

投保資料申報書

Statement of Insurability



AVIVA

保單編號 Policy Number:	準受保人姓名 Name of Proposed Life Assured:	準保單持有人姓名 Name of Proposed Policyholder:
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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.			準受保人 Proposed Life Assured		準保單持有人（如非受保人） Proposed Policyholder (If other than the Proposed 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
準受保人 Proposed Life Assured							
準保單持有人 Proposed 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		
項目 Part (b)	公司名稱 Name of Company	日期 Date	原因 Reason				
準受保人 Proposed Life Assured							
準保單持有人 Proposed Policyholder							
3. 您現時有沒有或是否有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		

2. 健康狀況 HEALTH DETAILS

			準受保人 Proposed Life Assured		準保單持有人（如非受保人） Proposed Policyholder (If other than the Proposed 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. a) 您是否有常診 / 家庭醫生？如「是」，請提供醫生姓名及地址 Do you have any regular / family doctor? If "Yes", please provide name and address of doctor	2a. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 姓名 Name: 地址 Address:		2a. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 姓名 Name: 地址 Address:		2a. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 姓名 Name: 地址 Address:	
b) 最近一次求診醫生姓名及地址 Name and address of last seen doctor 診症原因、日期及結果 Reason for, date of consultation and result	2b. 姓名 Name: 地址 Address: 原因 Reason: 結果 Result: 日期 Date:		2b. 姓名 Name: 地址 Address: 原因 Reason: 結果 Result: 日期 Date:		2b. 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 _____		3. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No ____ 數量 / 支 Quantity / sticks ____ 年 Years 種類 Type _____	

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健康狀況 HEALTH DETAILS

	準受保人 Proposed Life Assured	準保單持有人 (如非受保人) Proposed Policyholder (If other than the Proposed Life Assured)
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? 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? 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? 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? 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? 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? g) 癲癇、癱瘓中風、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? 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? 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? 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? 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? 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)? 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?	6a. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 6b. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 6c. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 6d. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 6e. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 6f. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 6g. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 6h. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 6i. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 6j. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 6k. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 6l. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 6m. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	6a. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 6b. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 6c. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 6d. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 6e. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 6f. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 6g. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 6h. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 6i. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 6j. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 6k. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 6l. <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. 您是否曾經服用會使人上癮的藥物 / 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

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2. 健康狀況 HEALTH DETAILS

準受保人
Proposed Life Assured

準保單持有人 (如非受保人)
Proposed Policyholder (If other than the Proposed 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.

<p>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)</p> <p>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?</p> <p>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?</p> <p>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?</p> <p>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.</p> <p>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).</p> <p>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?</p>	<p>9a. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>9b. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>9c. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>9d. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>9e. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>9f. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p>	<p>9a. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>9b. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>9c. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>9d. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>9e. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>9f. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p>
<p>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)</p> <p>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?</p>	<p>10. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p>	<p>不適用 N/A</p>

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) 準受保人 Proposed 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) 準保單持有人 (如非準受保人) Proposed Policyholder (If other than the Proposed 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	
準受保人 Proposed Life Assured					準保單持有人 (如非受保人) Proposed Policyholder (If other than the Proposed 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.						

2. 健康狀況 HEALTH DETAILS**11. (a) 準受保人 Proposed 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) 準保單持有人 (如非準受保人) Proposed Policyholder (If other than the Proposed 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 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).

準受保人簽署 (滿18歲或以上之人士必須簽署) Signature of Proposed Life Assured (Signature is required for the person whose age is 18 or above)	準保單持有人 (如有別於準受保人) Signature of Proposed Policyholder (if other than the Proposed Life Assured)	日DD 月MM 年YYYY
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