頭痛、持續咳嗽、胸痛或上腹痛）而正在或打算尋求醫療意見 Other medical conditions or sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that you are seeking or intend to seek medical advice	<input type="checkbox"/>	<input type="checkbox"/>

**** 若乙部第7至14項任何一項問題之答案為「是」者，請在適用的問題提供更多資料 —**
If the answer to any of the questions 7-14 in Part B is "Yes", please provide additional information as applicable —

<input type="checkbox"/> 題號 _____ Question No. _____	乙部題號7-14每題適用之跟進問題 Follow-up questions to each of Part B Q7-14 as applicable
(i) 疾病 / 健康狀況 / 病徵及症狀 Disease / medical condition / sign and symptom	
(ii) 首次出現病徵及症狀的日期 (日 / 月 / 年) Date of first occurrence of sign and symptom (DD / MM / YYYY)	/ /
(iii) (a) 已進行的治療 / 檢查 / 測試 / 掃描 Treatment / investigations / tests / scans that have been performed (b) 有關治療 / 檢查 / 測試 / 掃描日期 (日 / 月 / 年) Date of such treatment / investigation / tests / scan (DD / MM / YYYY)	/ /
(iv) 現況（例如是否已完全康復、有否跟進 / 服用跟進藥物 / 下次覆診日期） Present condition (such as whether fully recovered, follow up action / medication / next follow up date)	
(v) 最後覆診 / 治療日期 (日 / 月 / 年) Date of last follow-up medical consultation / treatment (DD / MM / YYYY)	/ /
(vi) 治療有關疾病 / 不適 / 健康狀況 / 病徵及症狀的醫生姓名 Name of doctor who treated the disease / sickness / medical condition / sign and symptom	
(vii) 醫院名稱（如適用） Name of Hospital, where applicable	

[只適用於女性 For female only]		
15. 閣下現時是否懷孕？ Are you currently pregnant?	是 Yes	否 No
若「是」，請填寫： If yes, please specify: 預產日期：_____日_____月_____年** Expected date of delivery: _____ DD _____ MM _____ YYYY**	<input type="checkbox"/>	<input type="checkbox"/>
** 備註：適用於提供產科保障的保險產品，或預產期會影響核保決定的情況。 Remarks: Applicable to insurance products with pregnancy-related coverage or situation that the expected date of delivery will affect underwriting decision.		

[只適用於兩歲以下之受保兒童 For insured children aged under 2 only]			
16. 受保兒童是否於懷孕第37週前出生，及 / 或出生時體重少於2.5公斤 (5.5磅) ? Was the insured child born before 37th week of pregnancy and / or born with body weight less than 2.5 kg (5.5 lbs)?		是 Yes	否 No
若「是」，請填寫： If yes, please specify: (a) 受保兒童在孕期哪一週出生： At which week of pregnancy was the insured child born : <input type="checkbox"/> 多於37週 more than 37 weeks <input type="checkbox"/> 28至31週 28 to 31 weeks <input type="checkbox"/> 32至37週 32 to 37 weeks <input type="checkbox"/> 少於28週 less than 28 weeks (b) 出生時體重 Body weight at birth <input type="checkbox"/> 多於2.50公斤 / 5.51磅 more than 2.50 kg / 5.51 lbs <input type="checkbox"/> 1.00 - 1.50公斤 / 2.20 - 3.31磅 1.00 - 1.50 kg / 2.20 - 3.31 lbs <input type="checkbox"/> 1.51 - 2.50公斤 / 3.32 - 5.51磅 1.51 - 2.50 kg / 3.32 - 5.51 lbs <input type="checkbox"/> 少於 1.00公斤 / 2.20磅 less than 1.00 kg / 2.20 lbs		<input type="checkbox"/>	<input type="checkbox"/>
17. 就閣下所知，閣下的親生父母或兄弟姊妹曾否於六十歲或以前被確診下列疾病或健康狀況： At your best knowledge, have any of your parents or siblings by blood been diagnosed with any of the following diseases or medical conditions at or before age 60:		是 Yes	否 No
(a) 癌症 Cancer		<input type="checkbox"/>	<input type="checkbox"/>
(b) 冠心病 Coronary heart disease		<input type="checkbox"/>	<input type="checkbox"/>
(c) 糖尿病 Diabetes mellitus		<input type="checkbox"/>	<input type="checkbox"/>
(d) 運動神經元疾病 Motor neuron disease		<input type="checkbox"/>	<input type="checkbox"/>
(e) 多發性硬化症 Multiple sclerosis		<input type="checkbox"/>	<input type="checkbox"/>
(f) 中風 Stroke		<input type="checkbox"/>	<input type="checkbox"/>
(g) 帕金森症 Parkinson's disease		<input type="checkbox"/>	<input type="checkbox"/>
(h) 遺傳病 - 包括囊性纖維化、家族性大腸腺息肉病、亞茲海默氏症、家族性心肌病、遺傳性血病 (血友病、地中海貧血、鐮刀型貧血)、肌肉萎縮症、多囊性腎病或亨丁頓舞蹈症。 Hereditary diseases - including cystic fibrosis, familial adenomatous polyposis, Alzheimer's disease, familial cardiomyopathy, inherited blood disorders (hemophilia, thalassemia, sickle cell disease), muscular dystrophy, polycystic kidney disease or Huntington's disease.		<input type="checkbox"/>	<input type="checkbox"/>
若「是」，請填寫： If yes, please specify: 哪個親屬？ Which family member? _____ 哪種疾病？ Which disease? _____ 病發年齡 Onset age of disease <input type="checkbox"/> 30歲或以下 age at or below 30 <input type="checkbox"/> 41-50歲 age 41-50 <input type="checkbox"/> 31-40歲 age 31-40 <input type="checkbox"/> 51-60歲 age 51-60		<input type="checkbox"/>	<input type="checkbox"/>
資料收集聲明 以下聲明闡述核保問卷收集資料之目的，以及申請人須盡其所知所信提供完整及準確的資料。 (i) 此問卷收集與健康相關的資料僅作為核保之用途，而核保是本公司評估申請人之健康風險及決定申請結果的程序。本公司採用的核保程序應為公平合理，並會因應客戶要求解釋申請結果。 (ii) 作為申請人，閣下需要盡其所知所信，按本問卷中要求向本公司提供完整及準確的資料。本公司根據閣下提供的資料，可能會提出跟進問題或查詢而需要閣下進一步提供資料以作核保之用。 (iii) 若閣下在提交本申請表後至閣下收到保單前的期間就本問卷中提供的資料有任何改變或更新，閣下需要及早通知本公司。 (iv) 即使已成功投保並獲簽發保單，若閣下未按 (ii) 所述盡其所知所信向本公司提供完整及準確的資料，或未按 (iii) 所述就資料的任何改變或更新而及早通知本公司，閣下的保險保障可能會受到影響，本公司亦可能因此終止、作廢或撤銷有關保單，或拒絕賠償。 Statement for Collection of Information The following statement has stated the purpose of collecting information on the questionnaire and the applicant is required to provide the complete and accurate information to the best of his/her knowledge and belief. (i) This questionnaire collects health-related information solely for the purpose of underwriting which is a process for the Company to evaluate the health risk of the applicants and decide the application results. The underwriting process that the Company adopts should be fair and reasonable, and the Company should explain the application results if requested by the customers. (ii) As the applicant, you are required to provide the Company with complete and accurate information requested in this questionnaire to the best of your knowledge and belief. Based on the information provided, the Company may have follow-up questions or enquiries that require you to provide further information for underwriting purpose. (iii) If there are any changes to or updates of the information provided in this questionnaire after the time of submission of this application and before you receive the Policy, you are required to notify the Company in a timely manner. (iv) Even after an insurance policy has been issued upon successful application, the insurance coverage for you may be affected or the policy may be terminated, voided or rescinded, or claims may be repudiated by the Company, if you have not provided the Company with complete and accurate information to the best of your knowledge and belief according to (ii), or if you have not notified the Company on any changes to or updates of the information in time according to (iii).			
賠償時所用之銀行名稱及帳戶號碼 (戶口持有人必須是申請人) Bank Name and Account No. for Claim Settlement (Account-Holder must be the Applicant)			
個人銀行戶口(只限港元) Personal bank account (Hong Kong dollar only)			
銀行名稱 Bank Name _____ 分行代碼 Branch Code _____ 銀行帳號 Bank account no. _____			
繳付保費方法 Premium Payment Method			
付款期數 Payment Mode		付款方式 Payment Method	
<input type="checkbox"/> 每年 Yearly		<input type="checkbox"/> 支票 Cheque 支票抬頭請填寫「富衛保險有限公司」並必需連同本申請表一併提交。保單將於付款確認繳付後簽發。 Please mark cheque payable to "FWD General Insurance Company Limited" and <u>must submit with this application form</u> . Policy will be issued after payment has been settled.	
		<input type="checkbox"/> 信用卡 Credit Card 請填寫「信用卡付款授權書」。保單將於付款確認繳付後簽發。 Please complete the credit card payment authorisation form. Policy will be issued after payment has been settled.	
<input type="checkbox"/> 每月 Monthly		<input type="checkbox"/> 信用卡 Credit Card 請填寫「信用卡付款授權書」。保單將於第一期分期付款確認繳付後簽發。 Please complete the credit card authorisation form. Policy will be issued after the 1st installment payment has been settled.	

其他保單持有人資料部份 (保單持有人年齡必須為18歲以上) (此部份只於保單持有人多於一人時使用)

Other Policyholders information section (Policyholder's age must be 18 years or above) (This part only applicable to more than one Policyholder)

1	保單持有人 Policyholder	英文姓名 (與香港身份證相同) Name in English (same as HKID Card)	中文姓名 Name in Chinese
與受保人關係 Relationship with the Insured Person		身份證號碼 HKID Card No. ()	出生日期 (日/月/年) Date of Birth (DD/MM/YYYY) / / 性別 <input type="checkbox"/> 男 <input type="checkbox"/> 女 Sex Male Female
<p>本人謹此指定申請人為本保單的保單持有人代表，並授權他/她作出此保單申請，並就日後發出之保單作出指示或通知，並代表本人接收富衛的 通知或保障。本人確認已細閱、明白及接受富衛之收集個人資料聲明。 I hereby designated the Applicant to be the Representative Policyholder of this insurance policy and authorise him/her to apply for this policy application, to give instructions or notices, and receive notices or benefits from FWD for the policy to be issued on behalf of me. I confirm that I have read, understood and accepted the Personal Information Collection Statement of FWD.</p> <p><input type="checkbox"/> 拒絕接收推廣訊息或資料及富衛擬對本人的個人資料作直接促銷的用途。 Opt out from marketing communications or materials and FWD to use of personal data for direct marketing purpose.</p>			
簽署 Signature		/ / 於香港簽署之日期 Signed in Hong Kong on (日/月/年 DD/MM/YYYY)	
2	保單持有人 Policyholder	英文姓名 (與香港身份證相同) Name in English (same as HKID Card)	中文姓名 Name in Chinese
與受保人關係 Relationship with the Insured Person		身份證號碼 HKID Card No. ()	出生日期 (日/月/年) Date of Birth (DD/MM/YYYY) / / 性別 <input type="checkbox"/> 男 <input type="checkbox"/> 女 Sex Male Female
<p>本人謹此指定申請人為本保單的保單持有人代表，並授權他/她作出此保單申請，並就日後發出之保單作出指示或通知，並代表本人接收富衛的 通知或保障。本人確認已細閱、明白及接受富衛之收集個人資料聲明。 I hereby designated the Applicant to be the Representative Policyholder of this insurance policy and authorise him/her to apply for this policy application, to give instructions or notices, and receive notices or benefits from FWD for the policy to be issued on behalf of me. I confirm that I have read, understood and accepted the Personal Information Collection Statement of FWD.</p> <p><input type="checkbox"/> 拒絕接收推廣訊息或資料及富衛擬對本人的個人資料作直接促銷的用途。 Opt out from marketing communications or materials and FWD to use of personal data for direct marketing purpose.</p>			
簽署 Signature		/ / 於香港簽署之日期 Signed in Hong Kong on (日/月/年 DD/MM/YYYY)	
3	保單持有人 Policyholder	英文姓名 (與香港身份證相同) Name in English (same as HKID Card)	中文姓名 Name in Chinese
與受保人關係 Relationship with the Insured Person		身份證號碼 HKID Card No. ()	出生日期 (日/月/年) Date of Birth (DD/MM/YYYY) / / 性別 <input type="checkbox"/> 男 <input type="checkbox"/> 女 Sex Male Female
<p>本人謹此指定申請人為本保單的保單持有人代表，並授權他/她作出此保單申請，並就日後發出之保單作出指示或通知，並代表本人接收富衛的 通知或保障。本人確認已細閱、明白及接受富衛之收集個人資料聲明。 I hereby designated the Applicant to be the Representative Policyholder of this insurance policy and authorise him/her to apply for this policy application, to give instructions or notices, and receive notices or benefits from FWD for the policy to be issued on behalf of me. I confirm that I have read, understood and accepted the Personal Information Collection Statement of FWD.</p> <p><input type="checkbox"/> 拒絕接收推廣訊息或資料及富衛擬對本人的個人資料作直接促銷的用途。 Opt out from marketing communications or materials and FWD to use of personal data for direct marketing purpose.</p>			
簽署 Signature		/ / 於香港簽署之日期 Signed in Hong Kong on (日/月/年 DD/MM/YYYY)	
4	保單持有人 Policyholder	英文姓名 (與香港身份證相同) Name in English (same as HKID Card)	中文姓名 Name in Chinese
與受保人關係 Relationship with the Insured Person		身份證號碼 HKID Card No. ()	出生日期 (日/月/年) Date of Birth (DD/MM/YYYY) / / 性別 <input type="checkbox"/> 男 <input type="checkbox"/> 女 Sex Male Female
<p>本人謹此指定申請人為本保單的保單持有人代表，並授權他/她作出此保單申請，並就日後發出之保單作出指示或通知，並代表本人接收富衛的 通知或保障。本人確認已細閱、明白及接受富衛之收集個人資料聲明。 I hereby designated the Applicant to be the Representative Policyholder of this insurance policy and authorise him/her to apply for this policy application, to give instructions or notices, and receive notices or benefits from FWD for the policy to be issued on behalf of me. I confirm that I have read, understood and accepted the Personal Information Collection Statement of FWD.</p> <p><input type="checkbox"/> 拒絕接收推廣訊息或資料及富衛擬對本人的個人資料作直接促銷的用途。 Opt out from marketing communications or materials and FWD to use of personal data for direct marketing purpose.</p>			
簽署 Signature		/ / 於香港簽署之日期 Signed in Hong Kong on (日/月/年 DD/MM/YYYY)	

如以上空格不敷應用，請自行複制一份並附於表格提交。 If the above space is not enough, please copy one and attach it to the form.

有關冷靜期 Cooling-off period

冷靜期內取消保單

保單持有人可在冷靜期內行使權利取消保單及獲發還全數已付保費，但行使此項權利時，必須符合以下條件：

- (a) 取消要求必須由保單持有人或保單持有人代表簽署，並確保富衛於以下日期起計的21日內收到該要求，並以較先者為準 -
 - (i) 保單條款及保障和保單資料頁交付至保單持有人；或
 - (ii) 向保單持有人或其代表發出通知書，列明保單條款及保障和保單資料頁已備妥及冷靜期何時屆滿；及
- (b) 若曾獲賠償或將獲得賠償，則不獲發還保費及保險費。

Cancellation within cooling-off period

The Policyholder may exercise the right of cancellation with full refund of paid premium and levy without interests during the cooling-off period. The cancellation right is subject to the following conditions -

- (a) The request to cancel must be signed by the Policyholder or Representative Policyholder and received by FWD within 21 days after -
 - (i) the delivery of the Terms and Benefits and the Policy Schedule; or
 - (ii) the issue of a notice to the Policyholder or his representative stating that the Terms and Benefits and the Policy Schedule are available and when the cooling-off period would expire; whichever is the earlier; and
- (b) No refund can be made if a benefit payment has been made, is to be made or impending.

聲明及授權

Declaration and Authorisation

1. 本人謹聲明盡本人所知所信，以上的答案皆完全屬實及真確無訛，以此作為投保申請書的一部分，並為日後簽發保單之基礎。本人瞭解並同意如在本投保申請書上的陳述及以上之答案有不確之處或隱瞞任何重要事實，即使保單已獲簽發，富衛仍保留終止保單或就此修訂而重新簽發另一保單的權利。本人及受保人授權任何醫生、醫院、保險公司或機構，可以將部分或全部有關受保人傷患之病歷（包括但不限於診症、診斷性檢驗結果、藥方或治療資料）給予富衛或其已獲授權之代理人。此授權之副本與正本具同等效力。

I declare to the best of my knowledge and belief that all the statements and answers in the above are full, complete and true and form part of the application and the basis of the policy to be issued. I understand and agree that if any of the statements and answers given in the above are inaccurate or I have not disclosed any material facts, FWD shall be entitled to cancel the policy or to reissue the policy with changes even after the policy has been issued. I/we further authorise any physician, hospital, insurance company or organisation to furnish part of or all medical history (including but not limited to information in respect of consultations, diagnostic test results, prescriptions or treatment) with respect to any illness or injury of the Insured Person to FWD or its authorised representative. A photocopy of this authorisation shall be considered as effective and valid as the original.

2. 本人承諾於遞交所需之個人資料予富衛前，須通知受保人及其他保單持有人（如適用）有關本保單及富衛之收集個人資料聲明（不論是否載於此申請表或由其他途徑取得）。富衛將不會就受保人及其他保單持有人未被通知的情況承擔任何責任。本人承諾會遵守個人資料（私隱）條例，並確認已獲得受保人及其他保單持有人的同意，將其個人資料移交富衛以作申請本計劃之用。

I undertake that I will inform/have informed the Insured Person and other Policyholder(s) (if applicable) about this Policy and the Personal Information Collection Statement ("PICS") of FWD (whether contained herein or otherwise obtained) before transferring his/her personal data to FWD. FWD shall not accept any liability for the Insured Person and other Policyholder(s) not having been so informed. I further undertake that I will comply with the Personal Data (Privacy) Ordinance and confirm I have obtained the consent from the Insured Person for the transfer of his/her personal data to FWD for the purpose of enrolling him/ her in this insurance plan.

3. 本人作為申請人，明白本人代表此申請表內之受保人作出聲明及簽署（如適用）。本人亦明白生效日期須為富衛接受此申請之日期。

I, as the applicant, understand that I declare and sign on behalf of the Insured Person in this Application (if applicable). I also understand that the coverage effective date shall be the date when this Application is accepted by FWD.

4. 本人作為申請人，願意作為保單持有人代表（如適用），明白本人亦代表其他保單持有人作出聲明及簽署，並會將本申請及日後簽發保單的全部資料通知所有其他保單持有人。

I, as the applicant, am willing to be the Representative Policyholder (if applicable) and understand that I also declare and sign on behalf of the other Policyholder(s) in this Application. I will notify all the other Policyholder(s) on all the information I received on this Application and the policy to be issued.

5. 本人確認已閱讀及明白此醫療保險產品的產品小冊子及保單條款，本人確認此醫療保險產品適合本人及受保人的需要。

I confirm having read and understood the product brochure and policy provisions. I acknowledged this medical insurance product is suitable for my and the Insured Person's insurance needs.

6. 本人確認及明白除精神科治療外，保險計劃內所有保障均全球適用。保險計劃內所有保障均不設醫療服務提供者選擇或病房級別選擇的限制。本人並確認明白此保險計劃的保障中，診斷成像檢測的共同保險安排。

I confirm that I understood that all benefits described in the insurance plan are applicable worldwide except for psychiatric treatment and all benefit described in this insurance plan are not subject to any restriction in the choice of healthcare services providers and ward class. I also confirm that I understood that there is the Coinsurance arrangement of Prescribed Diagnostic Imaging Tests under this insurance plan.

7. 本人明白此保險計劃是於自願醫保計劃的認可產品，並可享根據稅務條例（第112章），就保費支出提供稅務扣減，富衛及其中介並不提供稅務建議，本人會向本人的稅務顧問諮詢稅務建議。如需進一步資料，本人可瀏覽稅務局網頁（www.ird.gov.hk）及自願醫保計劃網頁（www.vhis.gov.hk）。

I understand that this insurance plan is a Certified Plan under Voluntary Health Insurance Scheme and is eligible for claiming tax deduction under the Inland Revenue Ordinance (Cap.112). FWD and its intermediaries do not provide tax advice and I shall consult my tax advisor for any tax advice. For further information, I shall visit the website of Inland Revenue Department (www.ird.gov.hk) and the website of Voluntary Health Insurance Scheme (www.vhis.gov.hk).

8. 本人明白於保單生效前，若因任何原因/改變，導致上述本人所提供之資料不再完全、不再正確或不再準確，本人有責任立即通知富衛並更正該資料。

I have the duty to immediately inform FWD and correct the above information I provided if they have become incomplete, untrue and inaccurate subsequently before any policy is issued.

9. 就有關本申請所作出付款，並不保證立刻批准所申請的承保範圍。承保範圍只在發出保單及交妥首期保費時方生效（包括由於更改受保條件而需繳付的額外首期保費）。Any payment made in connection with this Application does not guarantee immediate approval of the coverage applied for. The insurance coverage applied for shall only take effect when the relevant policy has been issued and the initial premium paid (including any additional initial premium payable due to revisions of the policy terms and conditions).

10. 本人已細閱、明白及接受富衛之收集個人資料聲明。

I have read, understood and accepted the Personal Information Collection Statement of FWD.

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

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

- 拒絕接收推廣訊息或資料及富衛擬對本人的個人資料作直接促銷的用途。

Opt-out from marketing communications or materials and FWD to use of my personal data for direct marketing purpose.

只應用於保險經紀：

申請人明白、確知及同意，富衛會就申請人購買及接受其簽發的保單，於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支付佣金。如申請人為法人團體，代表申請人簽署的獲授權人員在此向富衛確認他/她已獲該法人團體授權。申請人亦明白富衛必須取得申請人的同意，才可以處理其保險申請。

Applicable to Insurance Broker only :

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by FWD, FWD will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to FWD that he or she is authorised to do so. The applicant further understands that the above agreement is necessary for FWD to proceed with the application.

取消保單權益及發還保費

本人明白本人有權以書面通知要求取消保單及取回所有已繳保費(扣除市場價值調整，如適用)及保費徵費；但是本人必須簽署該通知，並確保富衛保險有限公司於香港中環德輔道中308號富衛金融中心9樓於以下時段內直接收到該通知：保單交付本人或本人的代表後或《通知書》發予本人或本人的代表後，起計的21天，以較先者為準。

Cancellation Rights and Refund of Premium(s)

I understand that I have the right to cancel and obtain a refund of any premium(s) paid (less any market value adjustments, if any) and any levy by giving written notice. Such notice must be signed by me and received directly by FWD General Insurance Company Limited at 9/F, FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong within 21 days after the delivery of the policy or issuance of a notice to the Policy Holder or the Policy Holder's representative, whichever is the earlier.

X _____ 申請人簽署 Applicant's Signature	於香港簽署之日期 Signed in Hong Kong on / / 日/月/年 DD/MM/YYYY
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代理人/經紀資料

Advisor/Broker's Information

代理人/經紀 Advisor / Broker's Name	帳戶號碼 Account Code
電郵地址 Email Address (必需填寫)(Required field)	聯絡電話 Contact No.
請提供電郵地址以收取保單及醫療索償理賠表。 Please provide email address to receive policy and medical claim statement by email.	

信用卡付款授權書

Credit Card Payment Authorisation Form

Visa 卡 萬事達卡 Master Card

持卡人姓名
Cardholder's Name

信用卡號碼
Credit Card Account No.

信用卡到期日
Credit Card Expiry Date (MM/YYYY) /

本人茲授權富衛保險有限公司從本人上述之信用卡賬戶支取此保險所應繳之保費及保險徵費(包括續保保費)，直至另行通知。
I hereby authorise FWD General Insurance Company Limited to charge my above credit card account for the premium and insurance levy (including renewal premium) until further notice.

X _____ 持卡人簽署 Cardholder's Signature	/ / 日期 Date (DD/MM/YYYY)
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收集個人資料聲明 Personal Information Collection Statement ("PICS")

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

收集個人資料聲明

Personal Information Collection Statement ("PICS")

1. From time to time, it is necessary for you to supply FWD General Insurance Company Limited (the "Company") or agents and representatives acting on its behalf with personal information and particulars in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.
 2. The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as "Your Personal Data".
 3. "Your Personal Data" will also include personal data relating to your dependents, beneficiaries, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.
 4. As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, "the Group").
 5. The purposes for which Your Personal Data may be used are as follows:
 - (i) providing our services and products to you, including administering, maintaining, managing and operating such services and products;
 - (ii) processing, assessing and determining any applications or requests made by you in connection with our services or products and maintaining your account with the Company;
 - (iii) developing insurance and other financial services and products;
 - (iv) developing and maintaining credit and risk related models;
 - (v) processing payment instructions;
 - (vi) determining any indebtedness owing to or from you, and collecting and recovering any amount owing from you or any person who has provided any security or other undertakings for your liabilities;
 - (vii) exercising any rights that the Company may have in connection with our services and/or products;
 - (viii) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
 - (ix) any purposes in connection with any claims made by or against or otherwise involving you in respect of any of our services or products, including, making, defending, analysing, investigating, processing, assessing, determining, responding to, resolving or settling such claims detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
 - (x) performing policy reviews and needs analysis (whether or not on a regular basis);
 - (xi) meeting disclosure obligations and other requirements imposed by or for the purposes of any laws, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong) binding on the Company or any other member of the Group, including making disclosure to any legal, regulatory, governmental, tax, law enforcement or other authorities (including for compliance with sanctions laws, the prevention or detection of money laundering, terrorist financing or other unlawful activities) or to any self-regulatory or industry bodies such as federations or associations of insurers;
 - (xii) for statistical or actuarial research undertaken by the Company or any member of the Group; and
 - (xiii) fulfilling any other purposes directly related to (i) to (xii) above.
 6. Your Personal Data will be kept confidential, but to facilitate the purposes set out in paragraph 5 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the following:
 - (i) other members of the Group;
 - (ii) any person or company carrying on insurance-related and/or reinsurance-related business which is engaged by the Company in connection with the Company's business;
 - (iii) any physicians, hospitals, clinics, medical practitioners, laboratories, technicians, loss adjustors, risk intelligence providers, claims investigators, organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations, other insurance companies (whether directly or through fraud prevention organizations or other persons named in this paragraphs), the police and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information, legal advisors and/or other professional advisors engaged in connection with the Company's business;
 - (iv) any agent, contractor or service provider providing administrative, distribution, credit reference, debt collection, telecommunications, computer, call centre, data processing, payment processing, printing, redemption or other services in connection with the Company's business; and/or
 - (v) any official, regulator, ministry, law enforcement agent or other person (whether within or outside Hong Kong) to whom the Company or another member of the Group is under an obligation or otherwise required or expected to make disclosures under the requirements of any law, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong).
 7. Your Personal Data may be transferred or disclosed to any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business.
 8. The Company is only allowed to (i) use Your Personal Data in direct marketing; or (ii) provide Your Personal Data to another person or company for its use in direct marketing, if you provide your consent or do not object in writing.
 9. In connection with direct marketing, the Company intends:
 - (i) to use your name, contact details (such as phone number, email address and mailing address), gender, services and products portfolio information, financial background and demographic data held by the Company from time to time in direct marketing to market the following classes of services and products offered by the Company, other members of the Group and/or Our Business Partners (being providers of the product and services described below) from time to time:
 - a. insurance services and products;
 - b. wealth management services and products;
 - c. pensions, investments, brokering, financial advisory, credit and other financial services and products;
 - d. health-check and wellness services and products;
 - e. media, entertainment and telecommunications services;
 - f. reward, loyalty or privileges programmes and related services and products; and
 - g. donations and contributions for charitable and/or non-profit making purposes; and
 - (ii) to provide your name and contact details (such as phone number, email address and mailing address), gender, services and products portfolio information, financial background and demographic data to FWD Life Insurance Company (Bermuda) Limited or any members of the Group and/or Our Business Partners for their use in direct marketing the classes of services and products described in paragraph 9(i) above (including, in the case of Our Business Partners, for money or other commercial benefit).
- The Company intends to send you marketing communications or materials and use Your Personal Data in accordance with paragraphs 8 & 9 above. If you do NOT agree to receive such marketing communications or the Company's intended use of Your Personal Data, you may write to the Corporate Data Protection Officer of the Company at the address below to opt out from direct marketing at any time:
- Corporate Data Protection Officer
FWD General Insurance Company Limited
8th Floor, FWD Financial Centre,
308 Des Voeux Road Central
Hong Kong
10. To facilitate the purposes set out in paragraphs 5 and 9 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the parties set out in paragraphs 6 and 9(ii) and you acknowledge that those parties may be based outside Hong Kong and that Your Personal Data may be transferred to places where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the Personal Data (Privacy) Ordinance.
 11. Under the Personal Data (Privacy) Ordinance you have the right to request access to Your Personal Data held by the Company and request correction of any of Your Personal Data which is incorrect and the Company has the right to charge you a reasonable fee for processing and complying with your data access request.
 12. Requests for access to or correction of Your Personal Data should be made in writing to the Corporate Data Protection Officer of the Company at the address above. Should you have any queries, please do not hesitate to call our Customer Service Hotline on 3123 3123.
 13. In case of discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
 14. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.

產品合適性評估表

Product Suitability Assessment Form



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

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

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

第一步：客戶醫療保險需求及目標:

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

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

第二步：產品合適性評估後，保險中介人之產品建議

Step 2: Insurance intermediary product recommendation after product suitability assessment

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

第三步： 產品合適性評估後客戶選擇之產品

Step 3: Customer selected product after product suitability assessment

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

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

計劃名稱 Plan name: _____

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

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

客戶聲明 Customer Declaration:

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

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

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

_____ 申請人姓名 Applicant's name	_____ 申請人簽署 Applicant's Signature	_____ 日期 Date
_____ 準被保人姓名 Proposed insured's name	_____ 準被保人簽署 Proposed insured's Signature	_____ 日期 Date
_____ 經紀姓名 Name of Agent / Broker	_____ 經紀編號 Agent's / Broker's Code	_____ 經紀簽署 Agent's / Broker's signature