



香港紀律部隊保障計劃  
Hong Kong Disciplinary Force  
Voluntary Employee Benefits Program

Employee *Care*

## Coverage 保障內容

Maximum Coverage (HK\$) 最高保障額 (港幣)			
	Ward Plan 大房計劃	Semi-Private Ward Plan 半私家病房計劃	Private Ward Plan 私家病房計劃
<b>1. Personal Accident Cover 個人意外保障</b>			
Accidental Death and Permanent Disablement (Coverages for various types of permanent disablement. Please refer to the Table of Personal Accident Benefits on the next page for details) 意外死亡及永久傷殘保障 (永久傷殘的保障事項眾多，詳情請參考下頁：「個人意外保障權益表」)	500,000	1,000,000	1,500,000
Accidental Death Cover while On Duty 執勤中的意外死亡保障	100,000	100,000	100,000
<b>2. Basic Hospitalization Cover 住院醫療保障</b>			
2.1 Daily Room & Board Benefit (max. 90 days per disability) 每天病房及膳食費用 (每症最長90日)	600 per day / 每日	1,200 per day / 每日	1,800 per day / 每日
2.2 Intensive Care Unit Benefit (max. 7 days per disability) 深切治療護理病房保障 (每症最長7日)	1,200 per day / 每日	2,400 per day / 每日	3,600 per day / 每日
2.3 Hospital Special Services (per disability) 醫院雜費 (每症上限)	10,000	15,000	20,000
2.4 In-hospital Doctors Calls (max. 90 days per disability) 醫生巡房費用 (每症最長90日)	600 per day / 每日	1,200 per day / 每日	1,800 per day / 每日
2.5 Surgical Fee (per disability) 外科手術費用 (每症上限)	10,000	20,000	30,000
2.6 Operation Room Charge (per disability) 手術室費用 (每症上限)	7,500	10,000	12,500
2.7 Anaesthetist Fee (per disability) 麻醉師費用 (每症上限)	30% of the surgical fee payable; 可支付的外科手術費用之30%	30% of the surgical fee payable; 可支付的外科手術費用之30%	30% of the surgical fee payable; 可支付的外科手術費用之30%
<b>3. Major Organ Transplantation and Post Hospitalization Cover 重要器官移植及出院後門診費用保障</b>			
3.1 Major Organ Transplantation (per disability) 重要器官移植 (每症上限)	50,000	75,000	100,000
3.2 Home Nursing Services (max. 30 days per disability) (Nursing service at home after discharge from Hospital rendered by a qualified nurse following hospitalization of more than 7 days, and is recommended by physician) 註冊護士家居護理費用 (每症上限30天) (如受保人住院超過7天，經醫生建議下由合資格護士於出院後在家中提供之護理服務)	300 per day / 每日	400 per day / 每日	500 per day / 每日
3.3 Post-hospitalization Out-patient Consultant (medically necessary follow up consultation by treating physician within 30 days after date of discharge) 出院後門診費用 (所有在出院後30天內由醫生建議屬醫療必需跟進療程的門診護理)	1,000 per day / 每日	1,500 per day / 每日	2,000 per day / 每日
<b>4. Supplementary Major Medical Cover 額外住院醫療保障</b>			
Deductible (per disability) 墊底費 (每次賠償)	1,000	1,000	1,000
Reimbursement percentage 賠償百分比	80%	80%	80%
Maximum limit (per disability) 最高賠償額 (每症上限)	30,000	50,000	100,000
Annual limit per Insured Person (Annual limit is applied to all benefit sections except "Accidental death and Disablement" and "Accidental Death Cover while On Duty") 每名受保人每年最高賠償額 (每保單年度限額適用於所有保障項目，"意外死亡及永久傷殘保障" 和 "執勤中的意外死亡保障" 除外)	100,000	200,000	300,000

- Child(ren) personal accident cover amount is 15% of the Policyholder.  
子女的個人意外保障額為保單持有人的百分之十五。
- Accidental Death cover shall be increased by 5% per year up to a maximum of 25% for five (5) consecutive years.  
意外死亡的保額會每年增加百分之五，直至連續第五年累積至百分之廿五為止。

## Table of Personal Accident Benefits 個人意外保障權益表

Item 項目	Benefit 受保事項	Percentage of Sum Insured 賠償額百分比
1	Accidental Death 意外死亡	100%
2	Permanent Total Disablement 永久完全殘廢	100%
3	Permanent and Incurable Paralysis of All Limbs 四肢永久癱瘓及無法痊癒	100%
4	Permanent Total Loss of Sight of Both Eyes 永久完全喪失雙眼視力	100%
5	Permanent Total Loss of Sight of One Eye 永久完全喪失一眼視力	50%
6	Loss of or the Permanent Total Loss of Use of Two Limbs 喪失任何雙肢或任何雙肢完全失去功能	100%
7	Loss of or the Permanent Total Loss of Use of One Limb 喪失任何一肢或任何一肢完全失去功能	50%
8	Loss of Speech and Hearing 雙耳完全失聰及完全喪失言語能力	100%
9	Permanent and Incurable Insanity 永久及無法痊癒之精神錯亂	100%
10	Permanent Total Loss of Hearing in 永久完全失聰 (a) Both Ears 雙耳 (b) One Ear 單耳	75% 15%
11	Loss of Speech 完全喪失言語能力	50%
12	Permanent Total Loss of the Lens of One Eye 永久完全喪失一眼晶狀體	50%
13	Loss of or the Permanent Total Loss of Use of Four Fingers and Thumb of 喪失或永久完全喪失四隻手指及拇指功能 (a) Right Hand 右手 (b) Left Hand 左手	70% 50%
14	Loss of or the Permanent Total Loss of Use of Four Fingers of 喪失或永久完全喪失四隻手指功能 (a) Right Hand 右手 (b) Left Hand 左手	40% 30%
15	Loss of or the Permanent Total Loss of Use of One Thumb 喪失或永久完全喪失一隻拇指功能 (a) Both Right Joints 兩個右關節 (b) One Right Joint 一個右關節 (c) Both Left Joints 兩個左關節 (d) One Left Joint 一個左關節	30% 15% 20% 10%
16	Loss of or the Permanent Total Loss of Use of Fingers 喪失或永久完全喪失手指功能 (a) Three Right Joints 三個右關節 (b) Two Right Joints 兩個右關節 (c) One Right Joint 一個右關節 (d) Three Left Joints 三個左關節 (e) Two Left Joints 兩個左關節 (f) One Left Joint 一個左關節	10% 7.5% 5% 7.5% 5% 2%
17	Loss of or the Permanent Total Loss of Use of Toes 喪失或永久完全喪失腳趾功能 (a) All - One Foot 所有腳趾 —— 一隻腳計算 (b) Great - Both Joints 腳拇趾 —— 兩個關節 (c) Great - One Joint 腳拇趾 —— 一個關節	15% 5% 3%
18	Fractured Leg or Patella with Established Non Union 折斷腿部或膝蓋而無法聯合	10%
19	Shortening of Leg by at least 5cm 腿部因意外而做手術後導致縮短五厘米或以上	7.5%
20	Permanent Disability which is not provided for under the above items 上述項目以外的永久傷殘	Up to 高達 50%

## Monthly Premium Table (HKD) 每月保費表 (港幣)

Gender 性別 Attained Age 已屆年齡	Ward Plan 大房計劃		Semi-Private Ward Plan 半私家病房計劃		Private Ward Plan 私家病房計劃	
	Male 男性	Female 女性	Male 男性	Female 女性	Male 男性	Female 女性
18 - 25	172	172	252	280	425	464
26 - 30	216	231	322	332	449	510
31 - 40	263	278	388	398	508	568
41 - 50	287	298	418	430	612	716
51 - 60	331	358	472	524	804	907
61 - 69	486	497	678	733	1,094	1,238
Each Child (ren) Age 6months -21 years 每名子女 6個月至21歲	133	133	221	221	353	353

### Note 注意事項：

- Applicant must enrol and be the policyholder first before their spouse or child(ren) enrol the plan;  
投保人須先行投保及作為保單持有人，其配偶、子女方可參與此計劃；
- Applicant, spouse eligible age is between 18-65 and renewable up to 69; all unmarried and unemployed dependent children aged from 6 months to 21, or renewable up to 25 for full-time student;  
凡年齡介乎18至65歲之投保人、配偶均可參加本計劃，其後可續保至69歲。子女則必須為6個月至21歲未婚及未就職，全日制學生可續保至25歲；
- The plan selected should be the same for all insured person;  
各投保人(受保人)所選計劃必須相同；
- Premium will be calculated on the respective age of each insured person and will be increased according to the attain age of each insured person thereafter.  
保費是根據每名投保人(受保人)各自年齡計算；期後將按個別投保人(受保人)的年齡遞增而增加。

# 香港紀律部隊保障計劃申請表

## Hong Kong Disciplinary Force Voluntary Employee Benefits Program Application Form

### A. Applicant (Insured) Personal Particulars 投保人(受保人)個人資料

VEB 07/2017

(Please use the capital letter 請以英文正楷填寫) Please tick the appropriate box 請於適用之方格內加

英文姓名 English Name :		性別 Sex :	男 M <input type="checkbox"/>	女 F <input type="checkbox"/>	出生日期 Date of Birth :	月MM	日DD	年YY
		慣用左手 Left Handed <input type="checkbox"/>						
中文姓名 Chinese Name :		身份證號碼 I.D. No. :			員工編號 Staff No. :			
住宅電話 Tel (Home) :		手提電話 Mobile :						
地址 Address :	部門 Department :							
	職級 Rank :							
電郵地址 E-mail Address :								

### B. Insured Family Member(s) Information 投保人家庭成員資料 (Please use the capital letter) (請以英文正楷填寫)

	姓名 Name	慣用左手 Left Handed	身份證/出生證明書號碼 I.D. No. /Cert. of Birth No	職業* Occupation	性別 Sex		出生日期 Date of Birth		
					男 M <input type="checkbox"/>	女 F <input type="checkbox"/>	月MM	日DD	年YY
配偶 Spouse		<input type="checkbox"/>			男 M <input type="checkbox"/>	女 F <input type="checkbox"/>			
子女 Child		<input type="checkbox"/>			男 M <input type="checkbox"/>	女 F <input type="checkbox"/>			
		<input type="checkbox"/>			男 M <input type="checkbox"/>	女 F <input type="checkbox"/>			

### C. Monthly Premium Table (HK\$) 每月保費表 (港幣)

Please tick the appropriate box for plan applied and respective age range 請於所需保障前之方格加

The plan chosen for different applicant (insured) should be the same (各投保人(受保人)所選擇的計劃必須相同)

Gender 性別 Attained age 已屆年齡	Ward Plan 大房計劃		Semi-Private Ward Plan 半私家病房計劃		Private Ward Plan 私家病房計劃	
	Male 男性	Female 女性	Male 男性	Female 女性	Male 男性	Female 女性
18 - 25	172 <input type="checkbox"/>	172 <input type="checkbox"/>	252 <input type="checkbox"/>	280 <input type="checkbox"/>	425 <input type="checkbox"/>	464 <input type="checkbox"/>
26 - 30	216 <input type="checkbox"/>	231 <input type="checkbox"/>	322 <input type="checkbox"/>	332 <input type="checkbox"/>	449 <input type="checkbox"/>	510 <input type="checkbox"/>
31 - 40	263 <input type="checkbox"/>	278 <input type="checkbox"/>	388 <input type="checkbox"/>	398 <input type="checkbox"/>	508 <input type="checkbox"/>	568 <input type="checkbox"/>
41 - 50	287 <input type="checkbox"/>	298 <input type="checkbox"/>	418 <input type="checkbox"/>	430 <input type="checkbox"/>	612 <input type="checkbox"/>	716 <input type="checkbox"/>
51 - 60	331 <input type="checkbox"/>	358 <input type="checkbox"/>	472 <input type="checkbox"/>	524 <input type="checkbox"/>	804 <input type="checkbox"/>	907 <input type="checkbox"/>
61 - 69	486 <input type="checkbox"/>	497 <input type="checkbox"/>	678 <input type="checkbox"/>	733 <input type="checkbox"/>	1,094 <input type="checkbox"/>	1,238 <input type="checkbox"/>
Each Child (ren) Age 6 months - 21 years 每名子女 6個月至21歲	133 <input type="checkbox"/> x _____ nos. of person 人數	133 <input type="checkbox"/> x _____ nos. of person 人數	221 <input type="checkbox"/> x _____ nos. of person 人數	221 <input type="checkbox"/> x _____ nos. of person 人數	353 <input type="checkbox"/> x _____ nos. of person 人數	353 <input type="checkbox"/> x _____ nos. of person 人數
<b>Total Monthly Premium 每月總保費</b>						<b>HK\$</b>

#### Note 注意事項:

- The information relating to your rank and department in Part A is collected solely for AIG's internal analysis;  
於上述A部要求閣下填寫的部門及級別資料僅供美亞保險作內部分析之用;
- Applicant must enrol and be the policyholder first before their spouse or child(ren) enrol the plan;  
投保人須先行投保及作為保單持有人, 其配偶、子女方可參與此計劃;
- Applicant, spouse age eligible age is between 18-65 and renewable up to 69; all unmarried and unemployed dependent children aged from 6 months to 21, or renewable up to 25 for full-time student;  
凡年齡介乎18至65歲之投保人、配偶均可參加本計劃, 其後可續保至69歲。子女則必須為6個月至21歲未婚及未在職, 全日制學生可續保至25歲;
- The plan selected should be the same for all insured person;  
各投保人(受保人)所選計劃必須相同;
- Premium will be calculated on the respective age of each insured person and will be increased according to the attain age of each insured person thereafter.  
保費是根據每名投保人(受保人)各自年齡計算; 期後將按個別投保人(受保人)的年齡遞增而增加。
- Upon receipt of your application, the insurer shall carry out some basic verification checks for compliance purposes. If any issues arise from these checks, we shall contact you immediately and in any event, no later than 5 working days from the receipt date of this application. If we have not contacted you within this period, you may assume coverage is effective from the date specified in your application.  
當收到閣下的申請表後, 保險公司將會就投保人在申請表內所提供的資料, 進行基本循環核查。如我們在此核查中發現有任何問題, 我們將於收到該申請表日期起計5個工作天之內立即與閣下聯絡。如我們沒有在所述的時間內與閣下聯絡, 即表示閣下之保障將於指定日期起生效。

For office Use Only			
CN No	Effective Date		Handler
Source	Bill Date		CP No

## D. Health Declaration 健康聲明

- |   | Y 是                      | N 否                      |
|---|--------------------------|--------------------------|
| 1. Have you ever had an application for life, disability, critical illness or medical insurance postponed, declined, withdrawn or accepted subject to special terms (i.e. a term which charged you additional premium to the standard rate of premium advertised by the insurer in the brochure or a term which applied exclusions in addition to those which were incorporated in the general terms and conditions of the insurance policy)?<br>閣下曾否申請投保人壽、傷殘、危疾或醫療保險時被暫緩申請、拒絕、撤回、或需接受附加條款(如保險公司收取你多於宣傳冊上所列的保費或附加額外的不保事項條款)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. During the last five years, have you had any illness, ailment or condition which required you to be hospitalized for more than 5 consecutive days?<br>閣下於過去五年內曾否因疾病或其他健康狀況需住院連續超過五天?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you suffer from any chronic, recurrent diseases or do you have any injuries from which you have not completely recovered?<br>閣下曾否患有慢性疾病或復發性疾病或任何受傷至現在仍未痊癒?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been diagnosed with any Heart condition, Cancer, Stroke, Diabetes, Tuberculosis, Epilepsy, Emphysema, Pleurisy, Colitis, any other disease of the Brain or Central nervous system, Kidney, Liver, Hepatitis B or C, Pancreas, Genito-urinary organs, or undergone surgical procedure/arthroscopy for a joint or back condition?<br>閣下曾否患有心臟問題、癌症、中風、糖尿病、肺結核、癲癇症、肺氣腫、胸膜炎、結腸炎、或任何腦部或中樞神經系統疾病、腎病、肝病、乙型肝炎或丙型肝炎、胰臟、生殖泌尿器官之疾病、或曾接受關節或背部的手術或關節鏡檢查?  | <input type="checkbox"/> | <input type="checkbox"/> |

If any answer to the Question 1 to 4 is "Yes", please give further details in the space below, noting the question number(s), the name(s), address(es) of any doctor(s) consulted (if more space is required, please write on a separated sheet and sign your name as on the original application form):

倘上列問題1至4之答案為「是」，請在以下空間提供詳細資料，註明有關問題號碼，並提供有關之醫生姓名及地址（如需要更多空間填寫，可另加紙張，並須附有簽署）：

## E. Declaration & Authorization 聲明及授權

- 1) I/We now declare that to the best of my/our knowledge and belief the information in this Application Form is true and complete and that this application will form the basis of my/our contract with AIG Insurance Hong Kong Limited. I/We declare that I/we have full and complete authority from the Insured Person(s) to sign the application and to disclose any personal information being requested to assess the insurance application.
- 1) 本人/吾等現聲明本申請表內之陳述及提供之細節均為完整及真實無訛，而本申請表將會構成本人/吾等與美亞保險香港有限公司所簽署合約之依據。本人/吾等聲明本人/吾等已獲受保人授予全權簽署本項申請，並提供任何個人資料作評核此項申請之用。
- 2) If this application is made through an insurance broker, by signing this form I/we agree to AIG Insurance Hong Kong Limited paying the insurance broker commission as remuneration for arranging and/or renewing the insurance policy.
- 2) 如本申請是經由保險經紀安排，本人/吾等在簽署本表格後，同意美亞保險香港有限公司向保險經紀支付佣金，作為保險經紀安排（及/或續保）有關保單的報酬。
- 3) Personal Information Collection Statement  
In relation to the personal data collected in this application form, I/we agree and acknowledge that:
- (a) (unless specifically indicated otherwise in this form) the personal data requested in this form is necessary for AIG Insurance Hong Kong Limited ("AIG HK") to process this application and any such data not provided may mean this application cannot be processed.
- (b) the personal data collected in this form may be used by AIG HK for the purposes stated in its Data Privacy Policy, which include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, data matching, claim processing, investigation, payment and subrogation and any related purposes).
- (c) unless I/we have indicated otherwise by ticking the "Promotion Material Opt-out" box below (of which I/we take note), AIG HK may use my/our contact details (name, address, phone number and e-mail address) to contact me/us about other insurance products provided by the AIG group and that my/our contact details may not be so used without me/us giving this agreement.
- (d) AIG HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (b) and (c) above:
- i) third parties providing services related to the administration of my/our policy (including reinsurance);
  - ii) financial institutions for the purpose of processing this application and obtaining policy payments;
  - iii) in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
  - iv) for the purpose of conducting direct marketing activities (per (c) above), marketing companies authorized by the AIG group;
  - v) another member of the AIG group (for all of the purposes stated in (b) and (c)) in any country; or
  - vi) other parties referred to in AIG HK's Data Privacy Policy for the purposes stated therein.
- (e) I/we may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), or opt out of my/our personal data being used for direct marketing at any time, by writing to the Privacy Compliance Officer of AIG Insurance Hong Kong Limited at GPO Box 456 or cs.hk@aig.com. The full version of AIG HK's Data Privacy Policy can be found at www.aig.com.hk.
- Promotion Material Opt-out (if you wish to opt-out, please tick)
- 3) 個人資料收集聲明  
就有關從此表格所收集的個人資料，本人/吾等同意及確認：
- (a) 除非於本表格上另有訂明，本表格所要求提供的個人資料是供美亞保險香港有限公司（“美亞保險”）處理此申請的所需資料，若未能提供任何所需資料此申請則可能不被處理；
- (b) 美亞保險可按列於其私隱政策的用途使用此表格所收集之個人資料，其用途包括核保及管理已申請的保單（包括獲取再保險、核保續保之保單、資料配對、處理索賠、調查、付款及行使代位權及任何有關用途）；
- (c) 除非本人/吾等於以下的「不收取推廣資料」方格填上 ✓ 號以作表示（其內容本人/吾等已細閱），美亞保險可使用本人/吾等的聯絡資料（姓名、地址、電話號碼及電郵地址）聯絡本人/吾等有關其它由AIG集團提供之保險產品，而在未獲本人/吾等同意的情况下，本人/吾等之個人資料將不會被如此使用；
- (d) 美亞保險亦可向以下類別的人士（不論在香港或海外）轉交該些個人資料，作上述(b)及(c)項所列明之用途：
- (i) 提供有關本人/吾等保單管理服務的第三者（包括再保險公司）；
  - (ii) 財務機構，作處理此申請及收取保費；
  - (iii) 公證人、調查員、第三者管理人、緊急支援服務提供者、法律服務提供者、零售商、醫療提供者、及交通工具機構，以處理索償事宜；
  - (iv) AIG集團授權的市場推廣公司，以作直銷之用(如上(c)項所述)；
  - (v) 其它在任何國家之AIG集團之成員公司，作上述(b)及(c)項所有列明之用途；或
  - (vi) 其它於美亞保險私隱政策所列明的人士，作於私隱政策列明之用途。
- (e) 本人/吾等可隨時致函到美亞保險香港有限公司之私隱事務主任(地址:香港郵政總局信箱456號或電郵:cs.hk@aig.com) 查閱、或要求修改本人/吾等的個人資料（美亞保險可就查閱及修改要求收取合理費用），或選擇不將本人/吾等的個人資料用作直銷用途。美亞保險私隱政策的全文載於www.aig.com.hk。
- 不收取推廣資料（如閣下不欲收取推廣資料，請在方格填上 ✓ 號）

Insured Signature 投保人簽署: \_\_\_\_\_

Date 日期: \_\_\_\_\_



## PAYMENT METHOD FORM 保費支付方法表

### Monthly Payment 月費付款

Please choose the payment method either by Credit Card or Autopay. 請選擇以信用卡或自動轉賬支付保費。

### By Credit Card 信用卡付款

Charge my monthly premium to 請在以下的信用卡賬號扣除每月保費 (take one box only 請選擇其中一項)：

Visa Card 

Master Card 

I/We hereby authorize AIG Insurance Hong Kong Limited to charge my/our credit card account below for all payment(s) of this policy including that/those related to its renewal(s).  
本人/吾等授權美亞保險香港有限公司，經由本人/吾等下列的信用卡戶口內，扣除有關本保單的費用，包括其續保之有關費用。

Credit Card No. 信用卡號碼	
Expiry Date 有效期至	MM月 YY年
Name on Credit Card 持咭人姓名	
Cardholder's Signature 持咭人簽名	

### By Autopay 自動轉賬付款

#### Authorization Agreement form With Creditor 付款授權同意書

I/We hereby authorize my/our below-named Bank to effect transfer from my/our account to that of AIG Insurance Hong Kong Limited in accordance with such instructions as my/our Bank may receive from the AIG Insurance Hong Kong Limited from time to time.

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).

I/We confirm that my/our signature(s) on this application form is/are the same as that/those for the operation of my/our Savings/Current Account to be debited for the transfer.

I/We agree to notify AIG Insurance Hong Kong Limited of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in/my our bank account to meet any transfer hereby authorized, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us.

This authorization shall have effect until further notice.

I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect and at the same time such notice shall be given to the AIG Insurance Hong Kong Limited.

本人/吾等現授權本人/吾等之下述銀行，根據美亞保險香港有限公司不時給予本人/吾等之銀行之指示，自本人/吾等之賬戶內轉賬予美亞保險香港有限公司之賬戶。

本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。

如因該筆轉賬而令本人/吾等之賬戶出現透支（或令現時之透支增加），本人/吾等共同及各別承擔全部責任。

本人/吾等證明本人/吾等在此申請表格上之簽名式樣與本人/吾等之銀行賬戶簽名式樣一致。

本人/吾等同意如更改銀行賬戶或取消此付款方式時，將通知美亞保險香港有限公司。本人/吾等並同意如本人/吾等之賬戶並無足夠款項支付該等轉賬時，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之服務費用。

本授權書當繼續生效直至另行通知。

本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須於取消/改生效日最少兩個工作日之前交予本人/吾等之銀行，並同時通知美亞保險香港有限公司。

Bank Name 銀行名稱	Account Number 銀行賬號
Name of Account-holder(s) (As recorded on Statement/Passbook-please complete in English) 戶口持有人姓名 (在結單/存摺上所紀錄之名稱-請以英文填寫)	Signature(s) of Account-holder(s) 戶口持有人簽名
ID Number of Account-holder(s) 戶口持有人身份證明文件號碼	
Witnessed By (Full Name) 見證人 (全名)	Debtor's Reference (To be completed by the Company) 債務人參考 (由公司填寫)
ID Number of Witness 見證人身份證號碼	

## Major Exclusion 主要不受保障項目

General exclusions applicable to all sections of the policy 適用於整份保單的不受保障項目

We will not pay for any loss or liability directly or indirectly, wholly or partly arising as a result of :  
我們不會負責任何直接或間接、全部或部份因以下事項而引致的索償：

1. any pre-existing condition;  
受保前已存在之狀況；
2. any sickness occurring within the first 30 days immediately after the effective date stated on the schedule;  
任何列於保單列表上生效日期後30日內出現之疾病；
3. any act of war, acts of foreign enemies, hostilities, rebellion or warlike operations (whether war is declared or not);  
任何戰爭行動、外敵行動、交戰、叛亂或類似戰爭的行動（無論宣戰與否）；
4. travel onboard any military aircraft or flying as a pilot in any aircraft;  
乘搭任何軍用飛機或以飛機師身份駕駛任何飛機；
5. suicide or intentional injuries or any attempts thereat;  
自殺或故意令身體受傷或上述任何企圖；
6. bodily injury sustained whilst you are directly involved in a violation of law which is of a criminal nature;  
你直接牽涉於刑事性質並違反法律的事宜而導致的身體傷害；
7. psychosis, sleep disturbance disorder, mental or nervous disorders, anxiety, stress or depression;  
精神病、睡眠、精神或神經失調、焦慮、緊張或抑鬱；
8. drug abuse or drug accident, treatment for alcoholism, bodily injury sustained whilst you are under the influence of alcohol or any non-prescribed drug;  
濫用藥物或藥物事故、酗酒治療、因酒精影響或服用非處方藥物而引致的身體傷害；
9. bodily injury sustained whilst you are participating in, practicing or training for a sport as a professional;  
你參與、練習職業運動或進行職業運動訓練而引致的身體傷害；
10. where you are acting or travelling against the advice of a physician;  
你違反醫生勸喻行事或旅遊；
11. routine medical examinations, convalescence, hearing tests, routine blood tests, vaccinations or inoculations, Hair Mineral Analysis (HMA), health supplements or body weight control, eye refraction including but not limited to routine eye tests or any costs of fitting of spectacles or lens;  
例行身體檢查、康復護理、聽覺測驗、常規驗血、預防注射或接種疫苗、毛髮礦物質含量分析、健康補品或體重控制，及因視力不正常而引致之治療，包括但不限於常規視力測驗或所需之眼鏡或鏡片費用；
12. Acquired Immune Deficiency Syndrome (AIDS) or for any bodily injury or sickness commencing in the presence of a zero positive test for HIV, sexually transmitted disease;  
後天免疫力缺乏綜合症（愛滋病）或於人體免疫不全病毒血清測試呈陽性反應下出現的任何身體傷害或疾病、經性接觸傳染的疾病；
13. pregnancy, miscarriage, childbirth or any complications arising therefrom;  
妊娠、流產、分娩或任何因此而引起的併發症；
14. cosmetic or plastic surgery or any elective surgery or any complications or conditions arising therefrom;  
整容或整形手術或任何非急需的手術或任何因此而引起的併發症；
15. any routine dental care or dental treatment for sickness, any bodily injury to unsound or unnatural teeth, any injury to teeth occurring during eating activities;  
任何常規牙齒檢查及因疾病而接受的治療、因意外而損害不健全及不天然的牙齒、任何因進食而導致的牙齒受傷；
16. congenital anomalies or any complications or conditions arising therefrom;  
先天性異常或因此而引起的任何併發症或狀況；

We will not pay for any benefit in respect of 如有下列情況，我們不會作出賠償：

1. any treatment relating to birth control or treatments pertaining to infertility;  
任何有關節育或不育的治療；
2. any benefit in any instance for any hospitalization, including the cost of any tests, investigations or treatment for any condition, complaint, sickness or bodily injury where in our opinion or that of our doctor or an independent medical examiner appointed by us that hospitalization was not medically necessary;  
有關留院的所有保障，包括對任何狀況、疾病或身體傷害引致的任何測試、檢查或治療費用，經我們或我們的醫生或由我們委任的獨立醫療人員的意見下認為該留院不是醫療必需的；
3. alternative treatment including but not limited to Chinese medicines or treatment, acupuncture, acupressure, Tui Nai, hypnotism, rolfing, massage therapy, aromatherapy;  
另類治療包括但不限於中藥治療、針灸、穴位按摩、推拿、催眠治療、羅爾夫按摩療法、按摩治療、香薰治療；
4. Charges that can be compensated from any other source (Applicable to Benefit - 2. Basic Hospitalization Cover and 3. Major Organ Transplantation and Post Hospitalization Cover). In this case, we will only be liable for the excess of the amount recoverable from such other source.  
可從其他來源獲得賠償的費用（只適用於2.住院醫療保障及3.重要器官移植及出院後門診費用保障）。在此情況下，我們只賠償由另一間保險公司可補償的餘額。

## Important Notes 重要事項：

- The above insurance plan is underwritten by AIG Insurance Hong Kong Limited.  
以上保障計劃由美亞保險香港有限公司承保。
- This brochure is prepared to provide you with a brief summary of the insurance plan and is subject to policy terms and conditions. Full details of the coverage (in particular, the exclusions and how the policy will terminate) are set out in the policy wording. Please read the policy wording carefully when you receive them.  
此小冊子只提供保障計劃之簡介，及受保單條款限制。有關保障之詳情，包括不受保事項及終止條款，請參閱保單。請於收受保單後仔細閱讀。
- The brochure is in English and Chinese version. If there is discrepancy between the two versions, the English version shall prevail.  
此小冊子附有中文及英文版本。如兩份版本之內容有任何差異，概以英文版本為準。

American International Group, Inc. (AIG) is a leading global insurance organization. Building on 100 years of experience, today AIG member companies provide a wide range of property casualty insurance, life insurance, retirement solutions, and other financial services to customers in more than 80 countries and jurisdictions. These diverse offerings include products and services that help businesses and individuals protect their assets, manage risks and provide for retirement security. AIG common stock is listed on the New York Stock Exchange.

AIG Insurance Hong Kong Limited is a wholly owned subsidiary of the American International Group Inc.

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美國國際集團 (AIG) 為全球保險業界之翹楚。建基於100年的經驗，時至今日AIG成員公司為80多個國家和地區的客戶提供廣泛的財產保險、人壽保險、退休產品及其他金融服務。這些多樣的產品及服務幫助企業和個人保護其資產、管理風險和提供退休保障。AIG的股票在紐約證券交易所上市。

美亞保險香港有限公司為美國國際集團 (AIG) 成員。

本公司相關資料，詳列於本公司網站 [www.aig.com](http://www.aig.com) | YouTube: [www.youtube.com/aig](http://www.youtube.com/aig) | Twitter: @AIGinsurance [www.twitter.com/AIGinsurance](http://www.twitter.com/AIGinsurance) | LinkedIn: [www.linkedin.com/company/aig](http://www.linkedin.com/company/aig)

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