



## 個人財物保險產品－更改保單申請表

保單編號：

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業務代表組別 / 區域編號

業務代表姓名 / 編號

保險顧問 / 投資顧問名稱 / 編號

聯絡電話號碼

受保人姓名

受保人身分證號碼

**Please tick the appropriate item(s) 請選擇需要事項**

Change 更改及修正事項	Details 細則	
<input type="checkbox"/> Change of Correspondence Address 更改郵寄地址 <input type="checkbox"/> Change of Location of Risk 更改受保地址	New correspondence address: 新郵寄地址：  New location of risk : 新受保地址：  Gross area of new location of risk: 新受保地址建築面積：  Year of new location of risk: 新受保地址樓宇年份：	     _____ (in sq. ft. 平方呎) _____
<input type="checkbox"/> Change of Domestic Helper 更改受保家庭僱傭資料	Domestic helper's name : 家庭僱傭姓名：  ID / Passport Number : 身分證或護照號碼：  Date of Birth : 出生日期：	     (MM/DD/YYYY)
<input type="checkbox"/> Change of Mortgagee 更改按揭財務機構名稱	Name of New Mortgagee : 新按揭財務機構名稱：	 _____
<input type="checkbox"/> Cancellation of Policy 取消保單  (For all monthly autopay policies, a 30-day prior notice is required for policy cancellation 所有經自動轉賬月繳之保單，請於三十日前通知本公司取消保單)	Effective Date to cancel the Policy : (The date of cancellation shall be the day that Company actually receives the said request in writing) 取消保單之生效日期： (取消保單之生效日期以本公司收到此申請書之日為準)	     (MM/DD/YYYY)
<input type="checkbox"/> Others 其它	Please specify : 請詳細列明：	   _____

**AIA INTERNATIONAL LIMITED**

**友邦保險(國際)有限公司**  
**AIA INTERNATIONAL LIMITED**  
**友邦保險有限公司**  
**AIA COMPANY LIMITED**

(hereinafter called "AIA", whichever is applicable 以下簡稱“友邦保險”，視何者適合而定)

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**DECLARATION AND AUTHORIZATION 聲明及授權**

I / We request that this Policy be changed according to the above particulars in Part A. I/We understand and agree that a copy of this request form will be attached to and form a part of this policy.

本人 / 我們在此要求保單按照甲部之細則更改，本人 / 我們並明白及同意申請表之副本將附於本保單契約內，且構成保單契約之一部份。

**PERSONAL DATA COLLECTION AND USE**

I / We confirm that I / we have read, understood and agreed to the Personal Information Collection Statement(s) of my / our policy issuer(s) and/or pension scheme provider(s), i.e. AIA International Limited (Hong Kong Branch), AIA International Limited (Macau Branch) and / or AIA Company Limited where applicable, (the "PICS") which is available for download:

<https://www.aia.com.hk/en/privacy-statement-main>.

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies), account(s) or investments contained in this application or collected, obtained, compiled or held by my / our policy issuer(s) and / or pension scheme provider(s) by any means from time to time may be collected and utilized in accordance with the PICS.

I / We acknowledge and consent to the transfer of my / our personal data to parties within or outside Hong Kong (for policy(ies) / pension scheme(s) issued in Hong Kong) or Macau (for policy(ies) / pension scheme(s) issued in Macau), as the case may be, for the purposes as set out in the PICS.

The latest version of the PICS which complies with the relevant rules and regulations is / are available for download from the above website and upon request.

**個人資料收集及使用**

我 / 我們確認我 / 我們已閱讀、明白及同意我 / 我們的保單繕發人及 / 或退休金計劃服務提供者（即友邦(國際)有限公司（香港分行）、友邦(國際)有限公司（澳門分行）及/或友邦保險有限公司（如適用））的個人資料收集聲明（「該聲明」），該聲明可在以下網址下載<https://www.aia.com.hk/zh-hk/privacy-statement-main>。

我 / 我們聲明及同意在本申請所載或我 / 我們的保單繕發人及 / 或退休金計劃服務提供者不時以任何方法收集、獲得、編製或持有的任何個人資料及關於我 / 我們的保單、帳戶或投資的其他資料，可根據該聲明收集及使用。

我 / 我們知悉及同意就該聲明所述目的轉移我 / 我們的個人資料至香港境外 / 境內（如保單 / 退休金計劃在香港繕發）或澳門境外 / 境內（如保單 / 退休金計劃在澳門繕發）（視乎情況而定）予該聲明所載的資料承讓人。

該聲明的符合相關守則及法規之最新版本可於以上網址下載及可供索取。

\_\_\_\_\_  
Signature of Insured  
受保人簽名

on \_\_\_\_\_  
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

"AIA" shall refer to AIA International Limited (Incorporated in Bermuda with limited liability), AIA Company Limited (Incorporated in Hong Kong with limited liability), as the case may be, depending on the issuing company of the relevant insurance policies this form / request / correspondence is subject to.

"AIA" 指友邦保險(國際)有限公司（於百慕達註冊成立之有限公司），友邦保險有限公司（於香港註冊成立之有限公司）（視情況而定），具體取決於本表格 / 要求相關保單的簽發公司。