AIA Everest Life Company Limited

Declaration of Health Questionnaire
健康近況聲明問卷

This form is applicable to Policy No. = 4 characters plus 8-digits number beginning with '05' or '06'
此表格適用於保單編號為4個字母和8個由'05'或'06'開始的數字組成

e.g. XXXX-05000000 or XXXX-06000000

Please complete this Form in English BLOCK letters. Any changes or amendments in this Form should be endorsed in full signature.
請以英文正楷填寫此表格。如有任何更改或修正，必須在更改的位置簽署作實。

I. Application/Policy Details 投保申請／保單資料

Application/Policy No. 申請書／保單編號					-	0													

Name of Applicant/Policy Owner 投保人／保單權益人姓名	Identification Document No 身份證明文件號碼
Name of Proposed Insured/Insured 準受保人／受保人姓名	

If Applicant/Policy Owner is the insured person of the Payor Benefit or Waiver of Premium Benefit of this Application/Policy, please provide information of both the Applicant/Policy Owner and the Proposed Insured/Insured in this Questionnaire. 如投保人／保單權益人受保於本保單的保費責任保障或傷殘豁免保費保障，請同時於此問卷內提供投保人／保單權益人及準受保人／受保人的資料。

II. Occupation Details 職業

	Business Nature 行業性質	Job Title 職位名稱	Job Duties 工作職務	Monthly Income (HKD) 每月入息（港幣）
Proposed Insured/Insured 準受保人／受保人				☐ $0 - $15,000 ☐ $15,001 - $20,000 ☐ $20,001 - $25,000 ☐ $25,001 - $30,000 ☐ $30,001 or above
Applicant/Policy Owner 投保人／保單權益人				☐ $0 - $15,000 ☐ $15,001 - $20,000 ☐ $20,001 - $25,000 ☐ $25,001 - $30,000 ☐ $30,001 or above

III. Insurance History 保險紀錄

	Proposed Insured/Insured 準受保人／受保人		Applicant/Policy Owner 投保人／保單權益人	
1. Do you have in force or are you now applying for any life insurance with any company? If "YES", please give details. 閣下是否擁有其他人壽保險或正向任何保險公司投保？若「是」，請註明詳情。	Yes 是 ☐	No 否 ☐	Yes 是 ☐	No 否 ☐

	Company 公司名稱	Type of Insurance 保險類別	Currency 貨幣	Insured Amount 投保金額	Application Date 申請日期	Issue Date(D/M/Y) 保單發出日期（日／月／年）
Proposed Insured/Insured 準受保人／受保人						
Applicant/Policy Owner 投保人／保單權益人						

2. Have you ever been refused or postponed for insurance application, or offered insurance with restricted terms or at other than standard rates? If "YES", please give details. 閣下曾否被任何保險公司拒絕或延遲投保申請或向閣下提供有限制條款的保險或按標準收費以外的收費向閣下提供保險？若「是」，請註明詳情。	☐	☐	☐	☐

	Company 公司名稱	Refused/Postponed/Restricted terms 拒絕／延遲投保／提供有限制條款	Reason(s) 原因
Proposed Insured/Insured 準受保人／受保人			
Applicant/Policy Owner 投保人／保單權益人			

IV. Personal Habit 個人嗜好

	Proposed Insured/Insured 準受保人／受保人		Applicant/Policy Owner 投保人／保單權益人	
1. Have you ever smoked? If "Yes", please state the following information and continue to answer question (2). 閣下曾否吸煙？若「是」，請提供以下資料及繼續回答問題 (2)。	Yes 是 ☐	No 否 ☐	Yes 是 ☐	No 否 ☐
a. Daily average consumption in the last 12 months (pieces) 過去 12 個月每日平均吸煙量（支）	( )		( )	
b. Duration of smoking 已吸煙年期	( )		( )	
2. Have you ever stopped smoking? If "Yes", when did you stop and for what reason? 閣下曾否停止吸煙，如「是」，請說明何時及為何停止吸煙？ Date ceased smoking 戒煙日期 _____ Reason 原因 _____	☐	☐	☐	☐
3. Do you drink alcohol? If "YES", please state type, amount and frequency. 閣下是否有飲用酒精類飲品的習慣？如「是」，請註明類別、份量及飲用頻密情況。 a. Type 種類 _____ b. Amount 份量 _____ ml 毫升 c. Frequency (per week) 頻密情況（每星期） _____ times 次	☐	☐	☐	☐
4. Do you have drug/medication taking habit? If "YES", please give details. 閣下是否有服食藥物的習慣？如「是」，請註明詳情。 Please specify 請註明：_____	☐	☐	☐	☐
5. Do you, or are you likely to, engage in hazardous pursuits (such as motor racing or scuba diving, etc.) or fly other than as a fare paying passenger? If "YES", please complete appropriate questionnaire. 閣下是否有或可能參與任何危險運動（如賽車或配備水肺潛水等）或以非購票乘客身份從事飛行活動？如「是」，請填寫有關問卷。	☐	☐	☐	☐

V. Statement of Health 健康聲明

	Proposed Insured/Insured 準受保人／受保人	Applicant/Policy Owner 投保人／保單權益人
Height 身高	ft 呎 / cm 公分	ft 呎 / cm 公分
Weight 體重	lbs 磅 / kgs 公斤	lbs 磅 / kgs 公斤
Any weight change exceeds 5lbs/2kgs in last year? If "Yes", please state reason. 過去一年來有否體重增減超出 5 磅／2 公斤？如「是」，請列明原因。	☐ Yes 是 ☐ No 否 Increase 增 _____ lbs/ _____ kgs Decrease 減 _____ 磅 / _____ 公斤 Reason 原因 _____	☐ Yes 是 ☐ No 否 Increase 增 _____ lbs/ _____ kgs Decrease 減 _____ 磅 / _____ 公斤 Reason 原因 _____

	Yes 是	No 否	Yes 是	No 否
1. Have you ever had, or been told or been treated for the following illness or diseases 閣下曾否患有或獲悉患有下列疾病，或曾接受以下治療：				
a. Any heart complaint, high blood pressure or pain in the chest? 任何心臟病、高血壓或胸部疼痛？	☐	☐	☐	☐
b. Anaemia, leukaemia, haemophilia or any other blood disorder? 貧血、白血病、血友病或任何其他血病？	☐	☐	☐	☐
c. Indigestion, gastric or duodenal ulcer, bowel disease, hernia, vomiting of blood or passage of blood from the bowel? 消化不良、胃潰瘍或十二指腸潰瘍、腸臟病、疝氣、吐血或大便出血？	☐	☐	☐	☐
d. Any kidney or bladder disease, including diabetes, renal colic or stone, or passage of blood in the urine? 任何腎病或膀胱病，包括糖尿病、腎絞痛或腎石、或尿血？	☐	☐	☐	☐
e. Hepatitis or any liver or gall bladder disease? 肝炎或任何肝病或膽病？	☐	☐	☐	☐
f. Asthma, bronchitis, tuberculosis or any other lung disease? 哮喘、支氣管炎、肺結核或任何肺病？	☐	☐	☐	☐
g. Cancer or tumour of any kind? 癌症或任何腫瘤？	☐	☐	☐	☐
h. Epilepsy, stroke, fainting attacks or fits of any kind? 腦癇症、中風、暈厥或各種抽搐發作病症？	☐	☐	☐	☐
i. Mental illness, depression, stress, anxiety state or nervous condition? 精神病、抑鬱症、抑壓、焦慮或神經過敏？	☐	☐	☐	☐
j. Systemic Lupus Erythematosus, facial skin rash, rheumatoid disease, arthritis, back pain, gout or any skin disorder or any disease or injury in any part of the spine or neck, joint or limbs? 系統性紅斑狼瘡、面部皮疹、風濕性疾病、關節炎、背痛、痛風或任何皮膚病或任何內脊骨、頸部、關節或四肢任何部分之疾病或損傷？	☐	☐	☐	☐
k. Any sexually transmitted disease, AIDS or AIDS-related complex? 任何透過性接觸傳染的疾病、後天免疫力缺乏症 (愛滋病) 或愛滋病併發症？	☐	☐	☐	☐
l. Any other disease not mentioned above? 上述疾病以外之任何其他疾病？	☐	☐	☐	☐
2. During the last five years, have you 在過往五年內，閣下曾否：				
a. Had any check-up, consultation, treatment or operation? 接受或曾被建議進行任何檢查、診治或手術？	☐	☐	☐	☐
b. Had any test to detect the presence of AIDS or AIDS antibodies? 接受任何愛滋病檢驗或愛滋病抗體測試？	☐	☐	☐	☐
c. Had any tests, including blood test, ECG, X-rays, etc.? 接受任何檢驗、包括驗血、心電圖或 X- 光等？	☐	☐	☐	☐
d. Had a blood transfusion or been refused as a blood donor? 曾接受輸血或有意捐血但不獲接納？	☐	☐	☐	☐
3. Are you currently receiving medical treament or medical care of any kind? 閣下是否正接受任何藥物治療或醫療護理？	☐	☐	☐	☐
4. Family history 家庭成員健康資料 Have any of your family members (parents, brothers, sisters or those of your spouse) whether dead or living ever suffered from heart disease, cancer, kidney disease, diabetes, high blood pressure, lung disease, liver disease, mental disorder or any congenital disease? If "YES", please state details of which relative(s), the diagnosis, the onset age and current health condition on a separate sheet which should be signed and dated. 閣下之家屬中（如父母、兄弟、姊妹或配偶）無論在生或死亡曾否有人患心臟病、癌症、腎病、糖尿病、高血壓、肺病、肝病、精神病或先天性之疾病？若「是」，請於另紙詳述所屬關係、所患病症、發病年齡及現時健康狀況的詳細資料。並附以簽署和日期。	☐	☐	☐	☐
5. For Male Applicant/Policy Owner/Proposed Insured/Insured only 只適用於男性投保人／保單權益人／準受保人／受保人				
a. Have you ever had a history of undescended testis? If "YES", please indicate the treatment received, the date of treatment, and any follow-up required. 閣下曾否患有未下降睪丸之疾病？如「是」，請說明接受何種治療，治療日期和是否需要跟進檢查。	☐	☐	☐	☐
b. Have you ever had, or have you been advised to have or do you intend to have the blood test of anti-EBV? If "YES", please indicate reason for the test, the result, and any follow-up required. 閣下曾否或受建議或打算接受 EBV 血液測試？如「是」，請詳明原因，測試結果和是否需要跟進檢查。	☐	☐	☐	☐
6. For Female Applicant/Policy Owner/Proposed Insured/Insured only 只適用於女性投保人／保單權益人／準受保人／受保人				
a. Are you now pregnant? If "YES", please state expected delivery date and results of those antenatal check ups. 閣下現在是否懷有身孕？如「是」，請註明預產期及有關產前檢查結果。 Expected Delivery Date 預產期 Results 檢查結果	☐	☐	☐	☐
b. Have you ever had, or have you been advised to have or do you intend to have any mammogram, ultrasound of breast, pap smear, cone biopsy or colposcopy? 閣下曾否、受建議或打算接受乳房 X 光造影、乳房超聲檢查、子宮頸細胞切片檢查、錐型細胞切片檢查或陰道鏡檢查？	☐	☐	☐	☐
c. Have you ever had any disorder of breast, ovaries, uterus, cervix, menses or complication of childbirth or pregnancy (e.g. ectopic pregnancy, miscarriage, disseminated intravascular coagulation, etc.)? 閣下曾否患有乳房、卵巢、子宮、子宮頸、月經疾病、生產或懷孕之併發症 (如宮外孕、流產或瀰漫性血管內凝血等) ？	☐	☐	☐	☐
7. If any of above Question is "YES", please indicate the items concerned and state dates, diagnosis, duration, results, name and address of all attending physicians. 如閣下在以上任何一項問題答「是」，請列出有關項目、註明日期、診斷或測試結果、患病時間、是否已痊癒、以及所有曾提供診治的醫生姓名和地址。				
8. Give name and address of your usual physician. Please specify the date last consulted and reasons below. 請列出閣下慣常求診之醫生姓名及地址。請註明最近接受該醫生診治之日期及原因。				

VI. Declaration 聲明

(1) I/We hereby declare and agree that the answers to all the above questions including all information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application or the insurance policy void.
(2) I/We understand that any payment made in connection with my/our application does not guarantee approval of the applied coverage.
(3) I/We hereby authorise any licenced physician, medical practitioner, hospital, clinic or other medical related facility, insurance company, institution or persons, that has any records or information of me/us/the Proposed Insured/Insured, to disclose to the Company or its representative any such information relevant to this application. A photo copy

(1) 本人／我們謹此聲明並同意上述所有問題的答案包括所有資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人／我們所知及所信而作答的。本人／我們並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知貴公司任何有關此保險申請之重要資料，將可能導致貴公司不能接受或處理此保險申請或令本保單失效。
(2) 本人／我們明白就有關此申請所繳交的款項，並不保證可獲批准所申請的保障範圍。
(3) 本人／我們謹此授權任何知悉或持有本人／我們／準受保人／受保人健康情況資料之註冊醫生、醫院、診所或其他醫療或有關機構、保險公司、其他機構或人士、將與此申請相關的資料提供予貴公司或其代表。本授權書之影印本與原稿俱具有同等效力。

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 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: https://www.aia.com.hk/en/help-and-support/individuals.html , 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 聲明所述目的轉讓本人 / 我們的個人資料至香港境外予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： https://www.aia.com.hk/zh-hk/help-and-support/individuals.html，及可向貴公司索取。

VII. Signature 簽署

Name of Applicant/Policy Owner 投保人／保單權益人姓名	Signature of Applicant/Policy Owner 投保人／保單權益人簽署	Date 日期 （D/M/Y 日／月／年）
Name of Proposed Insured/Insured 準受保人／受保人姓名	Signature of Proposed Insured/Insured 準受保人／受保人簽署	Date 日期 （D/M/Y 日／月／年）