



THE PACIFIC GROUP

# 太平洋保險有限公司 THE PACIFIC INSURANCE CO., LTD.

(INCORPORATED IN HONG KONG IN 1960)

總行  
電話 Tel : 2876 0000 傳真 Fax : 2876 0111

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電話 Tel : 2384 0071 傳真 Fax : 2782 1435

## 個人意外保險投保書 PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

1. 投保人姓名  
Name of Proposer \_\_\_\_\_ 香港身份証號碼 \*  
H. K. I. D. No. \_\_\_\_\_  
*\* (閣下可親身出示身份証正本或提供副本以供查核。 Please present your Identity Card in person or provide a copy for verification.)*
2. 住址  
Residential Address \_\_\_\_\_ 電話號碼  
Telephone No. \_\_\_\_\_
3. 工作地址  
Business Address \_\_\_\_\_
4. (a) 職業及公司名稱 (a)  
Occupation & name of Company \_\_\_\_\_  
(b) 職位及職務 (請詳述) (b)  
Position & Duties (please give details) \_\_\_\_\_  
(c) 是否需要體力操作? (c)  
Require manual labour? \_\_\_\_\_  
(d) 每月平均收入 (d)  
Average monthly income \_\_\_\_\_
5. 出生日期 \_\_\_\_\_ 性別 \_\_\_\_\_ 高度 \_\_\_\_\_ 體重 \_\_\_\_\_  
Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_
6. (a) 閣下之身體有否缺憾? 若然, 請詳述。 (a)  
Have you any physical defect or infirmity? If so, please give details. \_\_\_\_\_  
(b) 過去五年內, 閣下有否因意外而引致身體受傷? 若然, 請詳述。 (b)  
Have you sustained injury by accident(s) during the last five years? If so, please give details. \_\_\_\_\_
7. (a) 閣下有否投保個人意外及/或人壽保險? (a)  是 Yes  否 No  
Have you ever proposed for Personal Accident and/or Life Insurance?  
(b) 此項保險是否為其他意外及/或疾病保險之附加保險?  
若然, 請詳述該等保險單之細則。 (b) (i) 保險公司名稱  
Name of Insurance Company \_\_\_\_\_  
(ii) 保險額  
Sum Insured \_\_\_\_\_  
(iii) 保單號碼  
Policy No. \_\_\_\_\_
8. (a) 受益人姓名及地址 (b) 關係  
Full Name and Address of Beneficiary \_\_\_\_\_ Relationship  
\_\_\_\_\_
9. 保險期 由 \_\_\_\_\_ 至 \_\_\_\_\_  
Period of Insurance : From \_\_\_\_\_ to \_\_\_\_\_

10. 投保金額及保險利益表選擇 (請參閱背頁之全年保險費率表): Amount of Insurance required and Benefit Tables selected (see back page for ANNUAL PREMIUM RATE TABLE):		本公司專用 FOR OFFICE USE ONLY
甲表 (保險利益一) Table A (Benefit 1 only)	港幣 HK\$ _____	<u>PREMIUM</u> A) HK\$ _____
乙表 (保險利益一至二) Table B (Benefits 1 to 2)	港幣 HK\$ _____	B) HK\$ _____
丙表 (保險利益一至三) Table C (Benefits 1 to 3)	港幣 HK\$ _____	C) HK\$ _____
丁表 (保險利益四) Table D (Benefit 4)	港幣 HK\$ _____	D) HK\$ _____
註: 甲至丙表每項保險利益最低投保額為港幣伍萬元正。 Note: Minimum Amount of Insurance against each Table of Benefits A to C required shall be HK\$50,000.00.		TOTAL: HK\$ _____

職業分類 CLASSIFICATION OF OCCUPATION

- 第一類 專業人士、秘書、文員、牙醫、店員（不用機械操作者）。  
 Class I Professional Administrative, Secretarial, Clerical and Managerial Classes, Dentists not engaged in manual work, Shopkeepers and Shop Assistants not using machinery and not involved in any special hazard.
- 第二類 來往客商、店員及店務助理、及其主要職責為監督性質之人士。  
 Class II Commercial Travellers, Shopkeepers and Shop Assistants, persons who do not come within Class I and whose duties are mainly supervisory.
- 第三類 獸醫、家庭僱傭及司機（如私家車、的士及小型巴士）。  
 Class III Veterinary Surgeons, Domestic Servants and Drivers (Private Motor Car, Taxi and Light Van).

全年保險費率表（每千圓計） ANNUAL PREMIUM RATE TABLE (PER MILLE)

年齡界限 Age Limit : 18-65				
表 Table	保險利益 Benefits Covered	第一類職業 Class I	第二類職業 Class II	第三類職業 Class III
甲 A	利益一 Benefit 1 only	0.80	1.00	1.25
乙 B	利益一至二 Benefits 1 - 2	1.20	1.50	2.00
丙 C	利益一至三 Benefits 1 - 3	3.00	4.00	5.00
丁 D	利益四（醫藥費用） Benefit 4 (Medical and Surgical Expenses)	\$60.00	\$75.00	\$90.00

註：不在上述各類之其他職業，請向本公司查詢保率。

Note : For occupations not included above, please contact the Company for quotation.

保險利益表（第一部份） TABLE OF BENEFITS (PART 1)

意外發生後而引致 IN THE EVENT OF AN ACCIDENT:	賠償額 COMPENSATION :
1. 死亡 Death	1. 投保額。 Insured Sum.
2. 永久殘廢 Permanent Disablement	2. 照保險利益表（第二部份）賠償金額比率按投保額計算。 The Percentage of Insured Sum as given in Table of Benefits (Part 2).
3. 暫時不能工作 Temporary Disablement	3. 每星期獲賠償投保額百分之一（以104個星期為限）。 1% of insured Sum per week (Maximum payable up to 104 weeks).
4. 醫藥費用 Medical and Surgical Expenses necessarily incurred in connection with an Accident.	4. 每次意外按實際支出，但每次意外賠償限額為港幣伍仟元。 Actual expenses incurred subject to a limit of HK\$5,000.00 per accident.

保險利益表（第二部份） TABLE OF BENEFITS (PART 2)  
賠償金額比率 PERMANENT DISABILITY SCALE

項目 Item	傷害程度 Injury	賠款利益 (投保額百分率) Percentage	項目 Item	傷害程度 Injury	賠款利益 (投保額百分率) Percentage
1.	全身癱殘 Total and permanent disablement from attending to or allowing any occupation or employment	100	12.	喪失一足(臀部以下) Loss of leg below hip	65
2.	雙目失明 Total and irremediable blindness in both eyes	100	13.	喪失姆指(兩節) Loss of thumb (both phalanges)	25
3.	喪失一肢及一目失明 Total and irremediable blindness in one eye and loss of one hand or one foot	100	14.	喪失姆指(一節) Loss of thumb (one phalanx)	10
4.	一目失明 Total and irremediable blindness in one eye	50	15.	喪失食指(三節) Loss of index finger (three phalanges)	10
5.	喪失雙足或雙手或一足一手 Loss of both hands or feet or one hand and one foot	100	16.	喪失食指(兩節) Loss of index finger (two phalanges)	8
6.	喪失一足或一手 Loss of one hand or one foot	50	17.	喪失食指(一節) Loss of index finger (one phalanx)	4
7.	失聰或失聲 Loss of hearing or speech	50	18.	喪失其他手指每隻 Loss of finger other than thumb or index finger	5
8.	單耳失聰 Loss of hearing in one ear	15	19.	喪失大趾 Loss of great toe	5
9.	喪失一手(至肩膊) Loss of ann at shoulder	75	20.	喪失其他腳趾 Loss of any other toe	1
10.	喪失一手(肩膊以下) Loss of ann below shoulder	65	21.	其他傷殘（嗅覺或味覺除外）的百分率，須由本公司之註冊醫生作出鑑定。 For any permanent partial disablement not specified above other than loss of taste or smell, percentage is to be assessed by the Company in the opinion of the Company's medical advisor.	
11.	喪失一足(至臀部) Loss of leg at hip	75			

在遭受一次意外事故中，各項因傷害程度上不同而獲得之賠款利益百分率，其總和以不超過百分之一百為限。  
 The aggregate of all percentages payable in respect of any one accident shall not exceed 100%.

主要不保事項（詳情請參閱保險單） Main exclusions (For details, please refer to the policy)

自殺、懷孕或分娩、戰爭、從事軍警常執行職務時所致的傷害、各類冬季運動、攀石、攀山（需用繩索或有嚮導指引）、探穴、潛水、駕駛遊艇、跳傘、滑翔、笨豬跳、職業足球或檯球賽、冰上曲棍球、電單車或用機械推動的單車（無論受保人當時為駕駛者或乘客）、馬球、障礙賽馬、打獵（徒步打獵除外）、任何競賽（跑步除外）或因操作機械推動之造木機器。  
 Suicide, pregnancy or childbirth, war, regular or temporary military or police duties, winter sports, rock climbing, mountaineering (which requires the use of ropes or guides), pot-holing, skin-diving, yachting, parachuting, Para-gliding, hand-gliding, bungee-jumping, Association football and Rugby football, ice hockey, riding on a motor cycle / motor scooter moped or mechanically assisted pedal cycle (whether as driver or passenger), polo, steepchasing, hunting other than on foot, racing of any kind other than on foot or using woodworking machinery driven by mechanical power.

投保人姓名：  
Full Name of Proposer : \_\_\_\_\_

### 聲明 DECLARATION

- 本人/我們謹聲明, 本投保書內所提供之資料皆屬真實無訛, 並無隱瞞、虛報或歪曲任何事實。  
I/We declare that all the particulars of this proposal form are true and that I/we have not withheld, mis-represented or mis-stated any material facts.
- 本人/我們謹聲明上述資料及所答各項, 如非本人/我們親筆而由別人代筆者, 皆由本人/我們授意代為填寫, 本人/我們茲同意接受太平洋保險有限公司根據本投保書及聲明所發給之個人意外保單。  
I/We hereby declare that if any of such particulars and answers are not in my/our own writing, the person or persons filling in such particulars and answers shall be deemed to be my/our agent for that purpose. I/We hereby agree and accept that this Proposal and Declaration shall be the basis of and be considered as incorporated in the Policy to be issued hereunder which in the ordinary form use by The Pacific Insurance Company, Limited.
- 本人/我們謹聲明本人/我們已獲得以上所提及第三者之同意使用其個人資料以填寫此投保書。  
I/We hereby declare that I/we have obtained the consent of the third parties mentioned hereinbefore for the use of their personal data in completing this proposal form.

### 收集個人資料聲明 PERSONAL INFORMATION COLLECTION DECLARATION

本人/我們明白並同意本人/我們所提供之資料, 為太平洋保險有限公司("太平洋保險")提供保險業務所需, 並可能使用於下列目的:

- 任何與保險或財務有關的產品或服務, 或該等產品或服務的任何更改、變更、取消或續期;
- 任何索償, 或該等索償的調查或分析;
- 行使任何代位權;
- 由太平洋保險提供的推廣訊息包括有關太平洋保險的財務、保險及相關服務和產品的消息、優惠、推廣及資訊; 及/或由太平洋保險的集團公司及商業夥伴提供的有關財務、保險及相關服務和產品的推廣訊息; 及

可能轉移予:

- 任何有關的公司, 或任何其他從事與保險或再保險業務有關的公司, 或與保險業務有關的中介人或索償或調查或其他服務提供者, 以達到任何上述或有關目的;
- 現存或不時成立之任何保險公司協會或聯會或類同組織("聯會"), 以達到任何上述或有關目的, 或以使聯會執行其監管職能, 或其他基於保險業或任何聯會會員的利益而不時在合理要求下賦予聯會的職能;
- 或透過聯會轉移予任何聯會的會員, 以達到任何上述或有關目的;

此外, 本人/我們在此授權太平洋保險由聯會從保險業內收集的資料中查閱及/或核對本人/我們的任何資料。  
本人/我們明白本人/我們有權查閱及更正由太平洋保險持有有關本人/我們的資料。如有此項要求, 可向香港灣仔皇后大道東 43-59 號東美中心 10 樓太平洋保險有限公司總經理提出。

本人/我們明白並同意太平洋保險為本人/我們辦理有關事項之最低收費為港幣五十元。  
The information provided by me/us to The Pacific Insurance Company, Limited ("Pacific Insurance") is collected to enable Pacific Insurance to carry on insurance business and may be used for the purpose of:

- any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service;
- any claim or investigation or analysis of such claim;
- exercising any right of subrogation;
- provision of marketing communications containing news, offers, promotions and information regarding Pacific Insurance's financial, insurance and related services and products; and/or marketing communications provided by Pacific Insurance's group companies and business associates regarding their financial, insurance and related services and products; and

may be transferred to:

- any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
- any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
- any members of the Federation by the Federation for any of the above or related purposes; and
- the group companies and business associates as specified above for direct marketing purposes.

Moreover, Pacific Insurance is hereby authorized to obtain access to and/or verify any of my/our data with the information collected by the Federation from the insurance industry.  
I/We understand that I/we have the right to obtain access to and request correction of any personal information concerning myself/ourselves held by Pacific Insurance. Requests for such access can be made to the General Manager of The Pacific Insurance Company, Limited at 10th Floor, Dominion Centre, 43-59 Queen's Road East, Wanchai, Hong Kong. I/We also understand and agree that Pacific Insurance may charge a fee of minimum HK\$50 for acceding to my/our request.

### 接收直接推廣訊息指示 RECEIVE DIRECT MARKETING MATERIALS INSTRUCTION

太平洋保險有限公司("太平洋保險")不會未經閣下同意而使用或轉移閣下的個人資料給第三方為直接推廣的用途。使用的個人資料包括姓名、電話、地址及電郵地址。如閣下不同意太平洋保險使用或轉移閣下的個人資料給第三方為直接推廣的用途, 請勾選以下相關方格。

The Pacific Insurance Company, Limited ("Pacific Insurance") may not use or transfer your personal data to third parties for direct marketing purposes without your consent. The personal data to be used includes name, telephone number, address and email address. If you object to Pacific Insurance's use or transfer of your personal data to third parties for use in direct marketing, please tick the relevant box(es) below.

- 本人/我們不欲太平洋保險使用本人/我們的個人資料作直接推廣。  
I/We **do not wish** Pacific Insurance to use my/our personal data in direct marketing.
  - 如您遞交此投保書而沒有在以上方格內以 "✓" 號顯示您的選擇, 即代表您並不拒絕太平洋保險任何形式的直接推廣。  
If you return this Proposal Form without ticking "✓" the above box, it means you do not wish to opt-out from any form of direct marketing of Pacific Insurance.
  - 以上代表您現在對是否接收直接推廣資料的選擇, 亦取代任何您之前已告知太平洋保險的選擇。  
The above represents your present choice whether or not to receive direct marketing materials and replaces any choice communicated by you to Pacific Insurance prior to this application.
- 為改善及提供更全面的服務予太平洋保險的客戶, 太平洋保險可能會將您的個人資料提供予「本集團」\* 其他成員及商業夥伴作其包括財務、保險及相關服務和產品的直接推廣。若您不欲太平洋保險提供您的個人資料予以上人士作以上用途, 請您在這方格上以 "✓" 號表示。  
To improve and provide more comprehensive services to our customers, Pacific Insurance may provide your personal data to other members of the Group\* and business associates for their use in direct marketing of financial, insurance and related services and products. Please tick "✓" this box if you **do not wish** Pacific Insurance to provide your personal data to the above persons for the above purposes.  
\*「本集團」包括太平洋保險及其控股公司、分行、附屬公司、代表辦事處及附屬成員, 不論其所在地。  
The "Group" means Pacific Insurance and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated.

### 保險經紀佣金同意聲明 CONSENT DECLARATION ON INSURANCE BROKER COMMISSION

本人/我們明白、確知及同意, 太平洋保險有限公司("太平洋保險")會就本人/我們購買及接受太平洋保險簽發的保單, 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。假如我們為法人團體, 代表我們簽署的獲授權人員須向太平洋保險確認他/她已獲我們授權簽署。

本人/我們亦明白太平洋保險必須取得本人/我們以上的同意, 才可以處理有關申請。  
I/We understand, acknowledge and agree that as a result of my/our purchasing and taking up the policy to be issued by The Pacific Insurance Company, Limited ("Pacific Insurance"), Pacific Insurance will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where we are a body corporate, the authorized person who signs on our behalf confirms to Pacific Insurance that he or she is authorized to do so.

I/We further understand that the above agreement is necessary for Pacific Insurance to proceed with the application.

日期  
Date \_\_\_\_\_

投保人簽署  
Signature of Proposer \_\_\_\_\_

除經發給正式保險單或按保單外, 本公司在末接納此投保書及未收妥保費前概不負任何承保責任。

The Company will not undertake any liability until this Proposal has been accepted and Premium received by the Company, except as provided by a Policy or an Official Cover Note issued by the Company.

### 本公司專用 FOR OFFICE USE ONLY

Policy No. :	_____	Replacing Policy No. :	_____
Rate :	_____	Account Code :	_____ Risk Code : _____
Premium :	_____	Remarks :	_____
Clauses/Warranties :	_____	Examiner :	_____