AIA International Limited
(Incorporated in Bermuda with limited liability)

HEALTH CERTIFICATE
健康證明書
(NOT Applicable for Wealth Series) (不適用於財富系列)

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**

00042071

TR Membership Number 業務代表會員號碼 (For Brokers only 僅供經紀使用) ☐ IA ☐☐☐☐☐☐ ☐ ANG ☐☐☐☐☐☐☐

Remark: If the stated AIA financial planner / broker / IFA on this form is not my current servicing AIA financial planner / broker / IFA, I give consent to him/her to handle and follow up my request.
備註：倘若在上述表格上填寫的財務策劃顧問 / 經紀 / 獨立理財顧問並不是本人目前的財務策劃顧問 / 經紀 / 獨立理財顧問，本人同意他/她處理並跟進我的要求。

Please complete payor's information for reinstatement or addition of Payor Benefit rider. 如申請復效或增加付款人保障附加契約，請填寫付款人資料。

Other Policies 其他保單號碼 (The following policies must belong to the same Insured / Payor 下列之保單須屬於同一受保人 / 付款人)

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Please tick the appropriate box for application of reinstatement
如申請復效, 請在適當的空格內劃上"X"號

☐ Reinstatement 復效
☐ Redating 重訂保單日期 ☐ Reinstate Agent 申請復效營業員

	Insured Name 受保人姓名：	Payor Name 付款人姓名：
1. Occupation Title 職銜		
2. Exact Daily Job Duties 日常職務		
3. Nature of Business. Please give employer's name and address. 公司業務性質 / 僱主名稱 / 辦事處地址		

STATEMENT FOR COLLECTION OF INFORMATION 資料收集聲明

(i) This questionnaire collects health-related information solely for the purpose of underwriting which is a process for the Company to evaluate the health risk of the applicants and decide the application results. The underwriting process that the Company adopts should be fair and reasonable, and the Company should explain the application results if requested by the customers.
此問卷收集與健康相關的資料僅作為核保之用途，而核保是本公司評估申請人之健康風險及決定申請結果的程序。本公司採用的核保程序應為公平合理，並會因應客戶要求解釋申請結果。

(ii) As the applicant, you are required to provide the Company with complete and accurate information requested in this questionnaire to the best of your knowledge and belief. Based on the information provided, the Company may have follow-up questions or enquiries that require you to provide further information for underwriting purpose.
作為申請人，閣下需要盡其所知所信，按本問卷中要求向本公司提供完整及準確的資料。本公司根據閣下提供的資料，可能會提出跟進問題或查詢而需要閣下進一步提供資料以作核保之用。

(iii) If there are any changes to or updates of the information provided in this questionnaire after the time of submission of this application and before you receive the Policy, you are required to notify the Company in a timely manner.
若閣下在提交本申請表後至閣下收到保單前的期間就本問卷中提供的資料有任何改變或更新，閣下需要及早通知本公司。

(iv) Even after an insurance policy has been issued upon successful application, the insurance coverage for you may be affected or the policy may be terminated, voided or rescinded, or claims may be repudiated by the Company, if you have not provided the Company with complete and accurate information to the best of your knowledge and belief according to (ii), or if you have not notified the Company on any changes to or updates of the information in time according to (iii).
即使已成功投保並獲簽發保單，若閣下未按（ii）所述盡其所知所信向本公司提供完整及準確的資料，或未按（iii）所述就資料的任何改變或更新而及早通知本公司，閣下的保險保障可能會受到影響，本公司亦可能因此終止、作廢或撤銷有關保單，或拒絕賠償。

For Medical products (Hong Kong region - including VHIS and non－VHIS basic plans or riders) 醫療產品（香港區－包括自願醫保及非自願醫保之基本計劃或附加契約）：
Please complete Miscellaneous Information, Part A－General Information and Part B－Health Information
請填寫雜項資料，甲部－基本資料及乙部－健康資料

For other Non-medical products (including Life, Critical illness, Cancer coverage etc.) 其他非醫療產品（包括人壽，危疾，癌症保障等）：
Please complete Miscellaneous Information, Part A－General Information, Part B－Health Information and Part C－Supplementary Health Information
請填寫雜項資料，甲部－基本資料、乙部－健康資料及丙部－附加健康資料

*Note: If Applicant applies for Payor's Benefit or Critical Illness Payor's Benefit, please complete all questions on Payor.
請注意：若同時申請付款人利益或危疾付款人利益保障，須填寫所有關於付款人之問題。

MISCELLANEOUS INFORMATION 雜項資料：

		Insured 受保人		*Payor *付款人	
		YES 是	NO 否	YES 是	NO 否
4. In the past 12 months, did you reside outside of your residential country or region for more than 6 months? 在過去12個月內，您是否在居住地以外的國家或地區逗留多於六個月？ If 'YES', please state details below: 倘"是"，請提供詳細資料：	4	☐	☐	☐	☐

	Country(ies) / region(s) 國家 / 地區	Reason(s) of stay 逗留原因	Duration 逗留時間
Insured 受保人			
Payor 付款人			

		Insured 受保人		*Payor *付款人	
		YES 是	NO 否	YES 是	NO 否
5.	Do you have any existing insurance and / or concurrent application for insurance on your life? (exclude policy in AIA International Limited) 您現時是否已有或正在申請任何保險（不包括友邦保險(國際)有限公司之保單）？ Remark: This question is only applicable for the coverage of Life, Critical illness, Hospital Income, Accidental Death and Accident Indemnity, no disclosure is required for other coverage 備註：此問題僅適用於壽險，危疾，住院入息，意外死亡及意外賠償的保障類別，其他保障類別無需在此披露	5 ☐	☐	☐	☐
6.	Have you ever been declined, postponed or accepted on modified terms for life, critical illness, medical health, disability or accident insurance? 您是否曾在申請壽險、危疾、醫療、傷殘或意外保險時被拒絕受保、擱置受保、須繳付額外保費或修改合約條款？ If "YES", please provide details: 倘"是"，請提供詳情：	6 ☐	☐	☐	☐

	Company 承保公司	Policy Currency 保單貨幣	Life 壽險	Hospital Income 住院入息	Critical Illness 危疾保險	Accident Indemnity 意外賠償	Accidental Death 意外死亡	Year of Policy Issue 保單繕發年份
Insured 受保人								
Payor 付款人								

	Application date (year) 申請日期（年份）	Type of insurance 保險種類	Final decision and the reason of the decision 核保結果及其原因
Insured 受保人			
Payor 付款人			

PART A－GENERAL INFORMATION 甲部－基本資料

Insured 受保人：		*Payor *付款人 ：	
7. Height 身高： ☐ ____ feet / 呎____ inches / 吋 ☐ _____ centimetres (cm) / 厘米	Weight 體重： ☐ _____ pounds (lbs) / 磅 ☐ _____ Kilogrammes (kg) / 公斤	Height 身高： ☐ ____ feet / 呎____ inches / 吋 ☐ _____ centimetres (cm) / 厘米	Weight 體重： ☐ _____ pounds (lbs) / 磅 ☐ _____ Kilogrammes (kg) / 公斤

8.	**Smoking habit 吸煙習慣** Do you smoke or have you smoked in the last 12 months? 您有沒有吸煙或在過去12個月內曾否吸煙？ For the purpose of this question, the meaning of "smoking" includes but is not limited to cigarettes, cigars, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e-cigarettes) 「吸煙」在此問題的含義包括但不限於香煙、雪茄、煙斗、嚼煙及使用尼古丁補充劑產品（例如電子煙）	8 ☐	☐	☐	☐
9.	**Alcohol consumption 飲酒** In the last 12 months, on average do you drink alcoholic beverage for more than 3 times in a week? 在過去12個月內，您是否平均每週飲用酒精飲品超過3次？ If "Yes", please provide additional information: 若"是"，請提供更多資料：	9 ☐	☐	☐	☐
10.	**Taking of drugs not prescribed by doctors 服用未經醫生處方之藥物** In the last 5 years, have you used any drugs (excluding dietary supplements) which are not prescribed by doctors (including habit-forming or recreational drugs such as cocaine, ecstasy, heroin, methadone, anabolic steroids) for a continuous period of more than 1 month? 在過去5年內，您曾否持續超過1個月使用未經醫生處方之藥物（包括成癮性或消遣性藥物，例如可卡因、興奮劑、海洛英、美沙酮、同化性類固醇；惟不包括營養補充品）？ If "Yes", please provide additional information: 若"是"，請提供更多資料：	10 ☐	☐	☐	☐
11.	Have you engaged in the following activities within the last 12 months or will you engage/ intend to engage in the following activities within the next 12 months? 您曾否在過去12個月內或會否在未來12個月內參與以下活動？ a) any hazardous sports or activities (such as diving, motor racing, mountaineering or rock climbing, parachuting, sky diving, hang gliding) 任何危險性運動或活動（例如：潛水、賽車、攀山或攀石、跳傘、高空跳傘、懸掛滑翔飛行）？ b) flying activities other than as a fare-paying passenger of a licensed air service operating within recognised scheduled routes. 飛行活動（不包括以付費乘客身份乘搭由商業性民航客機提供並獲認可的定期航班服務） If "Yes", please provide additional information or complete a separate supplementary questionnaire. 若"是"，請提供更多資料或另外填寫有關之問卷。	11 (a) ☐ (b) ☐	☐ ☐	☐ ☐	☐ ☐

Type of tobacco product 煙草產品種類	Quantity of consumption 吸食份量		
Insured 受保人			
Payor 付款人			

Type of alcoholic beverage 酒精飲品種類	Quantity of consumption 飲用份量	
Insured 受保人		
Payor 付款人		

Type of drugs 藥物種類	Duration, frequency and quantity of consumption 用藥持續時間、頻密度及份量	
Insured 受保人		
Payor 付款人		

PART B－HEALTH INFORMATION 乙部－健康資料

Note for applicant(s): Questions of Part B do not require the applicant(s) to disclose information regarding the medical conditions or treatments below – Cold / flu / sore throat, gastroenteritis / food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan / blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia / hyperopia / astigmatism / presbyopia.

申請人須知：無需於乙部問題披露以下健康狀況或治療 —

傷風 / 感冒 / 喉嚨痛、腸胃炎 / 食物中毒（已痊癒）、消化不良（無需檢查）、痤瘡、肌肉扭傷（已痊癒）、鵝口瘡、常規產前掃描 / 血液檢驗（檢驗結果正常）、常規子宮頸細胞塗片檢驗（檢驗結果正常）、常規健康檢查（檢查結果正常）、預防疫苗、荷爾蒙補充治療（更年期）、不育治療或胎兒生長情況正常的懷孕、近視 / 遠視 / 散光 / 老花。

		Insured 受保人		*Payor *付款人	
	12	YES 是	NO 否	YES 是	NO 否
12. Have you ever been diagnosed with any of the following diseases or medical conditions? 您是否曾被確診下列疾病或健康狀況？					
(a) Cancer or carcinoma in situ 癌症或原位癌	(a)	☐	☐	☐	☐
(b) Brain tumor 腦部腫瘤	(b)	☐	☐	☐	☐
(c) Heart disease 心臟疾病	(c)	☐	☐	☐	☐
(d) Stroke (including transient ischemic attack (TIA)) 中風（包括短暫性腦缺血， 俗稱「小中風」）	(d)	☐	☐	☐	☐
(e) Hypertension 高血壓	(e)	☐	☐	☐	☐
(f) Diabetes mellitus or impaired glucose tolerance 糖尿病或葡萄糖耐量異常	(f)	☐	☐	☐	☐
(g) Kidney disease 腎病	(g)	☐	☐	☐	☐
(h) Prolapsed intervertebral disc or degenerative spine conditions 椎間盤突出或脊椎退化性疾病	(h)	☐	☐	☐	☐
(i) Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body 需要植入醫療儀器或義肢的疾病或健康狀況	(i)	☐	☐	☐	☐
(j) Human immunodeficiency virus (“HIV”) infection 人體免疫力缺乏病毒（愛滋病病毒）感染	(j)	☐	☐	☐	☐
(k) Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth) 先天性疾病（指於出生時或之前已存在的醫學、生理或精神上的異常）	(k)	☐	☐	☐	☐
(l) Physical defects, impairments, deformities, and/or conditions affecting mobility, sight, speech or hearing 身體缺陷、不健全、畸形，及 / 或影響活動能力、視力、說話能力或聽力的狀況	(l)	☐	☐	☐	☐
(m) Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders or bipolar disorders) 精神健康狀況（例如抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症）	(m)	☐	☐	☐	☐
(n) Hypercholesterolemia or Hyperlipidemia 高膽固醇症或高血脂症	(n)	☐	☐	☐	☐
(o) Liver disorder (such as hepatitis B or hepatitis C (including tested positive), fatty liver or cirrhosis of liver) 肝臟疾病（例如乙型或丙型肝炎（包括測試呈陽性反應）、脂肪肝或肝硬化）	(o)	☐	☐	☐	☐
(p) Multiple sclerosis 多發性硬化症	(p)	☐	☐	☐	☐
13. Do you currently have any of the following diseases or medical conditions? 您目前是否患有下列疾病或健康狀況？	13				
(a) Hernia 疝氣（俗稱「小腸氣」）	(a)	☐	☐	☐	☐
(b) Breast lesion (tumour / mass / lump / cyst / nodule / growth) 乳房病變（腫瘤 / 硬塊 / 腫塊 / 囊腫 / 結節 / 增生）	(b)	☐	☐	☐	☐
(c) Uterine or ovarian lesion (tumour / mass / lump / cyst / polyp / nodule / growth) 子宮或卵巢病變（腫瘤 / 硬塊 / 腫塊 / 囊腫 / 瘜肉 / 結節 / 增生）	(c)	☐	☐	☐	☐
(d) Benign prostatic hypertrophy 良性前列腺肥大	(d)	☐	☐	☐	☐
(e) Gall bladder stone or urinary stone (renal stone, ureteric stones or urinary bladder stone) 膽結石或泌尿道結石（腎結石、輸尿管結石或膀胱結石）	(e)	☐	☐	☐	☐
(f) Cataract, glaucoma or retinopathy 白內障、青光眼或視網膜病變	(f)	☐	☐	☐	☐
(g) Arthritis or other joint disorder 關節炎或其他關節疾病	(g)	☐	☐	☐	☐
14. In the last 5 years, have you ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half-yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or medical condition? 在過去5年內，您是否曾經或被建議定期或持續（例如每月、每兩個月、每半年、每年）為任何疾病或健康狀況接受專業醫護人員（例如專科醫生、物理治療師、精神科醫生）的跟進診治或醫療護理？	14	☐	☐	☐	☐
15. In the last 5 years, have you been advised by your doctor to take any medications (such as to be taken daily / once per week / as needed as directed by doctor) for a continuous period of more than one month? 在過去5年內，您是否曾被醫生建議定期（例如按醫生指示每日 / 每週一次 / 有需要時）服用為期超過1個月的處方藥物？	15	☐	☐	☐	☐
16. In the last 5 years, have you been admitted into a hospital? 在過去5年內，您是否曾入住醫院？	16	☐	☐	☐	☐
17. In the last 5 years, have you undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital? 在過去5年內，您是否曾在非住院情況下接受外科程序（包括內窺鏡檢查或活組織化驗）？	17	☐	☐	☐	☐

		Insured 受保人		*Payor *付款人	
		YES 是	NO 否	YES 是	NO 否
18. In the last 5 years, have you ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B test, Hepatitis C test)? 在過去5年內，您是否曾接受或曾被建議接受檢查（例如驗血、驗尿、心電圖、X光、超聲波、電腦掃描、磁力共振、正電子掃描、愛滋病測試、乙型肝炎測試、丙型肝炎測試）？	18	☐	☐	☐	☐
If the answer is "Yes", do your investigation result(s) include the followings ? 如果答案屬"是"，您的檢查結果是否包括下列情況？					
(a) Normal test result is advised 檢驗結果正常	(a)	☐	☐	☐	☐
(b) Abnormal test result is advised 檢驗結果異常	(b)	☐	☐	☐	☐
(c) You are still awaiting test / test result 您正等候檢驗或檢驗結果	(c)	☐	☐	☐	☐
(d) Test result is inconclusive or uncertain (retesting or follow up test is required) 檢驗結果為無定論或不確定（需要重新或進一步檢驗）	(d)	☐	☐	☐	☐
(e) Medical advice has been sought or treatment is required for the test result (such as liver cyst / brain cyst / joint degeneration or calcification / lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment) 就檢驗結果已尋求醫療意見或需要接受治療（例如一些未必需要即時治療的情況如肝囊腫 / 腦囊腫 / 關節退化或鈣化 / 於成像檢測中發現肺部或乳房或甲狀腺出現鈣化）	(e)	☐	☐	☐	☐
19. Apart from anything you have already disclosed, do you have any of the following conditions? 除了您已披露的資料外，您是否有下列情況?	19				
(a) Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one month 不正常出血（例如陰道出血、便血、流鼻血或咳血）至少一個月	(a)	☐	☐	☐	☐
(b) In the last 1 year, you had or have been required to have follow-up consultation with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any medical condition or sign and symptom 在過去1年內，您有任何健康狀況或病徵及症狀曾經接受或需要接受專業醫護人員（例如專科醫生、物理治療師、精神科醫生）的跟進診治	(b)	☐	☐	☐	☐
(c) Other medical conditions or sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that you are seeking or intend to seek medical advice 其他健康狀況或病徵及症狀（例如腫塊、頭痛、持續咳嗽、胸痛或上腹痛）而正在或打算尋求醫療意見	(c)	☐	☐	☐	☐
20. **[For insured children aged 6 or below only 只適用於六歲或以下之受保兒童]** Was the insured child born before 37th week of pregnancy and / or born with body weight less than 2.5 kg (5.5 lbs)? 受保兒童是否於懷孕第37週前出生，及 / 或出生時體重少於2.5公斤（5.5磅）？	20	☐	☐	☐	☐
If "Yes", please provide additional information: 若"是"，請提供更多資料：					

(i) At which week of pregnancy was the insured child born? 受保兒童在孕期哪一週出生？	(ii) Body weight at birth 出生時體重
☐ More than 37 weeks 多於37週 ☐ 32－37 weeks 32－37週 ☐ 28－31 weeks 28－31週 ☐ Less than 28 weeks 少於28週	☐ More than 2.5kg (5.51lbs) 多於2.5公斤（5.51磅） ☐ 1.5－2.5kg (3.31－5.51lbs) 1.5－2.5公斤（3.31－5.51磅） ☐ 0.751－1.499kg (1.651－3.3lbs) 0.751－1.499公斤（1.651－3.3磅） ☐ Less than or equal to 0.75kg (1.65lbs) 等於或少於0.75公斤（1.65磅）

21. At your best knowledge, have any of your parents or siblings by blood been diagnosed with any of the following diseases or medical conditions at or before age 60: 就您所知，您的親生父母或兄弟姊妹曾否於六十歲或以前被確診下列疾病或健康狀況：	21				
(a) Cancer 癌症	(a)	☐	☐	☐	☐
(b) Coronary heart disease 冠心病	(b)	☐	☐	☐	☐
(c) Diabetes mellitus 糖尿病	(c)	☐	☐	☐	☐
(d) Motor neuron disease 運動神經元疾病	(d)	☐	☐	☐	☐
(e) Multiple sclerosis 多發性硬化症	(e)	☐	☐	☐	☐
(f) Stroke 中風	(f)	☐	☐	☐	☐
(g) Parkinson's disease 柏金遜症	(g)	☐	☐	☐	☐
(h) Hereditary diseases - including cystic fibrosis, familial adenomatous polyposis, Alzheimer's disease, familial cardiomyopathy, inherited blood disorders (hemophilia, thalassemia, sickle cell disease), muscular dystrophy, polycystic kidney disease or Huntington's disease. 遺傳病 - 包括囊性纖維化、家族性大腸腺息肉病、亞茲海默氏症、家族性心肌病、遺傳性血病（血友病、地中海貧血、鐮刀型貧血）、肌肉萎縮症、多囊性腎病或亨丁頓舞蹈症。	(h)	☐	☐	☐	☐
If the answer to any of the questions of Q21 is "Yes", please provide additional information: 若第21項任何一項問題之答案為"是"，請提供更多資料：					

	Which disease? 哪種疾病？	Which family member? 哪個親屬？	Onset age of disease 病發年齡
Insured 受保人			☐ age at or below 39（39歲或以下） ☐ age 40-49（40-49歲） ☐ age 50-59（50-59歲） ☐ age 60（60歲）
Payor 付款人			☐ age at or below 39（39歲或以下） ☐ age 40-49（40-49歲） ☐ age 50-59（50-59歲） ☐ age 60（60歲）

PART C－SUPPLEMENTARY HEALTH INFORMATION: 丙部－附加健康資料:		Insured 受保人		*Payor *付款人	
22. Have you ever had: 您是否曾患有：	22	YES 是	NO 否	YES 是	NO 否
(a) Any tumour, mass, cyst, nodule, polyp, lump, growth, or abnormal swelling? 任何腫瘤，硬塊，囊腫，結節，息肉，腫塊，增生或不正常腫脹？	(a)	☐	☐	☐	☐
(b) Blood disorder, such as anaemia 血液問題，例如貧血	(b)	☐	☐	☐	☐
(c) Sleep disordered breathing (including Obstructive Sleep Apnoea)? (For Payor and / or Insured age 16 or above only) 睡眠呼吸障礙（包括睡眠窒息症）（只適用於付款人及 / 或十六歲或以上之受保人）	(c)	☐	☐	☐	☐
(d) Spinal or joint disorder (including back pain, neck pain, fractures or gout) 脊椎或關節疾病（包括背痛、頸痛、骨折或痛風）	(d)	☐	☐	☐	☐
(e) Thyroid disorders 甲狀腺疾病	(e)	☐	☐	☐	☐
(f) Eye, ear, nose or throat disorders (Do not disclose for allergic rhinitis, astigmatism, short sightedness, long sightedness or presbyopia) 眼睛，耳朵、鼻或咽喉疾病（鼻敏感、散光、近視、遠視或老花無需在此申報）	(f)	☐	☐	☐	☐
(g) Nervous system disorder, such as: seizure or epilepsy 神經系統疾病, 例如：抽搐或癲癇	(g)	☐	☐	☐	☐
(h) Respiratory disease such as: asthma, bronchitis, tuberculosis (Do not disclose for influenza, coughs and colds that lasted for less than 7 days) 呼吸系統疾病, 例如: 哮喘、支氣管炎、肺結核（流感、咳嗽及感冒持續少於七天者無需在此申報）	(h)	☐	☐	☐	☐
(i) Stomach or intestinal disease, such as gastritis, haemorrhoid 胃部或腸臟疾病，例如：胃炎，痔瘡	(i)	☐	☐	☐	☐
(j) Skin disorder 皮膚問題	(j)	☐	☐	☐	☐
(k) Female disorder, such as: menstrual disorder, abnormal pap smear (For female age 16 or above only) 女性疾病，例如：月經問題、異常柏氏抹（只適用於十六歲或以上之女性）	(k)	☐	☐	☐	☐
(l) Prostate disorders (For male age 41 or above only) 前列腺疾病（只適用於四十一歲或以上之男性）	(l)	☐	☐	☐	☐
For juvenile Insured age 17 or below and apply for specific product(s) only: **只適用於十七歲或以下之受保兒童及投保指定之計劃：**	23				
23. (i) Has the Insured had or been told to have or received treatment for, any physical or developmental impairments or abnormalities or premature birth, sight, hearing or speech impairments? 受保人是否曾患有，或被告知患有或因下列問題接受治療，包括發育障礙、身體缺陷、又或早產，或視覺、聽覺或語言障礙？	(i)	☐	☐	☐	☐
(ii) Has the insured's regular physicians identified any delay in the insured's developmental milestones? 受保人的主診醫生是否曾表示受保人有任何發育延遲？	(ii)	☐	☐	☐	☐
(iii) Is any of the siblings of the insured suffered from any birth defect/congenital disorders, developmental disorders, genetic disorders, intellectual impairments or autism? 受保人的兄弟姐妹是否患有任何先天缺陷、發育障礙、遺傳性疾病，智力障礙或自閉症？	(iii)	☐	☐	☐	☐
For Lady Care Pro with Optional Benefit or Lady Care Protection Plan: **適用於投保「摯愛妳」保障計劃及可附加保障惠益，或「惠賢保」保障計劃：**	24				
24. (i) Are you now pregnant? If 'YES', please state expected delivery date. 您現在是否懷孕？倘“是”，請填寫預產期。 MM月 DD日 YYYY年	(i)	☐	☐	☐	☐
(ii) In the past 12 months, have you suffered from or had disseminated intravascular coagulation during pregnancy, ectopic pregnancy, hydatidform mole, miscarriage, termination of pregnancy due to foetal problem or any other pregnancy or delivery complication not mentioned above? 過去十二個月內，您是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？	(ii)	☐	☐	☐	☐
FOR ACCIDENT INSURANCE PLANS ONLY 只適用於意外保險計劃 25. Have you and/or your Proposed Insured's spouse, and / or any of the covered members ever been diagnosed with physical defects, impairments, deformities, and / or conditions affecting mobility, sight, speech or hearing? If the answer is 'YES', please provide details. 您及 / 或受保配偶；及 / 或任何受保成員是否曾被確診身體缺陷、不健全、畸形，及 / 或影響活動能力、視力、說話能力或聽力的狀況? 倘“是”，請提供詳細資料。”	25	☐	☐	☐	☐

If the answer to any of the questions 12-19 and 22-25 is "Yes", please provide additional information as applicable－
若第12至19項及第22至25項任何一項問題之答案為“是”者，請在適用的問題提供更多資料－

Question 題號				
Disease / medical condition 疾病 / 健康狀況				
(a) Investigations that have been performed 已進行的檢查 (b) Date of such investigation 有關檢查日期				
(a) Treatment that has been performed 已進行的治療 (b) Date of such treatment 有關治療日期				
Date of last follow-up 最後覆診日期				
Present condition 現況				
Name of doctor and name of Hospital, where applicable 醫生姓名及醫院名稱 （如適用）				

Remarks: Please provide information as detailed as possible (e.g. provide year and month if exact date could not be recalled) for the sake of fair assessment in underwriting.
備註：請盡量提供齊全資料（例如在未能回憶確實日期的情況下提供年份及月份）以便作出公平核保決定。

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 or levy (for Hong Kong policies), until this certificate is received by the Company during the life time of the Insured and the Owner 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. (e) the correspondences, including notification letter & / or pending memo etc (if any), of this application will be delivered to me via the Insurance Intermediaries, who submitted this application for my / our policies.

I, the Insured, have been informed by the policy owner that the Company will collect, use and disclose my personal information for the purposes necessary to process the application for the policy, to investigate, to settle claims and to administer the policy once issued to the policy owner. I have read the AIA PIC and agree that the Company will collect and use my personal data and any information relating to me in accordance with the AIA PIC. I consent that the Company will transfer my personal information to the type of transferees as set out in the AIA PIC.

Furthermore, I hereby irrevocably authorize

(a) The Company to enter into arrangements with Panel Network Providers to provide specified medical services to me / us (if and as applicable).

(b) 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.

(c) 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.

(d) The Company to access and use my / the Insured's information in the Company's record to verify my / the Insured's information provided in this application.

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. I**mportant Note:** Payment does not guarantee immediate approval of the application or at all. 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 and any required amount, including but not limited to the health certificate and full premium, as well as any outstanding levy amount due and overdue (for Hong Kong policies), and provided that we accept and approve the satisfactory proof of the insured's current health condition and other necessary requirements are met to our satisfaction. We reserve the right to withhold, refuse and/or reject any application.

聲明及同意

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，如上述資料不符，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及持有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或保費徵費(香港保單適用) 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。(e)此申請有關的信件，包括通知書及 / 或待決通知書等（如有），將會經由代本人 / 我們遞交有關保單申請的保險中介人，轉交給我。

本人，受保人，已由保單持有人所告知有關貴公司將收集、使用及披露本人的個人資料所述目的用作處理保單申請，調查，解決理賠事項和管理繕發予保單持有人的保單。本人已閱讀及同意就AIA個人資料收集聲明所述目的視乎情況貴公司將收集及使用本人的個人資料及關於本人的其他資料。本人同意貴公司將轉讓本人的個人資料予AIA個人資料收集聲明所載的資料承讓人。

再者，本人茲授權：

(a) 貴公司為本人 / 我們安排醫療網絡組織之服務提供者進行指定之醫療服務（如適用）。

(b) 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紀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。

(c) 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。

(d) 貴公司存取和使用本人 / 受保人在貴公司記錄中的資料來驗證本人 / 受保人在此申請中提供的資料。

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。

重要事項：已付款並不保證申請獲即時批核。有關之復效/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）申請，將於本公司收妥相關文件及所需金額，包括但不限於健康證明書，全數保費，及任何到期及逾期而未繳清之保費徵費（香港保單適用），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。本公司保留權利擱置，拒絕及 / 或駁回任何申請。

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
(Age 18 or over)
(年齡十八歲或以上)

on 於 MM月 DD日 YYYY年

Signature of Owner / Trustee
持有人 / 信託人簽名
(if other than insured, if multiple owners, all owners need to sign)
(倘非受保人，如有多名持有人，所有持有人皆需簽署)

on 於 MM月 DD日 YYYY年

Signature of Payor 付款人簽名
(if other than owner 倘非持有人)

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

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！