

Thank you for downloading this information.

For more information, advice or for a free quote, please contact our global head office at the address below who will redirect you to a regional office located near you:

Tel: (852) 3113 1331
Fax: (852) 2915 7770
Email: info@pacificprime.com

Address: Unit 1-11, 35th Floor,
One Hung To Road,
Kwun Tong,
Hong Kong.

If you would like to submit an application to us, you can fax, email or post the completed form to us at the above address.

Aviva Global Lifecare
Aviva 環球人壽及康健保障



Application Form 申請表





本保單為 Aviva Life Insurance Company Limited ("Aviva") 所承保。本保單的條款及細則，均受香港法律管轄，並按照香港法律詮釋。

保單之任何利益必須在所有款項聯同此申請表一併提交後方能生效。

This policy is underwritten by Aviva Life Insurance Company Limited ("Aviva"). The terms and conditions of this policy shall be governed by and construed in accordance with the laws of Hong Kong.

Payment must be submitted with this application form before any cover can be granted.

警告：閣下必須在此申請表上披露一切 閣下所知或應該知道的全部事實並為真實無訛，否則，閣下或不能從 閣下之保單獲取任何利益。
WARNING: YOU ARE TO DISCLOSE IN THIS FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY NOT RECEIVE ANY BENEFIT FROM YOUR POLICY.

1. 個人資料 YOUR PERSONAL DETAILS

稱謂：
 Title: 先生 Mr 女士 Ms 其他 Others _____

英文姓名 (須與證件上之姓名相同)
 Name in English (as shown on Identification Document) 姓 Surname _____ 名 Given Name _____

中文姓名 (須與證件上之姓名相同)
 Name in Chinese (as shown on Identification Document) 姓 Surname _____ 名 Given Name _____

香港身份證/護照號碼
 HKID/ Passport No. _____ 簽發國家：Country of Issue _____ 性別：Gender 男 M 女 F

國籍：Nationality: _____ 經常居住國家：Usual Country of Residence: _____

出生日期
 Date of Birth _____ 日 DD _____ 月 MM _____ 年 YYYY _____ 婚姻狀況
 Marital Status 單身 Single 已婚 Married 其他 Others _____

職業：
 Occupation: _____ 身高
 Height _____ 厘米 cm _____ 體重
 Weight _____ 公斤 kg _____

吸煙人士：
 Smoker: 是 Yes 否 No 如「是」，每日吸食數量：_____ 支
 If yes, _____ cigarettes per day for _____ years 持續年期：_____ 年

2. 聯絡資料 YOUR CONTACT DETAILS

居住國家的住宅地址 Residential address of the country where you are to be located

室 Flat _____ 樓 Floor _____ 座 Block _____ 大廈 Building _____

邨/ 號碼及街道/ 地段
 Estate/ No. & Street/ Lot No. _____

城市/ 州
 City/ State _____ 郵政號碼
 Postal / Zip Code _____ 國家
 Country _____

通訊地址 (若與住宅地址不同，請填寫此欄) Correspondence Address (Please complete when different from residential address)

室 Flat _____ 樓 Floor _____ 座 Block _____ 大廈 Building _____

邨/ 號碼及街道/ 地段
 Estate/ No. & Street/ Lot No. _____

城市/ 州
 City/ State _____ 郵政號碼
 Postal / Zip Code _____ 國家
 Country _____

電郵地址
 Email Address _____

住宅聯絡號碼 Home Contact

	國家編號 Country Code	地區編號 Area Code	號碼 Number
電話號碼 Telephone			

工作聯絡號碼 Work Contact

	國家編號 Country Code	地區編號 Area Code	號碼 Number
電話號碼 Telephone			

Pacific Prime International Limited

3. 其他受保人士 ADDITIONAL PERSONS TO BE COVERED

配偶

Spouse

稱謂：
Title: 先生 Mr 女士 Ms 其他 Others _____

英文姓名(須與證件上之姓名相同)
Name in English (as shown on Identification Document) 姓 Surname _____ 名 Given Name _____

中文姓名(須與證件上之姓名相同)
Name in Chinese (as shown on Identification Document) 姓 Surname _____ 名 Given Name _____ 性別：
Gender: 男 M 女 F

香港身份證/護照號碼
HKID/ Passport No. _____ 簽發國家
Country of Issue _____ 國籍：
Nationality: _____

出生日期
Date of Birth _____ 日 DD _____ 月 MM _____ 年 YYYY _____ 職業：
Occupation: _____

經常居住國家^：
Usual Country of Residence^: _____ 身高
Height _____ 厘米 cm 體重
Weight _____ 公斤 kg

吸煙人士：
Smoker: 是 Yes 否 No 如「是」，每日吸食數量：
持續年期：_____ 支年 If yes, _____ cigarettes per day for _____ years

第一子女

1st Child

稱謂：
Title: 先生 Mr 女士 Ms 其他 Others _____

英文姓名(須與證件上之姓名相同)
Name in English (as shown on Identification Document) 姓 Surname _____ 名 Given Name _____

中文姓名(須與證件上之姓名相同)
Name in Chinese (as shown on Identification Document) 姓 Surname _____ 名 Given Name _____ 性別：
Gender: 男 M 女 F

香港身份證/護照號碼
HKID/ Passport No. _____ 簽發國家
Country of Issue _____ 國籍：
Nationality: _____

出生日期
Date of Birth _____ 日 DD _____ 月 MM _____ 年 YYYY _____ 職業：
Occupation: _____

經常居住國家^：
Usual Country of Residence^: _____ 身高
Height _____ 厘米 cm 體重
Weight _____ 公斤 kg

吸煙人士：
Smoker: 是 Yes 否 No 如「是」，每日吸食數量：
持續年期：_____ 支年 If yes, _____ cigarettes per day for _____ years

第二子女

2nd Child

稱謂：
Title: 先生 Mr 女士 Ms 其他 Others _____

英文姓名(須與證件上之姓名相同)
Name in English (as shown on Identification Document) 姓 Surname _____ 名 Given Name _____

中文姓名(須與證件上之姓名相同)
Name in Chinese (as shown on Identification Document) 姓 Surname _____ 名 Given Name _____ 性別：
Gender: 男 M 女 F

香港身份證/護照號碼
HKID/ Passport No. _____ 簽發國家
Country of Issue _____ 國籍：
Nationality: _____

出生日期
Date of Birth _____ 日 DD _____ 月 MM _____ 年 YYYY _____ 職業：
Occupation: _____

經常居住國家^：
Usual Country of Residence^: _____ 身高
Height _____ 厘米 cm 體重
Weight _____ 公斤 kg

吸煙人士：
Smoker: 是 Yes 否 No 如「是」，每日吸食數量：
持續年期：_____ 支年 If yes, _____ cigarettes per day for _____ years

第三子女

3rd Child

稱謂：
Title: 先生 Mr 女士 Ms 其他 Others _____

英文姓名(須與證件上之姓名相同)
Name in English (as shown on Identification Document) 姓 Surname _____ 名 Given Name _____

中文姓名(須與證件上之姓名相同)
Name in Chinese (as shown on Identification Document) 姓 Surname _____ 名 Given Name _____ 性別：
Gender: 男 M 女 F

香港身份證/護照號碼
HKID/ Passport No. _____ 簽發國家
Country of Issue _____ 國籍：
Nationality: _____

出生日期
Date of Birth _____ 日 DD _____ 月 MM _____ 年 YYYY _____ 職業：
Occupation: _____

經常居住國家^：
Usual Country of Residence^: _____ 身高
Height _____ 厘米 cm 體重
Weight _____ 公斤 kg

吸煙人士：
Smoker: 是 Yes 否 No 如「是」，每日吸食數量：
持續年期：_____ 支年 If yes, _____ cigarettes per day for _____ years

^ 如與第1部份的聯絡資料有異，請填寫此項。 ^ Please complete if different from your contact details indicated in Section 1.

4. 醫療計劃選項 YOUR CHOICE OF MEDICAL COVER

	申請人 Main Applicant	配偶 Spouse	子女 Child(ren) (所選計劃及保障不可高於申請人或配偶之計劃及保障。所有子女所選的計劃及墊底費(如有)必須與申請人相同) (Plan Type and Coverage must not be higher than Main Applicant's or Spouse's. All children must be under the same plan with same deductible, if any.)
計劃 Plan Type	<input type="checkbox"/> Classic <input type="checkbox"/> Supreme <input type="checkbox"/> Elite	<input type="checkbox"/> Classic <input type="checkbox"/> Supreme <input type="checkbox"/> Elite	<input type="checkbox"/> Classic <input type="checkbox"/> Supreme <input type="checkbox"/> Elite
合約貨幣 Contract Currency	<input type="checkbox"/> 港元HKD <input type="checkbox"/> 美元USD <input type="checkbox"/> 歐元EUR <input type="checkbox"/> 英鎊GBP		
受保地區 Area of Cover	<input type="checkbox"/> 地區1 Area 1 (全球 Worldwide) <input type="checkbox"/> 地區2 Area 2 (全球但不包括美國 Worldwide excluding USA)	<input type="checkbox"/> 地區1 Area 1 (全球 Worldwide) <input type="checkbox"/> 地區2 Area 2 (全球但不包括美國 Worldwide excluding USA)	<input type="checkbox"/> 地區1 Area 1 (全球 Worldwide) <input type="checkbox"/> 地區2 Area 2 (全球但不包括美國 Worldwide excluding USA)
額外的墊底費 Optional Annual Deductible	<input type="checkbox"/> HK\$4,000/ US\$500/ GBP300/ EUR400 <input type="checkbox"/> HK\$8,000/ US\$1,000/ GBP600/ EUR800 <input type="checkbox"/> HK\$16,000/ US\$2,000/ GBP1,200/ EUR1,600	<input type="checkbox"/> HK\$4,000/ US\$500/ GBP300/ EUR400 <input type="checkbox"/> HK\$8,000/ US\$1,000/ GBP600/ EUR800 <input type="checkbox"/> HK\$16,000/ US\$2,000/ GBP1,200/ EUR1,600	<input type="checkbox"/> HK\$4,000/ US\$500/ GBP300/ EUR400 <input type="checkbox"/> HK\$8,000/ US\$1,000/ GBP600/ EUR800 <input type="checkbox"/> HK\$16,000/ US\$2,000/ GBP1,200/ EUR1,600
額外的牙科保障 (需繳付額外保費) Optional Dental Cover (Subject to payment of additional premium)	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

5. 保費 PREMIUMS

	主要保費 Core Premium	額外保費 Optional Premium
申請人 Main Applicant		
配偶 Spouse		
第一子女 1st Child		
第二子女 2nd Child		
第三子女 3rd Child		
保費總額 Total Premiums		

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保費檢查 Premiums checked

中介人 Intermediary	Aviva

6. 付款方法 METHOD OF PAYMENT

第三者付款恕不接受 No third party payment will be accepted

付款詳情 Payment details

方法 (只可選擇一項) Method (please tick one box only)

銀行支票號碼 Bank Cheque No. _____ 金額 Amount: _____
(支票入賬抬頭為「Aviva Life Insurance Company Limited」 Please make cheque payable to "Aviva Life Insurance Company Limited")

銀行本票 Bank Draft

信用卡 Credit Card: 每月 Monthly*/ 每季 Quarterly*/ 每年 Annually
(請刪除不適用者 Please delete where applicable)

* 若選擇的繳費模式為每月或每季, 保費將計算如下:

* If the mode of payment chosen is monthly or quarterly, premium will be calculated as follows:

每月繳費: 每年保費
For monthly payment: Annual Premium Rate x 0.0853

每季繳費: 每年保費
For quarterly payment: Annual Premium Rate x 0.2548

電匯 Telegraphic Transfer #

在向 Aviva Life Insurance Company Limited 繳費時, 所有因轉賬而被匯款或收款之銀行收取的費用均需由申請人支付。這表示除保費金額外, 你可能需要繳付額外金額, 以支付上述之收費。請於電匯表上填妥閣下之姓名 (必須與此申請表上之姓名相同)、香港身份証/ 護照號碼以及產品名稱。請將款項存入 Aviva Life Insurance Company Limited 於下列之渣打銀行賬戶及提交匯款收據供我們參考之用。

Any charges made by the remitting bank and receiving bank in the course of submitting funds to Aviva must be borne by the applicants. This may mean that it is necessary to pay an amount in excess of the contribution due to the Plan to cover these charges. Please indicate your name (as in this application), HKID/ Passport Number and the product name in the TT application. Please remit the amount to the Standard Chartered Bank account of Aviva as shown below and submit the remittance advice for our reference.

合約貨幣 Contract Currency	銀行 Bank	銀行賬戶號碼 Bank Account No.	環球銀行財務電訊協會編號 Swift Code
歐元 EUR	金融機構業務部 渣打銀行 (香港) 有限公司 地址: 香港中環德輔道中4-4A號渣打銀行大廈13樓 Financial Institutions Group Standard Chartered Bank (Hong Kong) Limited Address: 13th Floor Standard Chartered Bank Building 4-4A Des Voeux Road Central, Hong Kong	447-1-665059-5	SCBLHKHH
港元 HKD		447-0-666823-8	
英磅 GBP		447-1-665055-2	
美元 USD		447-0-666817-3	

如選擇以信用卡繳費, 請填寫此部份。

Please complete this section if you opt for credit card payment.

信用卡繳費授權

Card Payment Authorisation

本人現授權 Aviva Life Insurance Company Limited (直至以書面通知) 於應繳付 Aviva 環球人壽及康健保障計劃的保費時, 從本人的信用卡賬戶收取有關費用。不論本人的信用卡被偷取或本人欲取消本人的信用卡賬戶、又或取消此授權時, 本人將盡快以書面形式通知 貴公司。

I authorise Aviva Life Insurance Company Limited, until further notice in writing, to charge my card account, the premiums in respect of the Aviva Global Lifecare Plan as and when these become due. I will advise you in writing immediately if the card becomes stolen or if I wish to close my card account or cancel the authorisation.

Visa 萬事達 Mastercard

信用卡持有人姓名 (必須與信用卡上之姓名相同)
Cardholder's Name (as it appears on credit card)

____ - ____ - ____ - ____

信用卡號碼
Card No.

銀行
Bank

____ / ____

有效日期至 (月/年)
Expiry Date (MM/YY)

信用卡持有人簽署
Cardholder's Signature

日期
Date

7. 健康申報 DECLARATION OF HEALTH

健康問題 Health Questions	申請人 Main Applicant		配偶 Spouse		第一子女 1st Child		第二子女 2nd Child		第三子女 3rd Child	
	是 Yes	否 No	是 Yes	否 No	是 Yes	否 No	是 Yes	否 No	是 Yes	否 No
1. 你曾否患有或被告知患有下列疾病或病徵，或因下列情況而接受治療： Have you ever had or been told to have or been treated for:										
a) 癲癇、中風、癱瘓、四肢虛弱、長期頭痛、頭暈、發昏或任何與神經系統相關的疾病？ epilepsy, fits, stroke, paralysis, weakness of limbs, prolonged headache, fainting, blackouts or any neurological disorders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 任何與眼、耳、鼻或喉相關的疾病？ any disorders of the eyes, ears, nose or throat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 哮喘、長期咳嗽、呼吸困難或任何與呼吸系統相關的疾病？ asthma, persistent cough, breathlessness, or any respiratory disorders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 高血壓、胸痛、心臟毛病、二尖瓣脫垂、心臟疾病或循環系統疾病？ high blood pressure, chest pain, heart disorders, mitral valve prolapse, valvular disorders or circulatory disorders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 糖尿、血脂肪過高、甲狀腺疾病或任何內分泌系統相關的疾病？ diabetes, high blood cholesterol, thyroid disorders or any other endocrine disorders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 大便帶血、胃潰瘍或任何與胃部或腸部相關的疾病？ blood in stool, stomach ulcer or any stomach, intestinal or bowel disorders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 肝炎或肝部的疾病？ hepatitis or liver disorders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) 尿中帶血或蛋白、任何與腎、膀胱、前列腺、泌尿生殖器相關的疾病？ blood or protein in urine, kidney disorders, bladder disorders, prostate disorders or genito-urinary disorders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) 任何種類之癌症、腫瘤、囊腫或瘤？ cancer, tumours, cysts or growths of any kind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) 椎間盤突出、痛風、關節炎、任何與肌肉、脊椎、四肢、骨骼或關節相關的痛楚、殘缺、疾病？ slipped disc, gout, arthritis, pain/deformity/disorders of the muscles, spine, limbs, bones or joints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) 貧血、血友病或任何與血液相關的疾病？ anaemia, haemophilia or any other disorders of the blood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) 精神病或神經系統疾病？ mental or nervous disorders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) 毒品或沉迷/濫用酒精的治療？ Treatment for drug or alcohol addiction or abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) 愛滋病或性病？ AIDS, HIV or venereal diseases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) 胸部疾病、不尋常的巴氏子宮癌檢驗測試、纖維瘤、子宮內膜異位、荷爾蒙的或任何與女性生殖系統相關的疾病？ breast disorders, abnormal pap smear, fibroids, endometriosis, hormonal disorders or any disorders of the female reproductive system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) 其他疾病、先天或遺傳性疾、任何意外受傷或異常的情況而沒有在上述提及？ any other illness, congenital or hereditary disorders, any physical injuries or abnormalities not listed above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 於過去五年內，你或在此表格提及的人士曾否有任何住院及/或接受任何手術、曾有意外、疾病或受傷的紀錄？ Has any person named in this form been admitted to any hospital and/or had any surgery, accident, illness or injury in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 於過去五年內，你或在此表格提及的人士曾否就任何普通疾病以外(例如感冒或咳嗽)之醫療狀況而向任何專科醫生/醫生求醫及/或進行檢驗及/或被建議接受任何藥物治療？ Has any specialist/doctor been consulted and/or investigations done and/or prescriptions provided for any drugs or medications for any medical conditions other than common illness (excluding common flu and cough)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 你或在此表格提及的人士曾否被醫生建議接受任何醫療治療、進行任何醫療測試、檢驗(除自願性健康檢查外)或因任何原因而欲向醫生尋求意見及尋求進一步的治療或另類藥物？ Has any person named in this form been recommended by a doctor to receive any medical treatment, undergo any medical tests, investigations (excluding voluntary health check-up) or any intention to consult any doctor for any reason, seek further treatment or alternative medicine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. 你或在此表格提及的人士曾否就任何人壽或醫療或任何保險類別的申請、續保或復保而在某些特別條款上被拒絕或接受？ Has any person named in this form ever been rejected or accepted at special terms for any application, renewal or reinstatement of life, health or any other insurance policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. 只限女性申請人 For female applicants:										
a) 你現在是否懷孕？如「是」，請列明懷孕時期。 Are you currently pregnant? If yes, please state months of pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 就以往的懷孕，你曾否遇有任何的併發症？如「有」，請提供詳情、日期及併發症的性質。 Have you ever had any complication(s) in previous pregnancy(ies). If yes, please provide details, date and nature of complication(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• 如上述任何問題之答案為「是」，請在下列位置提供有關詳細資料，包括：問題編號、病情、測試結果、求醫日期、曾接受的醫療、跟進計劃以及醫生的姓名及地址。
If you have answered "Yes" to any of the above questions, please provide more details by indicating the question number, the condition, result of investigation done, dates of consultations, treatment received, follow-up plan and the name and address of doctor.

• 請附上所有醫療報告的副本(如適用)。Please attach a copy of all medical reports if applicable.

• 如須使用額外的紙張，請聯同此表格一併附上以及在空格上加✓號。

If you need to use a separate sheet of paper, attach to this form and indicate that you have done so by ticking this box.

8. 聲明及授權 DECLARATION AND AUTHORISATION

若閣下沒有提供全部可影響我們評估及接納此申請的重要資料，保障利益可能不獲發放。如未能決定資料的重要性，閣下應將資料提交。

本人/吾等謹此聲明在此表格提供的資料均屬實及真確無訛。本人/吾等未發覺現在存在可導致本人/吾等日後需要入院的任何醫療狀況，並明白因任何在申請保單前已存在的醫療狀況而衍生的治療或費用，又或對於任何已尋求或接受的治療、諮詢或診斷均不受保障，除非在保單生效前，以上所有資料已全部提交及獲 Aviva Life Insurance Company Limited ("Aviva") 接納。

本人同意在此申請表簽署之日期直至 Aviva 提供所申請之保障前向 Aviva 披露有關本人/吾等的健康狀況或參與之活動的任何改變。本人/吾等明白這些資料足以影響 Aviva 對本人/吾等就此保險申請的評估。

本人/吾等同意所有由 Aviva 不時發出予客戶的所有資料政策、通知及其他關於客戶資料的通訊均適用，並可向 Aviva 索取該等資料，或瀏覽相關網頁www.aviva.com.hk。本人/吾等同意就本申請所提供的資料，或得自其他來源、或得自本人/吾等與 Aviva 的關係而獲得的資料 ("資料") 均受制於該等政策 / 或其他通訊 (包括不時發出之更改)。本人/吾等特此同意：(a) Aviva 可向其他組織、機構或人士引證、提供或收集本人/吾等的資料；(b) Aviva 可轉移資料至香港特別行政區以外任何地區，包括新加坡；及(c) Aviva 可將任何資料與本人/吾等的資料比較，並利用比較結果作任何用途，包括任何不利於本人/吾等利益的用途 (包括拒絕此申請)。在無損害前述的情況下，Aviva 可保留、使用或透露 Aviva 所收集或保留之任何有關本人/吾等之資料，給予 Aviva 有關人士/機構或任何被選定的第三者 (在本港或海外的)，包括再保險及賠償調查公司、及有關的行業 / 聯會，用作處理本申請及提供其稍後的服務、其他金融產品及服務、直銷推廣，及因此等用途與本人/吾等聯絡。本人/吾等明白本人/吾等有權隨時翻查及修改此申請表格內有關本人/吾等的資料。有關要求必須以書面形式通知 Aviva 顧客服務部客戶中心經理，地址為香港太古城英皇道1111號太古城中心第一期1701室。本人/吾等明白如本人/吾等欲拒絕接收由 Aviva 發出的直銷推廣刊物，有關要求亦必須以書面形式通知 Aviva (地址同上)。

不論此申請獲 Aviva 接納與否，本人/吾等同意及授權任何醫療中心、保險公司或機構將有關本人/吾等的資料披露予 Aviva，或於任何時段 Aviva 將有關本人/吾等的資料披露予上述之機構。本授權書之副本將被視為與正本具同樣效力。本人/吾等亦同意授權 Aviva 將以上獲得或於此申請表上的一切資料給予本人/吾等的保險代理，以便獲取此申請表相連的保險計劃。本人/吾等明白若希望此申請繼續處理，Aviva 可能有需要向本人/吾等的醫生獲取更多醫療資料。本人/吾等明白本人/吾等有責任獲取相關資料及繳付相關的費用。

本人/吾等明白於簽署此申請表前，本人/吾等可向合資格的理財顧問徵求意見。如本人/吾等不作此舉，本人/吾等需承擔一切責任以確保此產品適合本人/吾等的財政所需及保險目標。

本人/吾等已閱讀及明白本計劃的產品介紹冊及其有關的所有保障。

本人/吾等明白此申請表所申請的任何保障，須在準受保人在生及健康時收妥所需的首期保費及有關的保單發出後始能生效。

本人/吾等聲明本人/吾等現在並非未被免除責任的破產人士。於過去十二個月內本人/吾等並無觸犯破產的條例，及於同一時段本人/吾等並無接獲命令或法庭頒發的破產命令。

本人/吾等同意任何本人/吾等可能購買包括美國在內的保障，有關之保障將在本人/吾等成為美國的居民並通知 Aviva 後停止。本人/吾等同意此申請將為本人/吾等與 Aviva 之間的保險合約基礎。本人/吾等明白保單將於 Aviva 接納並以書面通知確認後始能生效。

取消保單權益及發還保費

本人/吾等明白本人/吾等有權以書面要求取消保單，取回扣除已繳的保費；但是本人/吾等必須簽署要求取消保單之函件，並確保 Aviva 於香港太古城英皇道1111號太古城中心第一期1701室的辦事處於以下時段內 (以較後者為準) 直接收到該份函件：投保申請書簽署日後起計的二十一天內、保單簽發日後起計的十四天內、若保單代替一份現有人壽保險保單，則於客戶保障聲明書 (CPD) 抄送現有人壽保險保單的承保人之日後起計十四天內、或交付新保單或「通知書」說明已經可以領取保單和「冷靜期」的屆滿日) 予本人/吾等的代表後起計的五天內。

Benefits may not be payable if you do not fully disclose any material facts which could influence our assessment and acceptance of this application and, if you are in any doubt as to whether any facts are material, you should disclose them.

I/ We declare that all the information on this Application Form is true and complete. I/ We am/ are unaware of the existence of any medical condition or circumstance foreseeably requiring my/ our hospitalisation in the future, and understand that benefits will not apply to treatment or expense arising from medical conditions which originated or were known to exist or for which treatment, medication, advice or diagnosis was sought or received prior to my/our enrolment in the Policy unless such conditions are fully disclosed to and accepted by Aviva Life Insurance Company Limited ("Aviva") prior to the inception of the Policy.

I/ We agree to inform Aviva if there is any change in the state of my/ our health/ activities between the date of this application and the date full insurance coverage is provided by Aviva to me/ us. I/ We understand that the terms of accepting me/ us as a risk for insurance coverage may vary according to such information received.

I/ We agree that the applicable data policies, notices and other communications to customers concerning their data from time to time issued by Aviva shall apply. Copies are available, respectively from Aviva or from its website www.aviva.com.hk. I/ We agree that all information in this application, or that is obtained from any other sources or that arises from my/ our relationship with Aviva ("data") will be subject to such policies / or other communications (as may be varied from time to time). I/ We agree in particular that: (a) Aviva may verify, provide and collect information about me/ us from other organisations, institutions or other persons; (b) Aviva may transfer the data outside the Hong Kong SAR including to Singapore; and (c) Aviva may compare any data obtained with my/ our data, and use the results for taking of any actions including actions that may be adverse to my/ our interest (including declining this application). Without prejudice to the foregoing, such data is provided and may be held, used, and disclosed by Aviva to individuals / organisations associated with Aviva or any selected third party (within or outside of Hong Kong), including reinsurance and claims investigating companies and industry / federations processing of this application and the provision of subsequent services for this and other financial products and services, direct marketing and to communicate with me/ us for such purposes. I/ We understand I/ We have the right to obtain access to and to request correction of my/ our information under this application. Request must be made in writing to the Contact Centre Manager of Customer Services Department of Aviva, Suite 1701, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong. I/ We also understand that if I/ We do not wish to receive direct marketing materials from Aviva in the future, request must be made in writing to Aviva at the same address.

I/ We authorise any medical source, insurance office, or organisation to release to Aviva and similarly Aviva to release to any of the prior mentioned organisations, relevant information concerning me/ us at any time, regardless of whether the application is accepted by Aviva. A photographic copy of this authorisation shall be as valid as the original. I/ We further authorise Aviva to give such information obtained or information contained herein for the purpose of obtaining insurance cover under this Application to my/ our insurance representative. I/ We understand that Aviva may require further medical information from my/ our doctor and I/ We am/ are aware that I/ We am/ are responsible for obtaining and paying for such information should I/ We wish to continue my/ our application.

I/ We am/ are aware that I/ We can seek advice from a qualified adviser before I/ We sign this application form. Should I/ We choose not to, I/ We take sole responsibility to ensure that this product is appropriate to my/ our financial needs and insurance objectives.

I/ We have read and understood the product brochure and all the benefits coverage.

The insurance applied for will not take effect until the policy effective date and the relevant policy or policies is / are issued and the first premium is paid in full during the Proposed Insured's lifetime and in good health.

I/ We further declare that I/ We am/ are not an undischarged bankrupt and that I/ We have committed no act of bankruptcy within the last twelve months and no receiving order or adjudication order in bankruptcy has been made against me/ us during that period.

I/ We agree that any cover which I/ We may purchase for the USA shall terminate upon informing Aviva that I/ We have become a resident of the USA. I/ We agree that this application shall be the basis of the contract of insurance between me/ us and Aviva. I/ We understand that the insurance shall not become effective until it is accepted and confirmed in writing by Aviva.

Cancellation Rights and Refund of Premium(s)

I/ We understand that I/ We have the right to cancel and obtain a refund of any premium(s) paid less any market value adjustment, by giving written notice. Such notice must be signed by me/ us and received directly by Aviva Life Insurance Company Limited, Suite1701, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong within 21 days from the date of this application, 14 days from the date of issue of the policy, or if the policy replaces an existing life insurance policy, 14 days after the date the Customer Protection Declaration (CPD) form has been copied to the insurer of that existing life insurance policy, or 5 days from the date of delivery of the policy/ a Notice informing me/ us or my/ our representative about the availability of the policy and the expiry date of the Cooling-off Period, whichever is later.

受保人簽署 Signature of Insured Person(s): (18歲或以上的子女簽署 Signature of Children Aged 18 or Above)	_____ 第一子女 First Child 日期 (日/月/年) Date (DD/MM/YY)
申請人簽署 Signature of Main Applicant 日期 (日/月/年) Date (DD/MM/YY)	配偶簽署 Signature of Spouse _____ 第二子女 Second Child 日期 (日/月/年) Date (DD/MM/YY) _____ 第三子女 Third Child 日期 (日/月/年) Date (DD/MM/YY)

理財顧問專用 For Financial Adviser Use Only

經紀 (公司) 名稱 Broker's Name **Pacific Prime International Limited**

理財顧問姓名 Financial Adviser's Name (須與香港身份證上之姓名相同 As shown on HKID) _____

稱謂 Title 先生 Mr 女士 Ms 其他 Others _____

業務代表編號 T.R. No. PIBA CIB _____

理財顧問電話號碼 (可選擇填寫) Financial Adviser's Tel. No. (optional) _____

理財顧問簽署 Signature of Financial Adviser _____

經紀印鑑 Broker's stamp _____

9. 轉保聲明 REPLACEMENT DECLARATION*

1. **你是否**於過去12個月內以這份投保申請書**取代****你任何現有壽險保單，或**取代**任何現有壽險保單內大部分的壽險成分？
Have you replaced** in the past 12 months any or a substantial part of your existing life insurance policy(ies) with this application?
- 是（請填寫《客戶保障聲明書》）
Yes (Please complete a Customer Protection Declaration Form)
- 否（請回答下列問題2）
No (Please answer question 2 below)
2. **你是否打算**於未來12個月內以這份投保申請書**取代**你任何現有壽險保單，或**取代**任何現有壽險保單內大部分的壽險成分？
Do you intend to replace in the next 12 months any or a substantial part of your existing life insurance policy(ies) with this application?
- 是（請填寫《客戶保障聲明書》）
Yes (Please complete a Customer Protection Declaration Form)
- 否（請詳閱下列聲明及簽署）
No (Please read carefully and sign the Declaration below)

本人 / 吾等知道如果本人 / 吾等就上述兩條問題都選擇「否」，而事實上：

I/We realise if I/We answer "No" to both questions above but indeed,

- i) 這份投保申請書卻於過去12個月內，取代本人 / 吾等任何現有壽險保單或任何現有壽險保單內大部分的壽險成分；或者
this application form has replaced any or a substantial part of my/our existing life insurance policy(ies) in the past 12 months; or
- ii) 本人 / 吾等現正打算於未來12個月內，以這份投保申請書取代本人 / 吾等任何現有壽險保單或任何現有壽險保單內大部分的壽險成分，
my/our current intention is to replace any or a substantial part of my/our existing life insurance policy(ies) within the next 12 months by this application,

即使日後發現因是次轉保導致本人 / 吾等蒙受損失，本人 / 吾等或會因此而有損日後的追討權益。

I/We may jeopardise my/our future right of redress if I/We find later that I/We have been disadvantaged because of such replacement.

本人 / 吾等現授權新壽險保單的保險公司向保險代理登記委員會、香港保險顧問聯會、香港專業保險經紀協會有限公司、保險業監督（「保監」）、香港保險業聯會、所有已被取代或將會被取代的現有壽險保單的保險公司（如適用者），或為了有效管理 / 執行 / 履行《壽險轉保守則》及保監根據《保險公司條例守則》指明的適用於保險經紀的「最低限度規定」所需的其他機構，提供本「轉保聲明」的副本，以及任何有關紀錄或資料。

I/We hereby authorise the Insurer of the new life insurance policy to give the Insurance Agents Registration Board, the Hong Kong Confederation of Insurance Brokers, the Professional Insurance Brokers Association Limited, the Insurance Authority ("IA"), the Hong Kong Federation of Insurers, the insurer(s) of the life insurance policy(ies) that is/are being or has/have been replaced (if applicable) or other parties, as required for proper administration/implementation/execution of the Code of Practice for Life Insurance Replacement and the Minimum Requirements for insurance brokers as specified by the IA under the Insurance Companies Ordinance, a copy of this Replacement Declaration and any related records or information.

申請人簽署 Signature of Applicant

日期 Date

註：


Notes:

* 在申請人簽署本「轉保聲明」之前，保險代理 / 經紀必須向申請人解釋「轉保聲明」的內容。但本「轉保聲明」並不是新壽險保單的投保申請書其中一部分。

The agent/broker must explain this Replacement Declaration to the applicant before the latter signs it, but this Replacement Declaration does not form part of the application for the new life insurance policy.


** 任何購買壽險的交易，如涉及(i)任何現有壽險保單或其基本壽險保障的大部分保額已被終止或將被終止，或(ii)現有壽險保單內大部分的保證現金價值已被減少 / 將被減少，包括：大部分的保證現金價值已被提取 / 將被提取作為保單借貸，均會被視為「轉保」。現有壽險保單包括在新購壽險保單生效日前後的12個月內，申請人已經終止或將會終止的任何壽險保單。壽險保單包括所有類型的傳統壽險、年金及其他非傳統壽險保單。終止保單包括：讓保單失效、退保、或根據現有壽險保單的不能作廢條款，將保單轉為減額繳清 / 展期保單。「大部分」指「50%或以上」。若根據現有壽險保單的保單條款，將定期壽險保單轉為終身壽險保單（或某些形式的長期壽險保單），則不會被視為「轉保」。


Any transaction involving the purchase of life insurance is construed as a Replacement if (i) any existing life insurance policy(ies) or a substantial part of the sum insured of its/ their basic life coverage has been/have been/will be terminated or (ii) a substantial part of the guaranteed cash value of the existing life insurance policy(ies) was reduced/ will be reduced including where a policy loan was/ will be taken out against a substantial part of the guaranteed cash value. Existing Life Insurance Policy(ies) include(s) all types of traditional life, annuity and other non-traditional policies of the applicant, which has/ have been terminated within 12 months before or will be terminated within 12 months after the new life insurance policy's issue date. Termination includes lapse, surrender, converted to reduced paid-up or extended-term insurance under the non-forfeiture provision of the existing life insurance policy(ies). "A substantial part" means "50% or above". However, converting term life insurance to whole life insurance (or some forms of permanent life insurance) under policy provisions of the existing life insurance policy(ies) is not construed as a Replacement.


 Printed on recycled paper




Aviva Life Insurance Company Limited

 Suite 1701, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong 香港太古城英皇道1111號太古城中心1期1701室

 Tel 電話：(852) 3550 9866

 Fax 傳真：(852) 2907 0969

 Website 網址：www.aviva.com.hk

Contact Information

In order to help us work with you more effectively we ask you to complete the following contact data sheet. By completing this fully then we will be able to ensure you get the best possible service even though you may change your employer, country or location.

Policyholder

Mr Mrs Ms Miss Other: Family Name:
Given Name: Middle Name(s):
Home Address:
..... Country:

Contact info in the country you now live in

Mobile: Home: Work:
Personal email (1): Personal email (2):
Work email: Employer:
Employers address:
..... Country:

Permanent contact information in your home country

Mobile: Home: Work:
Permanent Address:
..... Country:

Spouse

Mr Mrs Ms Miss Other: Family Name:
Given Name: Middle Name(s):

Contact info in the country you now live in

Mobile: Work:
Personal email (1): Personal email (2):
Work email: Employer:
Employers address:
..... Country:

Emergency Contact Person

In the event of an emergency whereby we are unable to contact you or your spouse or should you be incapacitated then please provide us with the permanent contact details of an immediate family member who we should contact in this situation.

Family Name: Given Name:
Mobile: Home: Work:
email: Relationship to you:
Home address:
..... Country:

Please help us by keeping us fully informed of all changes to your contact details as soon as possible. Please note all information given to us is only used to help us manage your insurance policy and is never used for any other purpose.