



聯豐亨保險有限公司

Luen Fung Hang Insurance Company Limited

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個人醫療綜合保險計劃

PROPOSAL FORM FOR COMPREHENSIVE INDIVIDUAL PROTECTION INSURANCE

1 投保人 / 保單持有人姓名 Name of Proposer / Policyholder \_\_\_\_\_  
地址 Address \_\_\_\_\_  
電話 Tel \_\_\_\_\_ 傳真 Fax \_\_\_\_\_ 性別 Sex \_\_\_\_\_ 國籍 Nationality \_\_\_\_\_  
婚姻狀況 Marital status \_\_\_\_\_ 出生日期 Date of birth \_\_\_\_\_ 身份證明文件 Identity document no. \_\_\_\_\_  
日 dd 月 mm 年 yy

2 銀行名稱 Bank \_\_\_\_\_ 號碼 Account no. \_\_\_\_\_  
(戶口持有人須為受保人 Account Holder must be the Insured)

3 Please list members of your family to be covered as dependents (If one child is to be covered, all unmarried children under 19 must be covered).  
請詳列閣下及欲投保家人的資料 (若閣下投保任何子女, 其他十九歲以下之子女亦必須投保)

受保人姓名 Name of Insured	關係 Relationship 配偶 / 子女 Spouse / Child	出生日期 Date of Birth 日 / 月 / 年 dd / mm / yy	性別 男 / 女 Sex M / F	身份証號碼 I.D. no.	身高及體重 Height & Weight			職業及職責 及僱主姓名 Occupation & exact duties & Name of employer
					呎 Ft.	吋 In.	磅 Lbs.	

是 Yes 否 No

- 4 閣下或任何受保的家屬是否已購買現時仍生效的人壽或醫療保險 ?  
Do you have any life or medical insurance now in force in respect of the Insured or any of the dependents to be covered ?
- 5 閣下或任何受保的家屬曾否被拒絕承保任何人壽、醫療保險、或被評估、修改任何保單及取消續保 ?  
Have you or any dependent to be covered ever been refused any form of life or health insurance or ever had a policy rated, modified, or renewal thereof refused ?
- 6 閣下或任何受保的家屬有否入伍 ? 閣下或任何受保的家屬有否考慮參與任何危險運動或競賽 ?  
Are you or any dependent to be covered a member of any military force ? Do you or any dependent to be covered contemplate to engage in any hazardous sports or races ?
- 7 閣下或任何受保的家屬會否在不久的將來轉換職業或居住國家 ?  
Do you or any dependent to be covered expect to change occupation / country of residence in the near future ?
- 8 閣下或任何受保的家屬曾否因以下疾病接受治療, 或閣下或任何受保的家屬被告知有血壓不正常、潰瘍、肺結核、精神失常、血栓塞、脫腸症、糖尿病、癌症、靜脈曲脹、性病、癱瘓、關節炎、風濕、神經失常、泌尿系統不正常、脊柱病或心臟病 ?  
Have you or any dependent to be covered ever been treated for or told that you or any of them has / have abnormal blood pressure, ulcers, tuberculosis, mental disorder, thrombosis, hernia, diabetes, cancer, varicose veins, venereal disease, paralysis, arthritis, rheumatism, any disorder of disease of nervous, genito-urinary system, spin or heart ?
- 9 閣下或任何受保的家屬曾否接受、或有任何理由預計要接受有關愛滋病、肝炎、或任何因性接觸傳染的疾病的輔導、醫療輔助、治療或檢驗 (包括驗血) ?  
Have you or any dependent to be covered ever received, or have any reason for expecting to receive any counselling, medical advice, treatment or tests, including blood tests, in connection with AIDS, hepatitis, or any sexually transmitted disease ?
- 10 請提供閣下的家庭醫生全名及地址  
Please give full name and address of your family physician \_\_\_\_\_
- 11 閣下或任何家屬曾否患上心臟病、中風、高血壓、糖尿病或癌症 ?  
Have you or any parents, brothers and sisters ever suffered from heart disease, stroke, high blood pressure, diabetes or cancer ?
- 如答“是”, 請列明詳細資料  
for “Yes”, please give full details \_\_\_\_\_
- 12 請詳列投保人現時仍生效之醫療保險。  
Please give details of the existing medical insurance policy purchased.

公司名稱 Company \_\_\_\_\_ 保單年期 Policy period \_\_\_\_\_

- 13 根據上列之福利表，請選擇所需之保險計劃。  
On the basis of the Schedule of Benefits set out above, which of the following insurance plan do you require ?

	計劃 I Plan I	計劃 II plan II	保費 Premium
A 基本保險計劃 Basic Program	<input type="checkbox"/>	<input type="checkbox"/>	-----
B 附加保險計劃 Supplementary Program			
I 門診保險 Out-patient	<input type="checkbox"/>	<input type="checkbox"/>	-----
II 附加重症醫療保險 Major Medical	<input type="checkbox"/>	<input type="checkbox"/>	-----
		<b>總數 Total :</b>	-----

- 14 \* 保單由 \_\_\_\_\_ 起一年內有效  
Policy to commence on \_\_\_\_\_ for one year.  
日 dd 月 mm 年 yyyy

#### 投保人聲明

本人，即上述投保人 / 保單持有人謹此聲明，本投保書內所載問題之陳述及答覆，均為全部正確無訛。本人並特此同意，此等陳述及答覆均會成為保單之基礎及其中一部份。  
本人特此授權任何擁有本人或上述任何成員之任何記錄或資料之任何註冊醫生、醫院、診所或保險公司，可向聯豐亨保險有限公司提供任何上述資料。

#### DECLARATION

I, the said policyholder / proposer, hereby declare that all statements and answers to all questions stated in this proposal are to the best of my knowledge and belief complete and true and I hereby agree that these statements and answers shall form the basis and become a part of any policy issued hereunder.

I hereby authorize any licensed physician, hospital, clinic or insurance company that has any records or knowledge of me or any members listed above to give any such information to Luen Fung Hang Insurance Company Limited.

投保人 / 保單持有人簽名 \_\_\_\_\_ 日期 \_\_\_\_\_  
Signature of Proposer / Policyholder Date Signed

代理人名稱 \_\_\_\_\_ 代理人代號 \_\_\_\_\_  
Name of Agent / Broker Code of Agent / Broker

### 投保人須知 Important Notes to Proposer

- 閣下必須在其知悉範圍內提供所有有關會影響保險公司於接納或釐定此保單條文的資料，如對應透露的資料有任何疑問，請即向本公司或閣下的保險代理 / 經紀查詢。我們建議閣下將有關的資料作記錄（包括信件副本），以備日後作參考之用。為確保閣下的利益，閣下應如實呈報所有有關資料，否則此保單將可能無法提供閣下所需的保障，甚至可能會導致此保單無效。
  - 收集個人資料聲明  
閣下提供的資料，為本公司提供保險業務所需，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
    - 任何索償或索償分析
 及可能移轉予現存或不時成立的任何有關的公司，或任何其他從事與保險或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，或任何保險公司的協會或聯會。  
閣下有權查閱及要求更正由聯豐亨保險有限公司持有有關閣下的個人資料，如有此項要求，可向本公司提出。
  - 本公司致力發展及改良產品的質素，務求滿足閣下個人保險上之需要。作為本公司的寶貴客戶，我們會時刻為閣下提供新產品及服務之最新消息。倘若閣下日後不希望收到此等資料，請來信通知本公司。
- \* 此保單提供的保障，必須在本公司確定接納投保後，及收妥保費後，才能正式生效。有本公司曾簽發的暫保單者則除外。
- Any other facts known to you which are likely to affect acceptance or assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance agent / broker. We recommend you keep a record (including copies of letters) for your future reference of any additional information given. Providing correct answers and making sure we are informed is to your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.
  - Personal Information Collection Statement  
The information you provide to us is collected to enable us 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 them
    - any claim or analysis of it
 and may be transferred to any related company or any other company carrying on insurance or reinsurance related business or an intermediary or claims or investigation; or other service provider providing services relevant to insurance business; or any association or federation of insurance companies that exists or is formed from time to time.  
You have the right to obtain access to and to request correction of any personal information concerning yourself held by Luen Fung Hang Insurance Company Limited. Requests for such access can be made to our company.
  - Our company is committed to developing products to meet your personal insurance requirements. As you are a valued customer of our company we will keep you informed of new products and services when they become available. If you do not want to receive this information either now or in the future, please write and tell us.
- \* The liability of the company does not commence until this proposal has been accepted by the company and the premium paid, except as provided by any official cover note or certificate of insurance issued by the Company.