

## Premium Table (HK \$)

	Plan 1		Plan 2	
	1-year	2-year (Special Price)	1-year	2-year (Special Price)
<b>Cover with worldwide personal accident protection</b>				
<b>Clerical work</b>	999	1,598	638	1,020
<b>Others*</b>	1,388	2,220	968	1,549
<b>Cover with China personal accident protection</b>				
<b>Clerical work</b>	699	1,118	488	780
<b>Others*</b>	888	1,420	588	940

\* This Plan does not provide cover for proposers engaging in duty with any armed force of any country or international authority, war correspondent, loading or unloading of objects on ships, being stevedore, ship crew, aircrew, aerial worker, racing driver, truck driver, construction worker, demolition worker, underground and underwater worker, worker at height including but not limited to scaffolding worker, acrobat, stuntman, circus trainer, wild animal trainer, entertainer, detective, jockey, explosive worker and fireman.

## Simple Application

Simply complete the application form and return to:

✉ OCBC Wing Hang Insurance Agency Limited  
16/F., Eastern Central Plaza, 3 Yiu Hing Road,  
Shaukeiwan, Hong Kong

🏠 Any OCBC Wing Hang branch

☎ 2854 1103

📞 2272 8893    🌐 [www.ocbcwhhk.com](http://www.ocbcwhhk.com)

Information in this leaflet is for reference only and shall not form any part of the policy document. OCBC Wing Hang, OCBC Wing Hang Insurance Agency and Liberty International Insurance may at any time(s) amend the contents of this leaflet in any manner as it may at its absolute discretion deem fit without notice. Liberty International Insurance reserves the right of final approval.

Liberty International Insurance reserves the right to accept or decline any application for this Plan. In case of any dispute in connection with the contents of this leaflet, the decision of Liberty International Insurance shall be final and conclusive. If you have any enquiries, please visit any branches of OCBC Wing Hang or call the enrollment hotline.

This plan is a product of Liberty International Insurance but not OCBC Wing Hang or OCBC Wing Hang Insurance Agency. In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between OCBC Wing Hang, OCBC Wing Hang Insurance Agency and the customer out of the selling process or processing of the related transaction, OCBC Wing Hang and OCBC Wing Hang Insurance Agency are required to enter into a Financial Dispute Resolution Scheme process with the customer; however any dispute over the contractual terms of the product should be resolved between directly Liberty International Insurance and the customer.

Authorized Insurance Agencies:

華僑永亨銀行有限公司  
OCBC Wing Hang Bank Limited  
華僑永亨保險代理有限公司  
OCBC Wing Hang Insurance Agency Limited

Underwritten By:



PH10/12/2016



**COMPREHENSIVE  
PROTECTION  
FOR YOUR  
TRIP**

# Platinum China Medical Card Insurance Plan

OCBC Wing Hang Insurance Agency Limited (“OCBC Wing Hang Insurance Agency”) is a wholly-owned subsidiary of OCBC Wing Hang Bank Limited (“OCBC Wing Hang”).

Platinum China Medical Card Insurance Plan (“Plan”) is underwritten by Liberty International Insurance Limited (“Liberty International Insurance”) which is authorized and regulated by the Commissioner of Insurance of the Hong Kong Special Administrative Region (“HKSAR”). Liberty International Insurance will be responsible for providing your insurance coverage and handling claims under your Plan. This Plan is a product of Liberty International Insurance but not OCBC Wing Hang or OCBC Wing Hang Insurance Agency. OCBC Wing Hang and OCBC Wing Hang Insurance Agency are registered in accordance with the Insurance Companies Ordinance (Cap. 41 of the Laws of Hong Kong) as insurance agencies of Liberty International Insurance for distribution of this Plan in the HKSAR.

## Protection of Your Trip

Platinum China Medical Card Insurance Plan is exclusively designed for frequent cross - border travellers. In the unfortunate event of accident or illness requiring hospitalization in China, the insured person is only required to present a valid Platinum China Medical Card and can be admitted to over 100 appointed hospitals in China. Liberty International Insurance will settle the medical expenses for you directly#. For hospitalization in any other non-appointed hospital, Liberty International Insurance will provide guaranteed deposit for hospital admission of up to HK \$39,000.

Other benefits under this Plan include: personal accident, medical expenses, emergency evacuation, compassionate visit and personal liability. A 24-Hour Emergency Assistance Hotline is available to provide free referral assistance related to medical, legal and interpretation services.

## Comprehensive Protection at Low Cost

At an annual premium of as low as HK \$488<sup>A</sup>, you can enjoy one full year comprehensive protection in Mainland China. Get a 20% discount for a two-year policy!

# Medical expenses coverage is subject to the maximum limit, terms and conditions as specified in the relevant policy document of the Plan.

### Important Notice:

- Persons aged between 18 and 70 years are eligible for application.
- The proposer and the insured person must have valid HKID cards.
- Maximum duration for every single trip is 100 days. No limit on number of trips per year.
- In the event that 100% of the sum insured be paid under Personal Accident section, the Policy shall then immediately cease to be in force.
- The referral service is an arrangement service only. The insured person shall bear the related cost associated with such referred services.
- Minimum premium per insured person is HKD200.

### Major exclusion from the insurance coverage:

Accidents caused by war, injury or illness sustained before travelling, injury or illness caused by childbirth, alcoholism or abuse of drugs, or travel against the advice of medical practitioner or the purpose of obtaining medical treatment.

Δ Please refer to the premium table printed overleaf for more premium details.

## Benefits\*

Section	Coverage	Maximum benefit per Insured Person (HK\$)	
		Plan 1	Plan 2
<b>1. Personal Accident</b>			
Accidental death in Mainland China or Worldwide	Including accidental death and permanent total disablement	500,000	300,000
<b>2. Medical, Evacuation, Repatriation and Related Expenses ( Mainland China Cover)</b>			
Medical expenses	The cost of qualified medical treatment, surgery and hospitalization arising from illness or accidental injury during your trip.	500,000	300,000
	Follow-up medical, hospital and treatment expenses reasonably incurred within 90 days of returning to Hong Kong SAR (subject to the above maximum limit)	125,000	75,000
Compassionate transfer	Ambulance service to transfer you directly from hospital to point of railway, ferry harbour or airport upon discharge from hospital.	150 / time	
Compassionate visit	The transportation and accommodation expenses incurred for a family member or a friend to visit and take care of you if you are confined in the hospital for more than 7 days. Subject to a maximum of HK\$1,000 per day for accommodation.	15,000	10,000
Emergency medical evacuation	The cost of emergency evacuation arising from illness or accidental injury during your trip.	Actual Cost	
Repatriation of mortal remains	The reasonable cost of transport of mortal remains to Hong Kong SAR	Actual Cost	
Return of unattended children	The reasonable cost incurred to bring the unattended accompanying child (below the age of 17) back to HKSAR if you are seriously injured or sick or die during your journey.	15,000	10,000
Hospital Admission Guarantee	The admittance deposit for hospitalization in the event of accidental bodily injury or sickness.	39,000	
<b>3. Personal Liability</b>	Your personal liability in respect of accidental bodily injury and property damage to third parties, including legal costs and expenses incurred.	2,000,000	1,000,000
<b>4. 24 - Hour Emergency Assistance Hotline</b>	Free medical interpretation and legal services referral (These are referral service only. You will have to bear the cost incurred for the actual referred service)	Free	

\* This Plan (including coverage and exclusion) is subject to the terms and conditions of the official policy document issued by Liberty International Insurance. If there is any discrepancy between the information contained in the above and the terms of the policy, the terms of the English version policy shall prevail. (Please refer to the policy document and OCBC Wing Hang website for further details.)

# 「尊尚中國醫療卡」保險計劃投保書 Platinum China Medical Card Insurance Plan Proposal Form

請以英文正楷大寫填報 Please complete in English & BLOCK LETTERS  
請✓適用方格及刪去不適用者 Please tick the appropriate box and \*delete whichever is inappropriate

投保人資料 Proposer's Information		
投保人姓名須與回鄉證 / 護照 / 香港身份證相同 Name of proposer must be the same as Re-entry Permit / Passport / HKID Card		
<input type="checkbox"/> 個人客戶 Individual client	先生/太太/女士* Mr/Mrs/Ms*	姓 Surname
	名 First name	
	香港身份證號碼 HKID Card No.	
	回鄉證號碼 / 護照號碼 Re-entry Permit No. / Passport No.	
	國籍 Nationality	出生日期 (dd/mm/yy) Date of birth (dd/mm/yy)
	職業 Occupation	
<input type="checkbox"/> 公司客戶 Corporate client	公司名稱 Name of company	
	工作性質 Business nature	
通訊地址 Correspondence address		
聯絡電話 (非必須填寫) Telephone no. (Optional)		
電郵地址 (非必須填寫) E-mail address (Optional)		
# 附加投保人資料 Additional Proposer's Information		
投保人姓名須與回鄉證 / 護照 / 香港身份證相同 Name of proposer must be the same as Re-entry Permit/ Passport / HKID Card		
先生/太太/女士* Mr/Mrs/Ms*	姓 Surname	名 First name
香港身份證號碼 HKID Card No.		
回鄉證號碼 / 護照號碼 Re-entry Permit No. / Passport No.		國籍 Nationality
職業 Occupation		出生日期 (dd/mm/yy) Date of birth (dd/mm/yy)
通訊地址 Correspondence address		
聯絡電話 (非必須填寫) Telephone no. (Optional)		
電郵地址 (非必須填寫) E-mail address (Optional)		
註：如空間不足，請另紙附上資料。 Note: If there is not enough space, please supply the above information on a separate sheet.		
# 附加投保人所選擇之保障計劃及人身意外及其他保障須與投保人相同。 The plan and territorial limit of personal accident and other cover of additional proposer should follow that of the proposer.		

## 個人資料 Personal History

投保人及所有附加投保人均須詳細回答下列問題。  
All questions must be answered in full by proposer and all additional proposers to be covered.

你是否有任何身體殘障或缺陷或正接受醫療治療或正感染任何疾病？  
Have you ever had any physical disability or deformity or been receiving any medical treatment or suffering from any disease?  是 Yes  否 No

在過去五年內，你是否曾入住醫院或療養院接受手術、觀察或治療？  
Have you even been in a hospital or sanitarium for surgery, observation or treatment within the last five years?  是 Yes  否 No

如答「是」者，請連同姓名詳細說明如下。  
If "Yes" to any of the questions above, please give details with name(s) below.

## 保費 Premium (港幣 / 元 HK\$)

預計保障生效日期 Proposed effective date of insurance		
保障選擇 Cover Chosen		
附全球性人身意外及其他保障 Worldwide personal accident and other cover	<input type="checkbox"/> 計劃一 Plan 1	<input type="checkbox"/> 計劃二 Plan 2
附中國境內人身意外及其他保障 China personal accident and other cover	<input type="checkbox"/> 計劃一 Plan 1	<input type="checkbox"/> 計劃二 Plan 2
保障年期 Period of Insurance cover	<input type="checkbox"/> 一年保障 1-year cover	<input type="checkbox"/> 兩年保障 2-year cover
合共保費 Total Premium	港幣 HK\$	元正 Dollars

## 保費支付辦法 Premium Payment

以下列方法繳付 Paid by:

- 現金 Cash  信用卡 Credit Card+  
 支票 Cheque  華僑永亨銀行戶口 OCBC Wing Hang's account\*

+ (請填寫以下信用卡/銀行戶口付款指示並簽署 Please fill in credit card/bank account details and sign below.)

本人現授權華僑永亨保險代理有限公司從本人下列之信用卡賬戶或儲蓄/往來戶口內扣取投保的「尊尚中國醫療卡」保險計劃之首年及隨後每年之保費，直至本人發出書面通知撤回上述授權為止。  
I hereby authorize OCBC Wing Hang Insurance Agency Limited to debit my credit card account or savings/current account below with the initial annual premium and subsequent annual premium payments of the selected Platinum China Medical Card Insurance Plan until further written notice from me to revoke the above authorization.

持卡人 / 戶口持有人姓名 Name of the cardholder/account holder		
持卡人/戶口持有人的香港身份證號碼 Cardholder/Account holder HKID card no.	與投保人關係 Relationship with proposer	
本人之信用卡號碼為 My credit card no. is	[ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ]	
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card	信用卡有效期至 Credit card expiry date	月 M
或本人之華僑永亨銀行港元儲蓄 / 往來戶口號碼為： or my HKD Savings/Current Account No. at OCBC Wing Hang is: [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ]		
持卡人 / 戶口持有人簽署 Cardholder/Account holder signature(s)	日期 Date	

簽署式樣須與華僑永亨銀行戶口/信用卡賬戶所用之簽名相符，除非聯名戶口簽署協議屬任何一人可簽署，否則所有聯名戶口持有人均須簽署。  
Signature(s) should correspond to the specimen signature of your OCBC Wing Hang / Credit Card Account. For Joint Account, all signatures are required unless either account holder is authorized to sign for all account holders.

## 個人資料收集聲明

利寶國際保險有限公司（以下簡稱『本公司』）根據『個人資料（私隱）條例』（香港法例第486章）（以下簡稱『條例』）就收集、持有、處理、使用和/或轉移個人資料承擔有關責任。

### 目的

本公司所收集或持有的客戶個人資料（包括但不限於保單持有人，投保人，受保人及受益人），可能會使用、存儲、處理、轉移、或披露或分享致以下各強制性的目的：-

- 處理和確定保險申請書、理賠，及持續提供保險服務；
- 處理付款事宜和直接付款授權書；
- 管理、調查和分析任何索償事宜、訴訟和/或針對客戶的訴訟，以及行使本公司根據保險條款賦予的權利，包括但不限於代位權；
- 從事統計資料或用於會計事務；
- 從事研究、保險調查及開發產品和設計之分析；
- 履行任何對本公司、母公司和附屬公司（『利寶互助保險集團公司』）具有約束力的本地或海外法律、法規、守則或指引之披露要求；
- 遵守香港特別行政區的法院命令和包括但不限於保監處，香港保險業聯會，核數師，政府機構和政府成立之相關監管機構對利寶互助保險集團公司具有約束力的合法要求；
- 協助本公司所授權之服務供應商向本公司和/或客戶提供上述目的之服務；
- 協助本公司的實質或建議受讓人評估有關之轉讓交易；
- 從事核實身份和/或信貸審查和/或追收債務；及
- 為相關保險產品進行具參考用途之醫療或健康調查；

如閣下不向我們提供個人資料，我們未必能夠簽訂保單、處理索償、提供保險產品、服務或處理你的要求。

### 直接營銷

本公司所收集或持有的客戶個人資料，特別是姓名和聯繫資料，如電話號碼、電子郵件地址和郵政地址，可能會用以提供本公司和/或利寶互助保險集團的公司的營銷材料，並進行有關本公司、利寶互助保險集團公司的保險及/或金融產品及服務和/或其他金融服務供應商的直接營銷活動（包括但不限於通過電子或其他手段促銷，推廣或銷售本公司、利寶互助保險集團公司或聯營公司有關保險或財務或投資產品或服務）。如果你不同意接收有關直銷通訊，請於本個人資料收集聲明下方標上號。如保客戶沒有「選擇退出」的要求，其保險申請書及於本公司持有之保單持續生效將被視為不反對本公司將其個人資料用於此自願性的營銷目的。

### 個人資料之轉移

本公司所持有的個人資料將予以保密，但可能會與以下香港境內或境外人士分享：-

- 任何利寶互助保險集團公司，或任何其他從事與保險或再保險業務有關的公司，或中介人；
- 任何為本公司業務操作提供行政，電訊、電腦、付款、銀行或其他服務的代理人、承包商、銀行或第三方服務供應商；
- 第三方服務供應商包括法律顧問、調查員、公証行、再保險公司、醫療和康復顧問、緊急救援公司、網絡醫生集團、醫療意見顧問、測量師、專家、維修、會計師和數據處理員；
- 信貸資料服務機構，在違約情況下，任何債務追收機構或辦理索償理賠或調查服務公司；
- 本公司或任何聯營公司在遵守由政府，監管機構或其他當權者推行的法規、守則或指引及履行法律責任時需要向其披露之任何人士；
- 根據有司法管轄權的法院命令受權之任何人士；
- 利寶互助保險集團公司的實質或建議受讓人或利寶互助保險集團公司與保單持有人相關權利的承讓人；
- 利寶互助保險集團公司旗下的公司；
- 為客戶盡職調查或打擊清洗黑錢的篩選之風險智能供應商；
- 如保客戶沒有「選擇退出」的要求，與本公司保持業務轉介或其他安排上之其他銀行/金融機構、商業或慈善組織作為直銷通訊用途；及
- 第三方營銷服務供應商和保險中介機構作為直銷通訊用途。

### 查閱及更正個人資料

根據條例的規定，所有保單持有人可聯絡本公司之個人資料私隱主任查閱、更正和/或更改自己的個人資料；

利寶國際保險有限公司，香港鯉魚涌華蘭路25號栢克大廈13樓

根據條例的規定，本公司在處理個人資料查閱申請時可向客戶收取合理的費用。

如你不同意接收有關直銷通訊，請標上號

中文版本只供參考，一切以英文版本為準

## Personal Information Collection Statement (PICS)

Liberty International Insurance Limited (referred to hereinafter as the “Company”) recognizes its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (the “Ordinance”).

### Purpose

The personal data of customers (including but not limited to policy owners, proposers, insureds and beneficiaries) collected or held by the Company may be used, stored, processed, transferred or disclosed or shared for the following obligatory purposes: -

- Processing and determining insurance applications, insurance claims and providing ongoing insurance services;
- Processing requests for payment and for direct debit authorization;
- Managing, investigating and analyzing any claim, action and/or proceedings brought against the customers, and to exercise the Company’s rights as more particularly defined in applicable policy wording, including but not limited to subrogation rights;
- Compiling statistics or using for accounting purposes;
- Conducting research, insurance surveys and analysis for the purpose of product design and development;
- Meeting disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company, its parent and affiliated companies(“Liberty Mutual Group of Companies”)
- Complying with the legitimate requests or orders of the courts of Hong Kong Special Administrative Region and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and governmental-related establishments binding the Liberty Mutual Group of Companies;
- Enabling an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment;
- Conducting identity and/or credit checks and/or debt collection;
- Conducting medical or health reference checks for relevant insurance products; and
- Facilitating the Company’s authorized service providers to provide services to the Company and/or customers for the above purposes

Please note that if you do not provide us with your personal data, we may not be able to issue your policy, process claims or provide insurance products or services to you or process your request.

### Direct Marketing

Certain personal data of customers collected or held by the Company, in particular, names and contact information such as telephone number, email address and postal address may be used by the Company and/or the Liberty Mutual Group of Companies to provide marketing materials and conduct direct marketing activities (including but not limited to promoting, marketing or selling of the Company, Liberty Mutual Group of Companies or co-branded insurance or financial or investment related products or services by electronic or other means) in relation to insurance and/or financial products and services of the Company, the Liberty Mutual Group of Companies and/or other financial services providers. Please tick the box at the bottom of this PICS if you do not consent to receive such marketing communications.

In the absence of any “opt-out” request from the customer, the Company shall treat the application and continuation of his/her policy(ies) held with the Company as an indication of no objection to the Company’s use of such personal data for this voluntary marketing purpose.

### Transfer of personal data

Your personal data held by the Company will be kept confidential but may be shared with the following parties, within or outside of Hong Kong: -

- Any Liberty Mutual Group of Companies, or any other company carrying on insurance or reinsurance related business, or an intermediary;
- Any agent, contractor, banker or third party service provider who provides administrative, telecommunications, computer, payment, banking or other services to the Company in connection with the operation of its business;
- Third party service providers including legal advisors, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, emergency assistance companies, medical doctor panel groups, medical advisory consultants, surveyors, specialists, repairers, accountants and data processors;
- Credit reference agencies, and in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
- Any person to whom the Company is under an obligation to make disclosure under the requirements of any law binding on the Company or any of its associated companies for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Company or any of its associated companies are expected to comply;
- Any person pursuant to any order of a court of competent jurisdiction;
- Any actual or proposed assignee of the Liberty Mutual Group of Companies or transferee of the Liberty Mutual Group of Companies’ rights in respect of the policy owners;
- Companies within the Liberty Mutual Group of Companies;
- Providers of risk intelligence for the purpose of customer due diligence or anti-money laundering screening;
- Other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements for marketing communication if “no objection” is provided; and
- Third party marketing service providers and insurance intermediaries for marketing communication if “no objection” is provided.

### Access and correction of personal data

According to the Ordinance, all policyholders have the right to of access to, correct and/or change any of their own personal data held by the Company by contacting the Company’s Personal Data Privacy Officer at:

Liberty International Insurance Limited, 13/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong

In accordance with the Ordinance, a reasonable fee may be charged by the Company for the processing of any data access request.

Please tick here if you do not consent to receive marketing communications.

## 聲明及簽署 Declaration and Signature

- 本人/吾等\*現投保「尊尚中國醫療卡」保險計劃（「此計劃」），謹此聲明上述受保人出外旅遊並不會違背醫生勸告或以尋求醫療為目的。本人/吾等\*現時身體健康，並無任何殘廢或缺陷。本人/吾等\*聲明本人/吾等\*已獲得受保人受予全權，簽署本投保書，並提供任何個人資料作評核本申請之用。本人/吾等\*明白本投保書及聲明將構成本人/吾等\*與利寶國際保險有限公司（「貴公司」）之間的合約依據。本人/吾等\*明白貴公司為此計劃之承保人，全面負責一切保障及賠償事宜。
- 本人/吾等\*同意在收到貴公司書面通知的14天內付清對所有保障範圍以外的醫療費用或所有超出所定限額的醫療費用。如欠款未能在限期內付清，本人/吾等\*將被終止一切預繳服務，同時須將「尊尚中國醫療卡」歸還貴公司，並須對所有欠款向貴公司承責。如遺失保證卡，本人/吾等\*須於48小時內向貴公司報失及需繳付港幣100元作補領費用。
- 本人/吾等\*明白緊急現金匯款服務需待國際緊急支援服務供應商首先獲本人/吾等\*的費用保證，方可作出安排。
- 本人/吾等\*明白貴公司有權向本人/吾等\*之醫生索取有關病歷資料，本人/吾等\*亦同意提供任何進一步與保單有關之資料並自付所需費用。
- 本人/吾等\*絕無向貴公司隱瞞任何事實(例如該等事實足以影響保險公司決定是否接受投保)，如有任何有關事實未有正確列明或有所隱瞞，本保單將會作廢。
- 本人/吾等\*已閱讀並明白此計劃之內容及承保範圍，聽免條款及其他有關規章及條款。若保單內容與本單張內容(包括此聲明部份)有任何不同之處，當以英文版本的保單內容為準。
- 本人/吾等\*同意銷售本計劃的中介人已了解本人/吾等\*的需要及清楚解釋此計劃是適合本人/吾等\*，並已向本人/吾等\*解釋若本人/吾等\*作出任何欺詐行為，不披露或提出不準確資料的後果。本人/吾等\*已細閱及明白此投保小冊子及此投保書所載之條款及細則，並同意受其約束。
- 此申請需經貴公司批核，接納與否全由貴公司決定。

- I/We\* hereby apply for Platinum China Medical Card Insurance Plan (“this Plan”) and declare that no person listed hereon is travelling against the advice of any medical practitioner or for the purpose of obtaining medical treatment. I/We\* are now in good health and free from mental deficiency and physical impairment or deformity. I/We\* declare that I/we\* have full and complete authority from the insured to sign the proposal form and disclose any personal information being requested to assess the insurance. I/We\* agree that this proposal form and declaration shall form the basis of the contract between Liberty International Insurance Limited (“the Company”) and me/us\*. I/We\* agree that the Company is responsible for all matters in relation to the insurance coverage and compensation under this Plan.
- I/We\* hereby agree and undertake to settle any medical expenses that is not payable or not covered by this insurance or any amount in excess of the insurance limit within 14 days after written notification from the Company. The credit facility will be suspended if I/we\* fail to reimburse the Company within the above specified time. Upon suspension, I/we\* have to return all the Platinum China Medical Card(s) to the Company and will remain liable to the Company for any outstanding payment in arrears. In the event of card loss, I/we\* should advise the Company within 48 hours and pay HK\$100 for each replacement card.
- I/We\* understand that the arrangement for emergency cash transfer is subject to service provider of international assistance first securing payment from me/us\*.
- I/We\* authorize the Company to obtain medical information from my/our\* medical practitioner(s) and I/we\* agree to supply additional information relevant to this insurance policy at my/our\* own expense.
- I/We\* have not withheld any material facts (i.e. facts relevant to an insurer’s decision whether to provide coverage or not) from the Company and that if any material facts shall have been withheld or not truly or fairly stated, this insurance policy shall be null and voided.
- I/We\* have read and understand the contents of this Plan and the insurance coverage, exclusion clauses and other relevant terms and conditions. If there is any inconsistency between the insurance policy and this leaflet (including this Declaration), the contents of the English version insurance policy shall prevail.
- I/We\* hereby acknowledge the insurance agent has clearly explained that this is an appropriate plan with regard to my/our\* needs and has explained that the consequences of any fraud, non-disclosure and inaccuracies information provided by me/us\*. I/We\* have read and understand the terms and conditions as stated in this proposal form and leaflet and agree to be bound by them.
- This application is subject to the approval of the Company which shall, in its absolute discretion, determine whether to accept this application or not.

本人/吾等\*欲向貴公司投保。本人/吾等\*現聲明投保書之陳述事項乃根據本人/吾等\*一切所知、所信皆屬實情，並無誤導、誤報或隱瞞任何事項。本人/吾等\*同意本投保申請將成為本人/吾等\*與貴公司之間合約基礎，並將視為納入承保單內。若本投保書由別人填寫，該位人士乃是本人作此用途之代理人，而非貴公司之代理人。本人/吾等\*更確認同意本投保書內之所有部份，包括個人資料收集聲明。

I/We\* wish to effect an insurance with the Company. I/We\* declare that the above statements and particulars of proposal form are to the best of my knowledge true and complete. No material facts have been mis-represented, mis-stated or withheld. I/We\* agree that this proposal shall form the basis of the contract between me/us\* and the Company and will be deemed as incorporated in the insurance policy to be issued. If this proposal has been written by anyone else that person is my/our\* agent for this purpose and not the agent of the Company. I/We\* further confirm my agreement to all sections in this proposal form including the Personal Information Collection Statement (PICS).

若中、英文版本之間有任何歧異或有所抵觸，概以英文版本為準。If there is any inconsistency or conflict between the English and Chinese versions, the English version shall prevail.

<hr/>	<hr/>
投保人簽署 Signature of Proposer	日期 Date