

**個人意外(及健齒保健)計劃申請表格**  
Personal Accident (with Dental Care) Application Form

申請者姓名 Name : \_\_\_\_\_ 性別 Sex : 男 M / 女 F

公司名稱 (如適用) Company Name (if applicable) : \_\_\_\_\_ 職業 Occupation : \_\_\_\_\_

聯絡地址 Corresponding Address : \_\_\_\_\_

電郵地址 e-mail Address : \_\_\_\_\_ 聯絡電話 Phone No. : \_\_\_\_\_

身份証號碼 H.K.I.D. Card No. : \_\_\_\_\_ 出生日期 Date of Birth : \_\_\_\_\_

受益人之姓名 Name of Beneficiary : _____	身份証號碼 H.K.I.D. Card No. : _____	關係 Relation : _____
---------------------------------------	------------------------------------	------------------------

若答案‘是’，請指出及詳細列明事件細節及日期。  
If your answer is “Yes”, please provide full details in the space provided.

你的工作是否牽涉體力勞動、危險活動或操作機械？ 否 No:  是 Yes:   
Does your occupation involve any manual work or hazardous activities or use of machinery ?

你是否正接受醫藥治療或正受觀察或正接受手術護理或正服用任何藥物？ 否 No:  是 Yes:   
Are you receiving or contemplating any medical attention or surgical treatment or taking any medicine ?

你現在或過去曾否染上嚴重疾病、精神病、身體傷殘或視覺／聽覺受損？ 否 No:  是 Yes:   
Do you suffer or have you ever suffered from any serious illness, nervous or mental diseases, physical disability or infirmity, impairment of vision or hearing ?

你會否被其他保險公司拒絕接受投保意外或醫療保險或要附加特別條件？ 否 No:  是 Yes:   
Have you ever been refused your proposal for accident or medical insurance or subject to special terms & conditions ?

你有否參與其他危險性體育活動？(如：跳降傘、攀石、水肺潛水、吊索跳等) 否 No:  有 Yes:   
Are you join any dangerous sports ? (i.e : parachuting, mountaineering, scuba diving, bungee jumping etc.)

**聲明 Declaration**

本人謹聲明上列各細節均屬無訛，更絕未作任何事實之隱瞞。  
I declare that to the best of my/our knowledge and belief i) the foregoing answers are true; ii) all material particulars affecting the assessment of the risk have been disclosed.

申請者簽署 Signature : \_\_\_\_\_ 日期 Date : \_\_\_\_\_

**申請步驟 Procedure for application :**

- 申請者必須填妥申請表格，連同入數紙傳真到本公司或連同支票郵寄到本公司均可。  
Applicant should complete the application form, by fax with deposit receipt or mailing with cheque to Canadian Insurance Company Ltd.
- 申請者將收到本公司之電話或電郵回覆確認。  
Applicant should receive confirmation of acceptance from us through telephone or e-mail.
- 申請者將收到以郵件方式之保健卡，一般生效日期於每月一號或十六號。  
Applicant should receive the membership card by mailing and the normal commencement date of the membership card should be on the first and sixteen of each month.

**付款方法 Payment methods :**

- 支票付款：支票抬頭“加拿大保險有限公司”及郵寄到香港中環擺花街 18-20 號嘉寶商業大廈 23 樓 2301 室。  
By cheque : Payable to "Canadian Insurance Company Ltd." and send it to Rm 2301, Car Po Commercial Building, 18-20 Lyndhurst Terrace, Central, H.K.
- 銀行預繳：預繳到本公司之恆生銀行戶口號碼 275-083889-668 及將入數紙傳真到 81671003。  
By deposit : Deposit fee to our Hang Seng Bank Account 275-083889-668 and fax the pay-in-slip to 81671003.

備註 Remarks :  
(本公司填寫  
Office Only)

編號 :

Effective Date :