

AIA International Limited

(Incorporated in Bermuda with limited liability)

HEALTH CERTIFICATE 健康證明書

Policy Number 保單號碼	Name of Insured 受保人姓名	Name of Owner 持有人姓名
_	Agent/Broker Code 營業員號碼/經紀號碼 Area/Agency/Broker Code 區域/營業員/經紀組別編號	Agent's /Broker Tel. No 營業員/經紀聯絡電話



Please complete payor's information if PB/PBCI is attached for reinstatement or if PB/PB(CI) is applied. 如申請恢復保單效力而保單內附有付款人保障附加契約或危疾付款人保障附加契約者,或申請增加所述兩者之任何一者,請填寫付款人資料。

				Insured 受保人 Name 姓名:			Payor 付款人 Name 姓名					
1. Occupation Title	職銜											
2. Exact Daily Job D	uties 日常耶	散務										
3. Nature of Busines 公司業務性質/僱		give employer's name and add 事處地址	ress.									
reason and result	t of last co	Physician. Please state date nsultation . 址,並註明最後求診之日期、										
5. Present height ar	nd weight ∄	見時身高/體重	Height of Ir 受保人身高	nsured	Weight of 受保人體重		Height of Payor Weight of P 付款人身高 付款人體重					
* Delete if inappro	opriate 請刪	除不適用者	ft呎/cm厘	V/-*	U . *** // . /							
			TUNC/ CITI)里2	本	lbs磅/kg/	公斤"	ft呎/cm厘米*				-	付款人
										No 否		
		/ 3.2 kg in the last 12 months' 是否曾減少7磅/ 3.2公斤或以						6				
Insured 受保人:		Pa	yor 付款人:									
disease, mer provide furthe 您的親生父母	ntal disorder details o 小、兄弟姊妹	ral parents or siblings had hearer, hepatitis (or is a hepatitis fonset age, current age, age 未是否患有心臟病、中風、高,請提供有關病發年齡、現時	s carrier) or any of death (if any) 血壓、糖尿病、腎	r heredita , relation 子病、精病	ary disease ship and co 神病、肝炎(? If 'YES', ndition(s). 或是肝炎帶	please 跨菌者)、或任	7(a)				
何遺傳性疾病?倘"是",請提供有關病發年齡、現時年齡、死亡年齡、關係及致病或致死原因的詳細資料。 (b) Have any of your natural parents or siblings, who before the age of 60 had ovarian, colon, breast or other types of cancer? If 'YES', please provide further details of onset age, current age, age of death (if any), relationship and condition(s). 您的親生父母、兄弟姊妹於六十歲以前是否患有卵巢癌、大腸癌、乳癌或其他癌症?倘"是",請提供有關病發年齡、現時年齡、死亡年齡、關係及致病或致死原因的詳細資料。								7(b)				
8. Do you use or have you ever used any tobacco products (including but not limited to cigarettes, cigars, pipes and chewing tobacco)? If 'YES' please state details below. If you have stopped using any tobacco products, please state when and for what reason, e.g. doctor's advice, etc. 您是否或曾否吸用任何煙草產品(包括香煙、雪茄、煙斗及咀嚼煙草等)?倘"是",請於下列註明詳情。倘您已停止吸用任何煙草產品,請註明日期和原因,例如:經醫生建議等。							ate when	8				
	Type 產品種類	Average Daily Consumption 每天平均吸用量	Number of Years 吸用年數		Ceased 上日期		eason 上原因					
Insured 受保人												
Payor 付款人												

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		Insured	受保人	Payor	付款人
		Yes 是	No 否	Yes 是	No 否
9. Do you drink alcohol on a daily / weekly basis? If "YES", please state daily consumption (average) and type of drink, i.e. beer, wine, spirit,etc. 您是否每天/每星期都飲酒?倘"是",請註明每天/每星期飲酒數量(平均)及酒的種類,即啤酒、餐酒、烈酒等。	9				
Insured : Amount					
10.Have you ever received counseling, medical advice or treatment for any of the following? If 'YES', please provide full details of condition, dates and any treatment (whether prescribed or otherwise) or complete a separate questionnaire 您是否曾因下列各種狀況而接受輔導、醫療咨詢或治療?倘 "是",請填寫有關病情、日期和所有治療(醫生處方與否)的詳細資料或填寫另外有關之問卷。					
(a) Any chest or breathing problem (e.g. asthma, bronchitis, sleep disordered breathing (including Obstructive Sleep Apnea), tuberculosis or other respiratory problem including nasal bleeding)? 任何胸部或呼吸問題(例如:哮喘、支氣管炎、睡眠呼吸障礙(包括睡眠窒息症)、肺結核或其他呼吸器官問題,包括流鼻血)?	10(a)				
(b) Any heart problem or chest pain (e.g. rheumatic fever, raised blood pressure, angina, murmur, heart attack) or other problem of the blood or blood vessels? 任何心臟的疾病或胸口疼痛(例如:風濕性發熱、高血壓、心絞痛、心臟雜音、心臟驟停),或其他血液或血管疾病?	10(b)				
(c) Any digestive system problem, liver (including hepatitis or hepatitis carrier status), stomach, bowel or rectal bleeding, any kidney, bladder or genitourinary disorder including renal stones, endocrine disease, diabetes or thyroid gland problem?	10(c)				
任何消化系統問題,肝(包括肝炎或肝炎帶菌者)、胃、腸或直腸出血;任何腎、膀胱或泌尿及生殖系統疾病,包括腎石、內分泌疾病、糖尿病或甲狀腺疾病? (d) Any mental or brain disorder or problem affecting the nervous system including , depression, schizophrenia, psychosis, anxiety, autism, learning disorder, epilepsy, paralysis, numbness, dizziness, prolonged headache,	10(d)				
loss of balance or fits? 任何精神或腦部失常或問題而影響神經系統,包括抑鬱、精神分裂、思覺失調、焦慮、自閉、學習障礙、癲癇、 癱瘓、痳痺、頭暈、長期頭痛、身體失去平衡或抽搐?	10()				
(e) Cancer or tumour, cyst, lump or other growths of any kind? 癌症或腫瘤、囊腫、腫塊或其他任何贅生物?	10(e)				
(f) Pain or other problem in your back, spine, muscle or joint, gout or other physical disability or condition affecting sight, speech or hearing? 背部、脊椎、肌肉或關節疼痛或其他疾病,痛風或其他身體殘疾或任何影響視力、說話能力和聽覺的疾病?	10(f)				
11. Do you plan to attend, or are you currently attending or have attended in the last 5 years any hospital, clinic or doctor for : 您是否打算或現正、或曾於過去五年內在任何醫院、診所或醫務所接受:					
(a) Diagnostic tests such as X-ray, ultrasonogram, blood tests, CT scan, biopsy, ECG, urine or other investigations other than a general medical check-up or annual medical check-up, with a normal result and without any follow-up consultation or treatment? 一些診斷性之檢查如X光、超聲波、驗血、電腦掃描、活體檢視、心電圖、驗尿或其他身體檢查?(檢查結果正常並無需接受進一步諮詢或治療的例行身體檢查除外)	11(a)				
(b) Illness, operation or other medical advice or treatment not stated under any previous questions? 以上各題沒有提及的疾病、手術或其他醫療諮詢或治療?	11(b)				
12. Have you ever received, or do you expect to receive, any counselling, medical advice, treatment or any test(s) in connection with AIDS, HIV infection or any sexually transmitted disease, or do/did you have any symptoms of fatigue, persistent diarrhoea or unusual skin lesions? 您是否曾接受、或打算接受與愛滋病、HIV抗體或任何由性接觸而傳染的疾病之有關輔導、醫療諮詢、治療或任何檢驗;或曾出現疲倦、長期腹瀉或不尋常之皮膚潰傷的徵狀?	12				
13. Has any application for or reinstatement of life, critical illness, accident, disability or medical health insurance on your life ever been declined, postponed,rated or in any way modified? 您是否曾於申請壽險、危疾、意外、傷殘或醫療保險或申請復保時被拒絕受保、擱置受保、須繳付額外保費或修改合約條款?	13				
14. Do you fly other than as a fare-paying passenger of a licensed air service operating within recognised scheduled routes, engage in any hazardous sports or events (e.g. motor sports, climbing, scuba diving), reside (or have resided) overseas for more than 3 months in the past 5 years? If 'YES', please provide full details or complete a separate supplementary questionnaire. 您有否以非乘客身分乘搭民航客機、參與任何危險性運動或賽事(例如:賽車、攀山、水肺潛水);或於過去五年內在其他國家居住(或曾居住)超過三個月?倘 "是",請提供詳細資料或另外填寫有關之問卷。	14				
15. Have you ever taken any habit forming drugs (including but not limited to opium derivatives, barbiturates,marijuana, amphetamines, hallucinogens and cocaine) or been treated or advised in connection with your alcohol consumption or the taking of drugs? 您是否曾服食導致上癮的藥品(包括但不止於鴉片衍生物、巴比妥酸鹽、大麻、安非他命、迷幻劑及可卡因)或曾飲	15				
酒,吸毒或服用藥物而需接受治療或輔導?					

Policy Number	保單號碼					
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	Ins	ured 受	保人	Payor (才款人
	Ye	s是N	lo 否 `	Yes 是	No 否
恐况住定省懷孕?侗 定 胡填為頂座期。					
fallopian tubes, vagina, ovaries or the breasts, such as ultrasound, mammogram or surgery, cone biopsy, colposcopy or been advised to have a repeated pap smear within 6 months? (If 'YES', please submit a copy of investigation report for review) 您有或被建議就子宮頸、子宮、輸卵管、陰道、卵巢或乳房接受檢查及/或治療,如超聲波、乳房造影檢查或手術、錐形活組織檢查、陰道窺鏡檢查、巴氏塗片檢查,或被建議在六個月重做巴氏塗片檢查?(倘"是",請附上有關檢查報告副本以供審閱。)	6(c) [
For Lady Care Protection Plan 適用於投保惠賢保保障計劃:	./-\ _	٦١,	$_{-}$	-	-1
	6(e) [-		ш	Ш
For Lady Care Protection Plan with Optional Benefits 適用於投保惠賢保保障計劃及可附加保障惠益:		_ .	_		_
(e) In the past 12 months, have you suffered from or had disseminated intravascular coagulation during pregnancy, ectopic pregnancy, hydatidiform mole, miscarriage, termination of pregnancy due to foetal problem or any other pregnancy or delivery complications not mentioned above? 過去一年內,您是否或曾否在懷孕期間患有瀰漫性血管內凝血、宮外孕、葡萄胎、或曾流產、因胚胎出現問題而終止懷孕或以上沒有提及的其他懷孕或妊娠期併發症?	6(f) [
(a) Are you leterial index: 总定台任于良用台:	()] _				
If any of the answers to questions 6 to 17 is "YES", please give full particulars below by noting the question numbers. 上述第6至第17項問題中,如有任何答案"是",請詳述之:	·	·	•	•	

Declaration & Authorization

I/We hereby declare and agree that (a) I/We have read the application or the same was interpreted to me/us, and the answers entered in the application are mine/ours. (b) I/We hereby certify, on behalf of myself/ourselves and behalf of any person who may have or claim any interest in the said Policy, that each of the above answers is full, complete and true and I/We understand that AIA International Limited. (hereinafter called the Company) believing them to be such, will rely and act on them, otherwise the proposed application, reinstatement, change or addition may be void. (c) such application, reinstatement, change or addition shall not be considered as effected by reason of any money paid, or settlement made in payment of, or on account of any premium, until this certificate is received by the Company during the life time of the Insured and is finally approved by an authorized officer of the Company. (d) if my/our application, reinstatement, change or addition of supplementary contract be accepted by the Company, the Incontestability and Suicide Provisions thereof shall have effect from the approval date of my/our application, reinstatement, change, or addition.

Furthermore, I hereby irrevocably authorize (a) any organization, institution, or individual that has any record or knowledge of my/the Insured's health and medical history or any treatment or advice and that has been or may hereafter be consulted to disclose to the Company such information. This authorization shall bind my/the Insured's successors and assigns and remain valid notwithstanding my/the Insured's death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original. (b) the Company or any of its approved medical examiners or laboratories to perform the necessary medical assessment and test to underwrite and evaluate my/the Insured's health status in relation to this application and any claim arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites.

Notes:1. The Company recognizes the right of individuals to privacy and shall at all times keep all results of any such tests confidential and use thereof shall only be for the purpose of applications for insurance, reinstatement, change or addition with the Company and any claim under the policies issued pursuant to such applications. Except where such disclosure is required by any proper Government Authority or by law, the results of such tests will be released only at your specific request or consent. 2.I/We hereby declare that my/our answer(s) to Question 8 is completely consistent with the information (if any) that I/we have previously disclosed to AIA International Limited.

Important Note: Payment does not guarantee immediate approval of the application. The reinstatement/addition of rider/change of plan / increasing sum assured/removal of exclusion/removal of medical rating, whichever is applicable, will only become effective when we receive the relevant documents, including but not limited to the health certificate and the full premium, and provided that we accept and approve the satisfactory proof of the insured's current health condition and other necessary requirements. We reserve the right to void any application.

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本人/我們聲明及同意:(a)已閱讀此申請書或曾接受別人向本人/我們解釋此申請書之內容。(b)本人/我們代表與此保單有利益關係之人士保證以上每一項答案均為完全和正確。本人/我們亦明白由友邦保險(國際)有限公司(以下一律稱為"貴公司")以上述資料為審核依據,如上述資料不屬,任何根據此健康證明書所作的申請、申請恢復保單效力,更改或增加,可被視作無效。(c)本人/我們明白這健康證明書必須於受保人在生時遞交及經貴公司負責人批准後方可恢復保單效力,而此申請、更改或增加將不因任何付款或付款協定或保費關係而產生效力。(d)本人/我們承諾此申請、續保、更改或加購附加契約之申請經貴公司核准後,不得異議及自殺條款將改由申請書批准日期起計算。

再者,本人茲授權:

(a)任何知悉或擁有本人/受保人之健康狀況及病歷或任何治療或諮詢記錄及曾為或將為本人/受保人診治之機構、組織或人士,向貴公司透露有關資料,不得撤回。即使本人/受保人死亡或喪失能力,而本人/受保人之繼承人及轉讓人亦會受此授權書約束。此授權書之正本與副本同屬有效。 (b)貴公司或任何其認可驗身醫生或化驗所,替本人/受保人進行所需之醫療評估及測試,並對本人/受保人之健康狀況進行審核及評估,作為處理本申請及其後與之有關的賠償事宜。此等化驗會包括,但並不限於,膽固醇及有關之血脂肪、糖尿病、腎或肝功能失常、愛滋病或感染人體免疫力缺乏病毒、免疫系統失常或體內藥物、毒品、尼古丁及其化產物之含量等化驗。

註:1. 為注重個人私隱權,本公司將所有檢驗結果保密,及只用作審核投保申請、續保、更改或增加和與此投保書有關的理賠事項。除政府要求或法律規定外,這類檢驗結果只會於閣下特別要求或同意下才會透露。2.本人/我們聲明有關問題八之答案與本人/我們過往向友邦保險(國際)有限公司披露的資料(如有)完全相符。

重要事項:已付款並不保證此申請可即時生效。申請復效/增加附加契約/更改基本保險計劃/增加保額/刪除不保事項/刪除額外保費(以適用者為準),需於本公司收妥相關文件,包括但不限於健康證明書及全數保費,並獲本公司接納及批准受保人的健康現況證明,及其他所需要求後,方為正式生效。本公司保留權利撤銷任何申請。

PERSONAL DATA COLLECTION AND USE

I / We confirm that I / we have read and understood the AIA Personal Information Collection Statement ("AIA PIC").

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this application or collected, obtained, compiled or held by the Company by any means from time to time may be collected and utilized in accordance with the AIA PIC. I / We acknowledge and consent to the transfer of my / our personal data outside of Hong Kong (for policies issued in Hong Kong) or Macau (for policies issued in Macau), as the case may be, for the purposes and to the types of transferee as set out in the AIA PIC.

The updated version of AIA PIC is available for download from its website: www.aia.com.hk, and is made available upon request.

個人資料收集及使用

本人/我們確認本人/我們已閱讀及明白AIA個人資料收集聲明(「AIA個人資料收集聲明」)。本人/我們聲明及同意在本申請所載或貴公司不時以任何方法收集所得、編製或持有的任何個人資料及關於本人/我們或本人/我們的保單或投資的其他資料,可根據AIA個人資料收集聲明收集及使用。本人/我們知悉及同意就AIA個人資料收集聲明所述目的視乎情况轉讓本人/我們的個人資料至香港(如保單在香港繕發)或澳門(如保單在澳門繕發)境外予AIA個人資料收集聲明所載的資料承讓人。

AIA個人資料收集聲明的最新版本可於以下網址下載:www.aia.com.hk,及可向貴公司索取。

	on				
Signature of Insured (Age 18 or over) 受保人簽名(年齡十八歲或以上)	於	MM月/DD日/YYYY年			
	on			on	
Signature of Owner/Trustee (if other than insured) 持有人/信託人簽名 (倘非受保人)	於	MM月/DD日/YYYY年	Signature of Assignee 受讓人簽名 (if applicable 如適用)	於	MM月/DD日/YYYY年

PLEASE SIGN & RETURN IMMEDIATELY BUT NO LATER THAN 14 DAYS 請簽署後即時但不遲於14天內遞交 PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署