



REQUEST FOR CHANGE FORM FOR PERSONAL LINES PRODUCTS

個人財物保險產品 - 更改保單申請表

| | | | | | | | | | | | | | | | | | | | |
|------|---|----------|----------|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 保單編號 | : | C | 8 | 8 | | | | | | | | | | | | | | | |
|------|---|----------|----------|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | | | |
|--|-------|---------------------------------------|-------|
| Agency Name/Area Code 業務代表組別/區域編號 | _____ | Representative Name/Code 業務代表姓名/編號 | _____ |
| Broker/IFA Name/Code 保險顧問/投資顧問名稱/編號 | _____ | Contact Phone No. 聯絡電話號碼 | _____ |
| Insured's Name 受保人姓名 | _____ | Insured's ID No. 受保人身分證號碼 | _____ |

Part A 甲部:

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: | _____ (in sq. ft.平方呎) |
| | Year of new location of risk: 新受保地址樓宇年份: | _____ |
| <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)

| | | | | | | | | | | | | | | |
|------|---|---|---|---|--|--|--|--|--|--|--|--|--|--|
| 保單編號 | : | C | 8 | 8 | | | | | | | | | | |
|------|---|---|---|---|--|--|--|--|--|--|--|--|--|--|

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 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。

Signature of Insured
受保人簽名

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