

保單服務申報書 (健康申報資料)
Request For Policy Service Change Form (With Health Declaration)



請在適當方格內加上「✓」號，並以正楷填寫。Please put a "✓" in the appropriate box and complete in BLOCK LETTERS

保單編號 Policy Number:	保單持有人姓名 Name of Policyholder(s):	受保人姓名 Name of Life Assured(s):
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甲部：服務申請詳情 Part A: Services Request Details

1. 更改附加保障 Change of Supplementary Benefit

附加保障 Supplementary Benefit	增加 Add	刪除 Delete	增加保障額 Increase Sum Assured	減低保障額 Reduce Sum Assured	新保障額 (根據保單貨幣) New Sum Assured (in Contract Currency)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

注意 Note:
1. 除個別計劃列明外，一般增加保障額、保費金額及增加附加保障須填寫健康申報資料。詳情請參閱有關計劃之主要銷售冊子或保單條款及細則。Please complete Health Declaration for Increase of Sum Assured, Premium Amount and Addition of Supplementary Benefit, unless otherwise stated in specific plan. Please refer to principal brochure or policy terms and conditions for details.
2. 減低後之保障額或保費金額不可少於最低要求。Sum Assured or Premium Amount after reductions must meet the minimum requirement.

2. 恢復保單 Reinstatement of Policy
除個別計劃列明外，請填寫健康申報資料作恢復保單申請，詳情請參閱有關計劃之主要銷售冊子或保單條款及細則。Please complete Health Declaration for Reinstatement, unless otherwise stated in specific plan. Please refer to principal brochure or policy terms and conditions for details.

3. 更改職業及重審保單資料 Change of Occupation and Review Policy Details

3.1 更改職業 Change of Occupation #

現職 New Occupation: _____ 任職日期 Entry Date: _____

日常職務 Daily Job Duty: _____

僱主名稱及地址
Name of Employer and Address: _____

3.2 重審保單資料及申報健康狀況 Review Policy Detail and Declare Health Condition

3.3 其他，請註明 Others, please specify: _____

如只更改職業則不需要填寫乙部：健康申報資料。Part B: Health Declaration is not required if request to change of occupation only.

乙部：健康申報資料 Part B: Health Declaration

1. 投保資料 ASSURANCE DETAILS

1. 您是否在本公司或其他保險公司持有任何人壽、意外、危疾、傷病入息或住院入息，包括現已生效或審核中之保險（新申請書或續保）？如「是」，請在下表項目 (a) 詳述。 Do you have any in-force or pending Life, Accident, Critical Illness, Disability Income or Hospital Income with the Company or other insurer(s) (new application or reinstatement)? If "Yes", please give details in Part (a) below.	受保人 Life Assured	保單持有人 (如非受保人) Policyholder (If other than the Life Assured)
	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

項目 Part (a)	公司名稱 Name of Company	簽發日期 Issue Date	投保額 (以港元計算) Sum Assured (in HKD)				
			人壽 Life	意外 Accident	危疾 Critical Illness	傷病入息 Disability Income	住院入息 Hospital Income
受保人 Life Assured							
保單持有人 Policyholder							

2. 您是否曾經被任何公司拒絕重新續保，拒絕或延遲新申請或在增加保費或條款建議下獲接納？如「是」，請在下表項目 (b) 詳述。 Has any company ever refused to reinstate an existing policy, refused or delayed a new application or offered to accept it with extra premium or special terms? If "Yes", please give details in Part (b) below.	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
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項目 Part (b)	公司名稱 Name of Company	日期 Date	原因 Reason	
受保人 Life Assured				
保單持有人 Policyholder				

3. 您現時有沒有或是否有意參與任何類型之飛行活動 (以乘客身份乘搭除外)，或參與危險活動，例如潛水、賽車、攀山 / 石、跳傘、滑翔等？如「是」，請註明活動種類及填寫有關問卷。 Are you currently engaged in or have any intention of engaging in any form of aviation other than as a passenger travelling solely for transport or engaging in any hazardous pursuits, such as scuba diving, motor-racing, mountain / rock climbing, free fall parachuting, sky diving, etc? If "Yes", please state type of activity and complete the respective questionnaire.	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 活動 Activities	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 活動 Activities
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2. 健康狀況 HEALTH DETAILS		
	受保人 Life Assured	保單持有人 (如非受保人) Policyholder (If other than the Life Assured)
1. 身高 / 重量 Height / Weight	<input type="checkbox"/> 厘米 (cm) <input type="checkbox"/> 呎 (ft) <input type="checkbox"/> 千克 (kg) <input type="checkbox"/> 磅 (lb)	<input type="checkbox"/> 厘米 (cm) <input type="checkbox"/> 呎 (ft) <input type="checkbox"/> 千克 (kg) <input type="checkbox"/> 磅 (lb)
2. 最近一次求診或常診醫生姓名及地址 Name and address of last seen or regular doctor 診症原因、日期及結果 Reason for, date of consultation and result	2. 姓名 Name: _____ 地址 Address: _____ 原因 Reason: _____ 結果 Result: _____ 日期 Date: _____	2. 姓名 Name: _____ 地址 Address: _____ 原因 Reason: _____ 結果 Result: _____ 日期 Date: _____
3. 您是否曾經於過去12個月內吸煙? 如「是」, 請註明每天吸食之數量、種類及持續年期。 Have you smoked cigarettes in the past 12 months? If "Yes", please state the quantity consumed per day, type and number of years of consumption.	3. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No _____ 數量 / 支 Quantity / sticks _____ 年 Years 種類 Type _____	3. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No _____ 數量 / 支 Quantity / sticks _____ 年 Years 種類 Type _____
4. 您是否有飲酒的習慣? 如「是」, 請註明每天飲用之數量、種類及持續年期。 Do you take alcohol? If "Yes", please state the quantity consumed per day, type and number of years of consumption.	4. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No _____ 數量 Quantity _____ 年 Years 種類 Type _____	4. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No _____ 數量 Quantity _____ 年 Years 種類 Type _____
如第5至10題的答案為「是」, 請在補充部份填寫詳情。 If the answer(s) for the Question 5 to 10 is / are "Yes", please give details in Supplement Section.		
5. 除普通疾病如傷風或感冒外, 您目前是否患有任何徵狀, 正在接受治療或考慮對健康狀況尋求建議或治療? Are you currently experiencing symptoms, receiving treatment or considering seeking advice or treatment for your health other than minor illnesses such as cold or flu?	5. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	5. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
6. 您曾否因以下任何狀況出現疾病, 徵狀或曾因此而接受醫療建議 / 治療 / 診症。 (無論有否確診) Have you ever experienced symptoms or received medical advice or had treatment for any of the following conditions (whether diagnosed or not)?		
a) 膽固醇過高、血壓高、心臟病、心臟雜音、二尖瓣脫垂或其他心臟瓣膜疾病、不規則或心率加速、胸部不適或疼痛、任何心臟或血管疾病? Raised cholesterol, high blood pressure, heart attack, heart murmur, mitral valve prolapse or other heart valve disorders, irregular or fast heart rate, chest discomfort or pain, disease or any disorders of the heart or blood vessels?	6a. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	6a. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
b) 癌症、腫瘤、囊腫、腫塊或任何形式的增生? Cancer, tumour, cyst, lump or growth of any kind?	6b. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	6b. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
c) 糖尿病、血糖不正常、甲狀腺或任何其他內分泌失調疾病? Diabetes, abnormal blood sugar, thyroid disorders or any other endocrine disorders?	6c. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	6c. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
d) 哮喘、長期咳嗽、咳嗽帶血、肺炎、結核病、胸部或呼吸不適或任何其他肺部疾病? Asthma, persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints / discomfort or any other lung disorders?	6d. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	6d. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
e) 抑鬱、焦慮、精神緊張、或任何其他精神或神經疾病? Depression, anxiety, stress, or any other mental or nervous disorders?	6e. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	6e. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
f) 椎間盤滑脫、痛風、關節炎、疼痛或畸形或異常的肌肉、脊柱、四肢或關節嚴重受傷? Slipped disc, gout, arthritis, pain or deformity or disorders of the muscles, spines, limbs or joints or severe injury?	6f. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	6f. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
g) 癲癇、痙攣中風、癱瘓、四肢無力、長期頭痛、昏迷或其他神經系統疾病? Epilepsy, fits stroke, paralysis, weakness of limb, prolonged headache, unconsciousness or other neurological disorders?	6g. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	6g. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

2. 健康狀況 HEALTH DETAILS

	受保人 Life Assured	保單持有人 (如非受保人) Policyholder (If other than the Life Assured)
如第5至10題的答案為「是」，請在補充部份填寫詳情。 If the answer(s) for the Question 5 to 10 is / are "Yes", please give details in Supplement Section.		
h) 胃炎、胃或十二指腸潰瘍、血便、瘻管或任何其他胃或腸道疾病? Gastritis, stomach or duodenal ulcer, blood in stools, fistula, or any other stomach or bowel disorders?	6h. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	6h. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
i) 黃疸、乙型肝炎帶菌者或任何類別肝炎、肝臟疾病或膽囊疾病? Jaundice, hepatitis B carrier or any form of hepatitis, liver disorder or gall bladder disorder?	6i. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	6i. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
j) 尿中有血、蛋白或糖、腎結石感染及其他有關腎臟、膀胱、前列腺或生殖器官的疾病? Blood / protein or sugar in urine, kidney stones, infection or any other disorders of the kidney, bladder, prostate or genital organs?	6j. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	6j. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
k) 貧血或其他有關血液的疾病、被建議避免捐血或接受輸血或與血友病有關的血液產品或其他原因? Anaemia, or other disorders of the blood, advised to abstain from donating blood or received blood transfusion or blood products on account of haemophilia or any other reason?	6k. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	6k. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
l) 耳朵或鼻子出血、複視、視力受損、聽覺或言語或任何其他有關的耳、眼、鼻、喉疾病 (不包括以鏡片矯正的遠視或近視)? Ear discharge, nose bleeds, double vision, impaired sight, hearing or speech or any other disorder of ear, eye, nose and throat (excluding long or short sightedness corrected by prescription lenses)?	6l. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	6l. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
m) 任何其他沒有在以上提及的疾病、手術、身體殘疾或意外? Any other illness, disorder, operation, physical disability or accident not mentioned above?	6m. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	6m. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
7. 在過去5年，您是否曾經接受任何檢驗如X光、超聲波、電腦掃描、活體檢視、心電圖、驗血或尿液檢查? In the past 5 years, have you ever had any tests done such as X-ray, ultrasound, CT Scan, biopsy, electrocardiogram (ECG), blood or urine test?	7. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	7. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
8. 您是否曾經服食會使人上癮的藥物 / 安眠藥或接受酒精中毒或依賴藥物的治療? Have you ever taken addictive drugs / narcotics or been treated for alcoholism or drug addiction?	8. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	8. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
9. 此問題只適用於女性受保人 For Female Only (只適用於年齡12歲或以上的女士 Only applicable to age on or above 12)		
a) 您曾否患有或被告知患有何乳房腫塊 / 或其他乳房疾病? Have you suffered from or are you aware of any breast lumps or any other disorders of your breasts?	9a. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	9a. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
b) 您曾否患有不尋常的或疼痛或不正常的經期、纖維瘤、囊腫 / 或其他女性器官疾病? Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts, or any other disorders of the female organs?	9b. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	9b. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
c) 您現時或曾否得知任何不正常的柏氏細胞塗片結果或被醫生建議在未來6個月內重覆柏氏細胞塗片的測試? Have you had any abnormal pap smear test or been told by any doctor to have a repeat pap smear within the next six months?	9c. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	9c. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
d) 您曾否被建議進行乳房X光照片、活組織檢查、乳房手術、盤腔超聲波或其他婦科檢查? 如「是」，請於下列表格內提供更多資料。 Have you been advised to have a mammogram, biopsy, operation of the breasts, ultrasound of the pelvis or any other gynaecological investigations? If "Yes", please give details in the table below for this question.	9d. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	9d. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
e) 您現在是否懷孕? 如「是」，請註明已懷孕月數? Are you now pregnant? If "Yes", please state the number of month(s).	9e. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	9e. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
f) 只適合懷孕女性 / 曾經懷孕女性作答。妳曾否在妊娠期間患有併發病如妊娠期糖尿病、高血壓等等? For female who has conceived, were there any complications during pregnancy such as gestational diabetes, hypertension, etc?	9f. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	9f. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
10. 此問題只適用於小童受保人 For Juvenile Only (只適用於年齡15歲或以下的人士 Only applicable to age on or below 15) 小童是否早產或被診斷患有先天性疾病或出生時之缺陷而接受治療? Was the child born prematurely or has he / she been diagnosed to have any congenital disorder or birth defects?	10. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	不適用 N/A

保單服務申報書 (健康申報資料)
Request For Policy Service Change Form (With Health Declaration)



2. 健康狀況 HEALTH DETAILS

補充 Supplement Section

如第5至10題的答案為「是」，請於以下提供詳情。 If the answer(s) for the Question 5 to 10 is / are "Yes", please give details below.

(a) 受保人 Life Assured

題號 Question No.	症狀 Nature of Condition	日期 Date		痊癒程度 Degree of Recovery	治療 Treatment / 檢驗 Investigation		主診醫生, 診所或醫院名稱及地址 Name and Address of Doctor, Clinic or Hospital
		病發 Onset	痊癒 Recovery		日期 Date	結果 Result	

(b) 保單持有人 (如非受保人) Policyholder (If other than the Life Assured)

題號 Question No.	症狀 Nature of Condition	日期 Date		痊癒程度 Degree of Recovery	治療 Treatment / 檢驗 Investigation		主診醫生, 診所或醫院名稱及地址 Name and Address of Doctor, Clinic or Hospital
		病發 Onset	痊癒 Recovery		日期 Date	結果 Result	

受保人
Life Assured

保單持有人 (如非受保人)
Policyholder (If other than the Life Assured)

11. 您的直屬家庭成員是否患有血液疾病、肝病 (包括乙型肝炎帶菌者)、心臟或多囊性腎病、中風、糖尿病、腎病、高血壓、癌症、後天免疫能力缺乏症、精神疾病或任何遺傳性疾病; 或因上述疾病死亡? 如「是」, 請於下列表格內提供更多資料。

Have any of your immediate family members died or suffered from blood disease, liver disease (including hepatitis B carrier), heart or polycystic kidney disease, stroke, diabetes, kidney disease, hypertension, cancer, mental disorder, AIDS or known hereditary disease? If "Yes", please give details in the table below for this question.

11. 是 Yes 否 No

11. 是 Yes 否 No

11. (a) 受保人 Life Assured

關係 Relationship	在世 Alive		已故 Deceased	
	病發年齡 Age at onset	情況 Condition	死亡年齡 Age at death	死亡原因 Cause of death

(b) 保單持有人 (如非受保人) Policyholder (If other than the Life Assured)

關係 Relationship	在世 Alive		已故 Deceased	
	病發年齡 Age at onset	情況 Condition	死亡年齡 Age at death	死亡原因 Cause of death

其他資料 Other Information

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3. 聲明及授權 Declaration & Authorization

本人 / 吾等明白星展銀行 (香港) 有限公司 (星展集團成員) (「銀行」) 為Aviva的保險代理, 本人 / 吾等同意所有由銀行不時發出予客戶的有關資料政策、通知及其他關於客戶資料的其他通訊均適用。客戶可向銀行分行索取該等資料, 或瀏覽銀行網頁 (www.dbs.com/hk)。本人 / 吾等亦同意所有Aviva收集或持有(包括Aviva得自其他來源、或因客戶與Aviva的關係而所獲得) 有關本人 / 吾等的資料 (包括個人資料) (「資料」), Aviva可使用作 (i) 處理本人 / 吾等的申請及提供其稍後的服務、其他金融產品及服務 (包括款項處理、理賠、轉讓處理、調查及 / 或理賬); (ii) 直銷推廣, 及與本人 / 吾等聯絡; (iii) 遵守適用的法律和法規及採取任何可能不利於客戶利益的行動 (例如拒絕任何申請或採取法律行動) (以下統稱為「用途」)。

本人 / 吾等亦同意Aviva可就用途而 (a) 向其他組織、機構或人仕引證或收集有關本人 / 吾等的資料; (b) 轉移資料至香港特別行政區以外任何地區, 包括新加坡; 及 (c) 將資料比較或核對 (以下統稱為「進一步用途」); 及因用途與進一步用途而透露資料給予Aviva有關人士 / 機構或任何被選定的第三者 (在本港或海外的), 包括再保險公司、本人 / 吾等的經紀、賠償調查公司、情報資訊服務提供商及有關的行業 / 聯會。

本人 / 吾等明白本人 / 吾等有權查閱Aviva所持有有關本人的個人資料及要求改正有關個人資料。有關要求必須以書面形式通知Aviva顧客服務部客戶中心經理, 地址為香港太古城英皇道1111號太古中心第一期1701室。本人 / 吾等明白如本人 / 吾等欲拒絕接收由Aviva發出的直銷推廣刊物, 有關要求亦必須以書面形式通知 Aviva (地址同上)。

如本人 / 吾等及所有受保人不能提供任何此申請書所需的資料, 貴公司可能因此不能接受此服務申請。

本人 / 吾等謹此要求本人 / 吾等之保單依照本申請書之選擇作出更改, 本人 / 吾等代表本人 / 吾等及所有受保人明白並同意: (1) 要求更改或增加保額或投資金額時所需之可保證明將包括本申請書及健康狀況聲明, 並需符合下列條件方可生效: (a) 繳清所有申請所需之款項; (b) 該申請是於受保人在生及仍可受保之情況下經貴公司批核; (c) 該申請必須附有保單條款及細則之內容。 (2) 本申請書及所需之可保證明將成為保單更改之根據, 並成為保單之一部份, 如有特別註明者除外。

本人 / 吾等謹此代表本人 / 吾等/被保人及所有受保人授權 (1) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他機構、組織或人士, 凡知道或持有任何有關本人 / 吾等 / 被保人或任何一位受保人之紀錄者, 及 / 或曾診驗或將診驗本人 / 吾等 / 被保人及任何一位受保人者, 均可將該等資料提供給 Aviva Life Insurance Company Limited (貴公司) 及與其他的個人資料作出比較並利用比較結果採取任何行動, 包括不符合本人 (等) 利益(包括不接納此申請); (2) 貴公司或任何其他指定之醫生、醫療人員、或化驗所, 可就此服務申請或任何與之有關賠償申請, 替本人進行所需之醫療評估及測試, 作為審核本人 / 吾等 / 被保人及任何受保人之健康狀況, 此授權對本人 / 吾等 / 被保人及所有受保人之繼承人及受益人具有約束力; 即使本人 / 吾等 / 被保人及任何受保人死亡或無行為能力時, 此授權仍具效力, 本授權書的影印本與正本均有同等效力。本人 / 吾等明白貴公司可按貴公司客戶資料的政策處理本人 (等) 資料。客戶可向Aviva索取該等資料, 或瀏覽相關網頁 (www.aviva.com.hk)。

I / We, the undersigned, understand that DBS Bank (Hong Kong) Limited (a member of the DBS Group) ("the Bank") is acting as an insurance agent of Aviva. I / We agree that the applicable data policies, notices and other communications to customers concerning their personal information from time to time issued by the Bank shall apply. Copies are available from its website (www.dbs.com/hk). I/We agree that all information relating to me / us (including personal information) collected or held by Aviva (including those obtained by Aviva from any other sources or that arises from my / our relationship with Aviva ("the Data") may be used by Aviva for the purposes of (i) processing of my/our application and the provision of subsequent services for this and other financial products and services (including payment / claim / assignment processing, investigation, and/or account collection); (ii) direct marketing and to communicate with me/us, (iii) complying with the applicable laws and regulations and taking any actions that may be adverse to my / our interest (e.g. declining any application or taking legal actions) (collectively, the "Purposes").

I / We further agree that Aviva may, for the Purposes, (a) verify and collect information about me / us from other organisations, institutions or other persons; (b) transfer the Data outside the Hong Kong SAR including to Singapore; and (c) compare or matching the Data (collectively, "Further Uses") and for the Purposes and Further Uses, disclose the Data to individuals / organisations associated with Aviva or any selected third party (within or outside of Hong Kong), including reinsurance company, my/our broker, claims investigating companies, intelligent information provider, and industry / federations.

I / We understand that I / We have the right to obtain access to and to request correction of my / our personal information held by Aviva. Request must be made in writing to the Contact Centre Manager of Customer Services Department of Aviva at Suite 1701, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong. I / We also understand that if I / we do not wish to receive direct marketing materials from Aviva in the future, request must be made in writing to Aviva at the same address.

If I / We / and all Covered Person(s) fail to provide any information requested in this application, it may result in the Company's inability to accept this service application.

I / We hereby request that my / our policy shall be changed in accordance with the particulars set out in this application and I / We understand and agree on behalf of myself / ourselves / and all Covered Person(s) that: (1) The request for change or addition of sum assured or investment which requires evidence of insurability shall consist of this application and the Health Declaration and shall not take effect unless all of the following conditions are met: (a) any required payment for the application is paid in full, (b) the application is approved by the Company at its Head Office during the lifetime and continued insurability of the persons insured by the policy, (c) the application must fulfill the policy terms & conditions. (2) This application and the evidence of insurability of the Life Assured(s) if required by the Company shall be the basis for change in the policy and will form part of the policy unless otherwise specified.

I / We HEREBY AUTHORIZE on behalf of myself / ourselves the Life Assured and all Covered Person(s) (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution or other organization, institution or person, that has any records or knowledge of me / us / the Life Assured or any of the Covered Person(s) and who has attended or may hereafter attend to me / the Life Assured and any of the Covered Person(s) to disclose such information to Aviva Life Insurance Company Limited. (hereafter called the Company) and to compare such information with other personal data, and to use the results for taking of any actions that may be adverse to my / our interests (including declining the application). (2) The Company or any of its appointed medical examiners or laboratories to perform the necessary medical assessments and tests to evaluate the health status of myself / ourselves / the Life Assured or any Covered Person(s) in relation to this application and any claim arising there from. This authorization shall bind the successors and assignees of myself / ourselves / the Life Assured and all Covered Person(s) and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original. I / we understand that all data collected or held by the Company will be used in accordance with the applicable data policies, notices and other communications and customers concerning their data in force time to time and a copy of the current version is available on request, at Aviva Life Insurance Company Limited or from its website (www.aviva.com.hk).

見證人簽署 Signature of Witness	保單持有人簽署 Signature of Policyholder(s)	*受保人簽署 (如非保單持有人) *Signature of Life Assured(s) (If other than Policyholder)	受讓人 / 不可撤換受益人簽署 Signature of Assignee / Irrevocable Beneficiary
姓名Name: 日DD 月MM 年YYYY	姓名Name: 日DD 月MM 年YYYY	姓名Name: 日DD 月MM 年YYYY	姓名Name: 日DD 月MM 年YYYY

*滿18歲或以上之人士必須簽署。Signature is required for the person whose age is 18 or above.

Aviva Life Insurance Company Limited

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