

## AIA International Limited (Incorporated in Bermuda with limited liability)

# HEALTH CERTIFICATE 健康證明書

(Only Applicable for Wealth Series) (只適用於財富系列)

|           | by Number Name of Insured 受保人姓名  |  |  |                                       | Name of Owner<br>持有人姓名  |  |                    |                  |                          |       |     |
|-----------|--|--|--|---------------------------------------|-------------------------|--|--------------------|------------------|--------------------------|-------|-----|
|           | a Code<br>救編號  | Agency / E<br>營業員組別                          | Agency / Broker Name<br>營業員組別 / 經紀名稱   |                                       |                         | Agent / Broker C<br>營業員號碼 / 經經                   | ode<br>己號碼         |                  | ĮĄ.                      |       |     |
| Age<br>營業 | ency Code<br>美員組別編號  | Agent / TF<br>營業員 / 業                        | R's Name<br>養務代表姓名                     |                                       |                         | Agent / TR's Tel<br>營業員 / 業務代                    | . No.<br>長聯絡       | 電話               | P347                     | 72013 |     |
|           | Membership Number 業務代》<br>r Brokers only 僅供經紀使用)   | 表會員號碼 IA                                     |  |                                       |                         | ANG  |                    |                  | ]                        |       |     |
| Ren       | nark: If the stated AIA financial pladle and follow up my request.<br>:倘若在上述表格上填寫的財務第                |  |  | •                                     |                         | ·  |                    |                  |                          |       |     |
|           | ase complete payor's inform  |  |  |                                       |                         |  |                    |                  |                          |       |     |
|           | er Policies 其他保單號碼 (The  |  |  |                                       |                         |  |                    |                  |                          |       |     |
|           |  |  |  | ☐ Boingt                              | atemen                  | + 復計   |                    |                  |                          |       |     |
|           | ase tick the appropriate box for ap<br>請復效, 請在適當的空格內劃上"X   |  | nt                                     |                                       |                         | 重訂保單日期   |                    | Reinstate        | e Agent                  | 申請復效  | 營業員 |
|           |  |  |  | Insured Na<br>受保人姓名                   |                         |  |                    | yor Nam<br>款人姓名: |                          |       |     |
|           | Occupation Title<br>職銜   |  |  |                                       |                         |  |                    |                  |                          |       |     |
|           | Exact Daily Job Duties<br>日常職務   |  |  |                                       |                         |  |                    |                  |                          |       |     |
| 3.        | Nature of Business. Please giv<br>公司業務性質 / 僱主名稱 / 辦事   |  | and address.                           |                                       |                         |  |                    |                  |                          |       |     |
| 4.        | Present height and weight<br>現時身高/體重   |  | Height of Ir<br>受保人身                   |                                       | Weight of Insure 受保人體重  |  | eight of P<br>付款人身 |                  | Weight of Payor<br>付款人體重 |       |     |
| *De       | lete if inappropriate 請刪除不   | 適用者  |  | ft 呎 / cm                             | 厘米*                     | lbs 磅 / kg 公斤                                    | lbs 磅 / k          | bs 磅 / kg 公斤*    |                          |       |     |
|           |  |  |  |                                       |                         |  |                    | 呎 / cm /         | 」受保人                     | Payor |     |
|           |  |  |  |                                       |                         |  |                    | YES 是            | NO否                      | YES 是 | NO否 |
| 5.        | Have you ever been decline medical health, disability or a 您是否曾在申請壽險、危疾、                             | ccident insurance?                           | •                                      |                                       |                         | ·  |                    |                  |                          |       |     |
| 6.        | 修改合約條款?<br>Do you fly other than as a fa   | ire-paying passenge                          | r or engage i                          | n any hazai                           | dous s                  | ports (e.g. diving                               | . 6                |                  |                          |       |     |
|           | motor racing, mountaineering or intended to do so in the supplementary questionnaire 您是否曾參與或打算參與到    | ng or rock-climbing<br>future? If 'YES', pla | ,parachuting<br>ease provide<br>分乘搭民航機 | g, sky divin<br>full details<br>態除外)或 | g or h<br>or com<br>任何危 | ang gliding etc.<br>iplete a separate<br>險運動(例如: | )                  |                  |                          |       |     |
|           | 潛水、賽車、攀山或攀石、跳  |  |  |                                       |                         |  |                    |                  |                          |       |     |
| 7.        | Did you travel or reside in of please state details below:<br>在過去十二個月內,您是否曾                          | •  |  | ·                                     |                         |  | 7                  |                  |                          |       |     |
|           |  | Country(ies) 國家                              | Purpos                                 | e 原因                                  | Dui                     | ration 逗留時間                                      |                    |                  |                          |       |     |
|           | Insured 受保人  |  |  |                                       |                         |  |                    |                  |                          |       |     |
|           | Payor 付款人  |  |  |                                       |                         |  |                    |                  |                          |       |     |
| 8.        | Do you smoke or have you e<br>您是否吸煙或曾否吸煙?倘   | ver smoked cigarette<br>'是",請於下列註明           | e(s)? If 'YES'<br>目詳情:                 | , please stat                         | e detail                | s below:   | 8                  |                  |                          |       |     |
|           |  |  | Consumption<br>匀吸用量                    |                                       |                         | ceased<br>上日期                                    |                    |                  |                          |       |     |
|           | Insured 受保人  |  |  |                                       |                         |  |                    |                  |                          |       |     |
|           | Payor 付款人  |  |  |                                       |                         |  |                    |                  |                          |       |     |
|           | Note: I / We hereby declare that my / or previously disclosed to AIA Internation: 附註:本人/我們聲明有關問題8之答案 | al Limited.                                  |  |                                       |                         | •  | •                  |                  |                          |       |     |

|     |   |                          |                             |                              |  |  |                    | Polic       | y Nur       | mber 保單號碼       |      |         |      |       |      |
|-----|---|--------------------------|-----------------------------|------------------------------|--|--|--------------------|-------------|-------------|-----------------|------|---------|------|-------|------|
|     |   |                          |                             |                              |  |  |                    |             |             |                 |      | Insured | 受保人  | Payor | 付款人  |
|     |   |                          |                             |                              |  |  |                    |             |             |                 |      | YES 是   | NO 否 | YES 是 | NO 否 |
| 9.  | 'YEŚ', plea   | ase státe d              | etails belov                | N:                           |  | oncurrent application for insurance on your life? If<br>下列註明詳情:  |                    |             |             |                 |      |         |      |       |      |
|     | 3.2101  | Company                  | Policy                      | Life                         | Hospital   | Critical   | Accident           |             | dental      |                 |      |         |      |       |      |
|     |   | 承保公司                     | Currency<br>保單貨幣            | 壽險                           | Income<br>住院入息   | Illness<br>危疾保險  | Indemnity<br>意外賠償  |             | ath<br>死亡   | Issue<br>保單繕發年份 |      |         |      |       |      |
|     | Insured<br>準受保人   |                          |                             |                              |  |  |                    |             |             |                 |      |         |      |       |      |
|     | Payor<br>付款人  |                          |                             |                              |  |  |                    |             |             |                 |      |         |      |       |      |
| 10. | Have any of your natural parents, brothers or sisters before the age of 60 had cancer (e.g. breast, colon or rectum, ovary or other types of cancer), diabetes, heart disease, Huntington's disease, polycystic kidney disease, stroke or any other hereditary disease? If 'Yes', please state details below: 您的親生父母、兄弟姐妹是否在六十歲以前診斷出癌症(例如:乳癌、結腸或直腸癌、卵巢癌或其他癌症)、糖尿病、心臟病、亨廷頓氏病、家族性多囊腎病、中風或其他遺傳性疾病?倘"是",請於下列註明詳情: |                          |                             |                              |  |  |                    |             | 10          |                 |      |         |      |       |      |
|     |   |                          | Rel                         | ationship                    | 關係   | Disease(   | s) 疾病              | On          | set aç      | ge 病發年齡         |      |         |      |       |      |
|     | Insured 5   | 受保人                      |                             |                              |  |  |                    |             |             |                 |      |         |      |       |      |
|     | Payor 付   | 款人                       |                             |                              |  |  |                    |             |             |                 |      |         |      |       |      |
| 11. |   |                          | cohol on                    | a daily /                    | weekly ba  | asis? If 'YE   | S', please         | state       | deta        | ails of weekly  | 11   |         |      |       |      |
|     |   | ₹/每星期都                   | 『飲酒?倘                       | "是",詩                        |  | 明每星期飲  |                    |             |             |                 |      |         |      |       |      |
|     | Insured 受<br>Tick if ap   |                          | Type A                      | mount (pe                    |  | Payor 付款人<br>Tick if appli   |                    | уре         | Amoi        | unt (per week)  |      |         |      |       |      |
|     | 請在下列  |                          | 種類                          | 數量(每星                        |  | 請在下列加.   | 上✓號 ≉              | 重類          |             | 量(每星期)          |      |         |      |       |      |
|     |   | ]                        | Beer<br>啤酒 -                | can(s                        | )罐   | Beer 啤酒 can(s)   |                    | can(s) 罐    |             |                 |      |         |      |       |      |
|     |   | ]                        | Wine<br>餐酒 -                | glass                        | (es) 杯   | Wine 餐酒 -  |                    |             | glass(es) 杯 |                 |      |         |      |       |      |
|     |   | ]                        | Spirit<br>烈酒 -              | unit(s                       | ) 單位   |  | S                  | pirit<br>烈酒 |             | unit(s) 單位      |      |         |      |       |      |
|     | Remarks 備註: Beer: (1 can = 330ml) 啤酒:1罐 = 330毫升 Wine: (1 glass = 100 ml) 餐酒:1杯 = 100毫升 Spirit: (1 measure = 30ml) 烈酒:1單位 = 30毫升   |                          |                             |                              |  |  |                    |             |             |                 |      |         |      |       |      |
| 12. | . Have you ever received counseling, medical advice or treatment for any of the following? If 'YES', please provide full details of condition, dates and any treatment (whether prescribed or otherwise)  |                          |                             |                              |  |  |                    |             | 12          |                 |      |         |      |       |      |
|     | or complet<br>您是否曾因<br>治療(醫生  | 下列各種:                    | 狀況而接受                       | 輔導、醫                         |  |  | 是",請填              | 寫有關         | 關病情         | 、日期和所有          |      |         |      |       |      |
|     | (i) Any ch  | est or resp              | oiratory pro                | blem (e.g                    | . asthma, b  | pronchitis, s  | (i)                |             |             |                 |      |         |      |       |      |
|     | (excer  | t influenza              | i. coughs a                 | nd colds t                   | hat lasted   | r other respiratory problem including nasal bleeding)?<br>lasted for less than 7 days)<br>支氣管炎、睡眠呼吸障礙(包括睡眠窒息症)、肺結核 |                    |             |             |                 |      |         |      |       |      |
|     | 或其他<br>(ii) Any h   | 呼吸器官問<br>eart proble     | 問題,包括:<br>em or ches        | 流鼻血) <i>'</i><br>st pain / o | ?(流感、<br>discomfort  | ·咳嗽及感冒持續少於七天者除外)<br>t (e.g. rheumatic fever, raised blood pressure,  |                    |             |             |                 |      |         |      |       |      |
|     | angina<br>任何心   | i, murmur,<br>·臟的疾病      | heart attac<br>或胸口疼痛        | k) or othe<br>犭/ 不適(         | r problem  | m of the blood or blood vessels?<br>風濕性發熱、高血壓、心絞痛、心臟雜音、心臟  |                    |             |             |                 |      |         |      |       |      |
|     | (iii) Any di  | gestive sy               | 血液或血管<br>stem prob          | em, liver                    | (including   | g hepatitis or hepatitis carrier status), stomach, or genitourinary disorder including renal stones,               |                    |             |             |                 |      |         |      |       |      |
|     | endoc   | rine diseas              | e, diabetes                 | or thyroi                    | d gland pro  | oblem?   | -                  |             |             |                 |      |         |      |       |      |
|     | 及生殖   | 系統疾病                     | ,包括腎石                       | 、內分泌療                        | 5病、糖尿  | 者)、胃、陽或直腸出血;任何腎、膀胱或泌尿<br>尿病或甲狀腺疾病?   |                    |             |             |                 |      |         |      |       |      |
|     | schizo  | phrenia, p               | sychosis,<br>ged heada      | anxiety, a                   | utism, lear  | cting the nervous system including depression, arning disorder, epilepsy, paralysis, numbness, or fits?            |                    |             |             |                 | (iv) |         |      |       |      |
|     | 任何精   | 神或腦部:                    | 天常或問題                       | 而影響神                         | 經系統,包  | e or tits /<br>包括抑鬱、精神分裂、思覺失調、焦慮、自閉、<br>痛、身體失去平衡或抽搐?   |                    |             |             |                 |      |         |      |       |      |
|     | (v) Cance   | r or tumou               |                             | p, growth                    | or abnorm  | rmal swelling?   |                    |             |             | (v)             |      |         |      |       |      |
|     | physic  | al disability            | or conditi                  | on affectir                  | er problem in your back, spine, muscle or joint, gout or other affecting sight, speech or hearing? |  |                    |             |             |                 |      |         |      |       |      |
|     | 任何皮<br>視力、  | 《膚問題,<br>説話能力和           | 背部、脊椎<br>和聽覺的疾              | È、肌肉或<br>病?                  | <b>以關節疼痛</b>   | 或其他疾病  | 「,痛風或 <sub>:</sub> | 其他身         | '體殘'        | 疾或任何影響          |      |         |      |       |      |
| 13. |   |                          |                             | you curre                    | ently attend   | ding or hav  | e attende          | d in th     | e last      | t 5 years any   | 13   |         |      |       |      |
|     | hospital, clinic or doctor for:<br>您是否打算或現正、或曾於過去五年內在任何醫院、診所或醫務所接受:<br>(i) Investigations such as X-ray, scan, biopsy, ECG, blood or urine etc. (Except general medical   |                          |                             |                              |  |  |                    |             | (i)         |                 |      |         |      |       |      |
|     | check-<br>any fol   | up, annua<br>llow-up cor | l medical c<br>nsultation c | heck-up a<br>or treatme      | nd employ<br>nt)?  | ment check   | c-up with a        | norma       | al resu     | ult and without |      |         |      |       |      |
|     | 一些檢<br>諮詢或  | 查如X光、<br>治療的例行           | 掃描、活<br>了身體檢查               | 體檢視、√<br>及就職檢₫               | 公電圖、驗<br>查除外)  |  |                    |             |             | 需接受進一步          |      |         |      |       |      |
|     | <ul><li>(ii) Illness, operation or other medical advice or treatment not stated under any previous questions?</li><li>以上各題沒有提及的疾病、手術或其他醫療諮詢或治療?</li></ul>   |                          |                             |                              |  |  |                    |             |             | (ii)            |      |         |      |       |      |

| Policy Number 保單號碼 [  |           |           |                                 |       |      |
|---|-----------|-----------|---------------------------------|-------|------|
|   |           | Insure    | d 受保人                           | Payor | 付款人  |
|   |           | YES 是     | NO 否                            | YES 是 | NO 否 |
| 14. Have you ever received, or do you expect to receive, any counselling, medical advice, treatment or any test(s) in connection with AIDS, HIV infection or any sexually transmitted disease? 您是否曾接受、或打算接受與愛滋病、HIV抗體或任何由性接觸而傳染的疾病之有關輔導、醫療諮詢、治療或任何檢驗?   | 14        |           |                                 |       |      |
| 15. In the past 10 years, have you taken any habit forming drugs (including but not limited to marijuana, amphetamines, ecstasy, hallucinogens and cocaine) or been treated or advised in connection with your alcohol consumption or the taking of drugs? 於過去十年內,您是否曾服食導致上癮的藥品(包括但不止於大麻、安非他命、興奮劑、迷幻劑及可卡因)或曾因飲酒,吸毒或服用藥物而需接受治療或輔導?   | 15        |           |                                 |       |      |
| 16. For female age 16 or above (只適用於十六歳或以上之女性):  (i) Have you ever had any consultation or treatment involving female organs, or had history of irregular, painful, or excessive menstruation or any other problems?  您是否曾就女性器官問題而求診或接受治療,或遇上月經出現異常情況、痛楚或過多,或其他有關問題?  | 16<br>(i) |           |                                 |       |      |
| (ii) Have you ever had, or have been advised to have investigations and / or treatment of the cervix, uterus, fallopian tubes, vagina, ovaries or the breasts, such as ultrasound, mammogram or surgery, cone biopsy, colposcopy or been advised to have a repeated pap smear within 6 months? (If 'YES', please submit a copy of investigation report for review.) 您有否或曾被建議就子宮頸、子宮、輸卵管、陰道、卵巢或乳房接受檢查及/或治療,如超聲波、乳房造影檢查或手術、錐形活組織檢查、陰道窺鏡檢查、柏氏抹片檢查,或被建議在六個月重做柏氏抹片檢查?(倘"是",請附上有關檢查報告副本以供審閱。) | (ii)      |           |                                 |       |      |
| For Lady Care Pro with Optional Benefit or Lady Care Protection Plan:<br>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:<br>(iii) Are you now pregnant? If 'YES',<br>please state expected delivery date.  | (iii)     |           |                                 |       |      |
| 您現在是否懷孕?倘"是",請填寫預產期。 MM月 DD日 YYYY年 (iv) In the past 12 months, have you suffered from or had disseminated intravascular coagulation during pregnancy, ecto picpregnancy, 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?  | (iv)      |           |                                 |       |      |
| 17. For juvenile insured age 17 or below and apply for specific product(s) (只適用於十七歲或以下之受保兒童及投保指定之計劃)  | 17        |           |                                 |       |      |
| (i) Has the child 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? 受保兒童是否曾患有,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 child's regular physicians identified any delay in the child's developmental milestones?   | (ii)      |           |                                 |       |      |
| 受保兒童的主診醫生是否曾表示他 / 她有任何發育延遲?<br>(iii) Is any of the siblings of the child suffered from any birth defect / congenital disorders, developmental disorders, genetic disorders, intellectual impairments or autism?<br>受保兒童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)     |           |                                 |       |      |
| 18. FOR ACCIDENT INSURANCE PLANS ONLY 只適用於意外保險計劃 Do you and / or your Insured's spouse, and / or any of the covered members have any physical defects, disability, impairment, deformities and / or condition affecting mobility, sight, speech and / 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有任何身體缺陷、殘疾、障礙、畸形及 / 或其他狀況而影響行動、視覺、說話能力及 / 或聽覺?倘"是",請提供詳細資料。   | 18        |           |                                 |       |      |
| If any of the answers to questions 5 to 18 is "YES", please give full particulars below by noting the quest 上述第5至第18項問題中,如有任何答案"是",請詳述之:  | ion n     | umbers.   |                                 |       |      |
| Disease / Tests done  | of doc    | tor(s) or | ress and p<br>hospital<br>b姓名、地 |       |      |
|   |           |           |                                 |       |      |
|   |           |           |                                 |       |      |
|   |           |           |                                 |       |      |

Declaration & Authorization

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.

Furthermore, I hereby irrevocably authorize (a) 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. (b) 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.

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. 2. I / We hereby declare that my / our answer(s) to Question 8 is completely consistent with the information (if any) that I / we have previously disclosed to AIA International Limited. Important 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.

| Policy Number 保單號碼 |  |  |  |  |  |
|--------------------|--|--|--|--|--|

#### 聲明及同意

再者,本人茲授權

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費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費公司核准後,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。

(a)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。(b)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。

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。2.本人/我們聲明有關問題八之答案與本人/我們過往向友邦保險(國際)有限公司披露的資料(如有)完全相符。 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<br>受保人簽名<br>(Age 18 or over)<br>(年齡十八歲或以上)   | on DD日 YYYY年 |   |              |
|---|--------------|---|--------------|
| Signature of Owner / Trustee<br>持有人 / 信託人簽名<br>(if other than insured, if multiple<br>owners, all owners need to sign)<br>(倘非受保人,如有多名持有人, | on DD目 YYYY年 | Signature of Payor 付款人簽名<br>(if other than owner 倘非持有人) | on 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



所有持有人皆需簽署)

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!

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