




Request For Allinpay Settlement Form 通聯支付服務申請表

Policy Number 保單號碼	Name of Insured 受保人姓名	Name of Owner 持有人姓名
Area Code 區域編號	Agency / Broker Name 營業員組別 / 經紀名稱	Agent / Broker Code 營業員號碼 / 經紀號碼
Agency Code 營業員組別編號	Agent / TR's Name 營業員 / 業務代表姓名	Agent / TR's Tel. No. 營業員 / 業務代表聯絡電話
TR Membership Number 業務代表會員號碼	<input type="checkbox"/> IA	<input type="checkbox"/> ANG


08822017

(* Please delete where inapplicable 請刪去不適用者)

I, holder of ***Bank Card number and Account number / Bank Passbook and Passbook Account number** issued by / maintained with the Issuing Bank in mainland China, hereby provide my RMB personal account information as below:

本人 ，乃中國內地的銀行發出的 ***銀行卡號碼及銀行賬號 / 存摺本及存摺賬號**對應的賬戶持有人，現提供本人的人民幣私人銀行賬戶資料如下：

Bank Code 銀行代碼	
Bank Name 開戶行名稱	
Account No. Type 賬號類型	*Bank Card 銀行卡 / Bank Passbook 存摺
Account No. 賬號	
Account Name (Payee in Chinese) 賬戶名稱 (收款人中文名稱)	
ID card number 身份號碼	

Please provide a copy of the Bank Card / Bank Passbook which bearing name of account holder, account number for verification and record retention. 請將印有賬戶持有人名稱及銀行賬號的銀行卡 / 存摺本副本附上，以作資料記錄。

Remarks: This "Allinpay" is only applicable to the claim payment of the designated medical products.

The claim payment may be suspended due to holiday in China. The service will be resumed after the China holiday.

注意：此「通聯支付」只適用於指定醫療產品之賠償款項。相關支付會因國內假期而受影響，並將於國內假期後恢復。

I declare that I am the holder of the ***Bank Card number and Account number / Bank Passbook and Passbook Account number** and also the policyowner of AIA policy . I further acknowledge and agree that:

本人聲明此***銀行卡號碼及銀行賬號 / 存摺本及存摺賬號**的持有人，即為友邦保險保單號碼 之保單持有人。並同意以下：

- I understand and agree to receive current and future medical claim payment of all the policies held by me through "Allinpay". 我明白及同意我所持有的所有保單均以「通聯支付」收取是次及將來所有醫療賠款。
- I agree to pay the handling charges incurred for "Allinpay" (the charges will be 1% of the payment amount and RMB3.00 per transaction). I understand my bank may charge me additional service charge; 本人接受經由使用「通聯支付」所須繳付之手續費（費用為付款金額的1%及每筆交易3.00人民幣），並明白本人之銀行亦可能向本人收取額外手續費。
- I understand that the "Allinpay" is only applicable to eligible claim payment from designated products. 本人明白「通聯支付」只適用於指定產品的賠償。
- I understand that when the "Allinpay" is not successful, the payment will be paid by cheque. 本人明白如「通聯支付」不成功，賠款會以支票支付。
- I understand and agree that losses may be incurred due to currency fluctuations arising from the current and any future medical claim payment under my policy(ies) through "Allinpay". 我明白及同意我所持有的保單經「通聯支付」收取是次及將來所有的醫療賠款均有貨幣波動的機會。

In consideration of your agreement to accept my instruction to AIA International Limited (herein called "AIA") to transfer money by Allinpay to the above ***Bank Card number and Account number / Bank Passbook and Passbook Account number**, (herein called "The Transaction"), I, the undersigned, hereby undertake to accept full responsibility for any errors or omissions resulting from the Transaction and to hold AIA harmless and indemnified against all actions, proceedings, claims and demands whatsoever which may hereafter be brought against AIA arising out of or in connection with the Transaction and from all costs and expenses of whatsoever kind in connection therewith. For the avoidance of doubt, I hereby acknowledge and agree to bear all risks of loss and that AIA will not be liable in any way should there be any errors made and irrespective of whether the above money transfer is successful or not.

鑒於友邦保險(國際)有限公司(以下簡稱"AIA")已同意應我方要求將款項以通聯支付匯至以上***銀行卡號碼及銀行賬號 / 存摺本及存摺賬號**，(以下簡稱"交易")，我方作為此書之簽署人，將會承擔由此交易所產生的任何錯誤與遺漏所造成的責任，並賠償一切由此產生或與此相關而對AIA不利的行為、訴訟、索賠以及要求所發生的成本與費用。為避免疑慮，我方聲明並同意承擔一切損失、風險，不論上述轉賬成功與否，如若發生任何過失，AIA無需承擔任何責任。特此說明。

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PERSONAL INFORMATION COLLECTION STATEMENT 個人資料當事人之聲明**CUSTOMER DECLARATION**

I confirm to AIA International Limited (herein called "AIA") that the data provided by me in the registration process is true, accurate and complete and I authorise AIA to verify such information from the bank of the debit account, if applicable.

I agree that the "AIA Personal Information Collection Statement" shall apply to any personal data collected in respect of the use of the "Allinpay". I agree that all personal data relating to me provided by me or collected by AIA from time to time in respect of "Allinpay" may be used in connection with, and disclosed to the relevant service providers providing "Allinpay" and such data may also be used for such other purposes and disclosed to such other persons in accordance with and subject to the provisions of "AIA Personal Information Collection Statement" and also persons including but not limited to the People's Bank of China and the regulators in China.

I agree, consent and authorise that the relevant service providers may have access to the personal data relating to me so disclosed by AIA and may process such data for the purposes of the "Allinpay". I further agree, consent and authorise that the relevant service providers may transfer my personal data maintained by them respectively to AIA for the purposes of "Allinpay".

客戶聲明

本人向友邦保險(國際)有限公司(以下簡稱"AIA")確認,本人在登記過程中提供的資料真實、準確和完整,本人授權AIA如有需要可透過與本人的銀行扣賬戶口核實此等資料。

本人同意「AIA個人資料收集聲明」適用於「通聯支付」而搜集的任何個人資料。

本人同意由本人提供或由AIA不時就「通聯支付」所搜集的所有與本人有關的個人資料,可用於「通聯支付」的相關用途,並可向「通聯支付」的相關服務提供商戶披露;此等資料亦可根據「AIA個人資料收集聲明」的規定並在受制於該等規定的前提下,用於其他目的,或向其他人士包括中國人民銀行及在中國的監管機構披露。

本人同意、接受並授權有關服務提供商戶可獲得由AIA披露且與本人有關的個人資料,並可處理該等資料以提供「通聯支付」。本人進一步同意、接受並授權有關服務提供商可分別將由其保管且與本人有關的個人資料,轉交給AIA以提供「通聯支付」。

PERSONAL DATA COLLECTION AND USE 個人資料收集及使用

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.

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況轉讓本人 / 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。

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Signature of the Applicant

申請人簽署

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MM月

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DD日

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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



Download our mobile app AIA Connect to manage your policy anytime, anywhere!
下載AIA「友聯繫」手機應用程式以便輕鬆管理您的保單!