



Group Personal Accident Insurance Scheme

This insurance scheme is in the form of a master policy 此保險計劃以主保險單的形式由

- held by the Association of Hong Kong Nursing Staff as the Policyholder 香港護士協會作為保單持有人持有
- arranged by Arvuda Insurance Services Limited 富利達保險服務有限公司安排
(Insurance Broker Company Licence No. 保險經紀公司牌照號碼: FB1482)
- insured with Allied World Assurance Company, Limited 世聯保險有限公司承保(incorporated in Bermuda with limited liability)

Limits shared by all Insured Persons 受保會員共享保額:

Aggregate Limit for Basic Cover per accident 基本計劃每一事故限額: HK\$20,000,000
 Aggregate Limit for all Optional Covers 自選計劃此保險計劃限額: HK\$10,000,000

24 Hours Cover 每天 24 小時保障

The Scheme also provides overseas coverage, please refer to the policy in AHKNS website for more details 保單亦提供海外保障, 詳情請到護協網站查閱保單條款

❖ ❖ ❖ 投保人祇限護士協會會員 ❖ ❖ ❖

For all enquiries, please contact the Insurance Broker or their technical representatives in the Insurance Department of AHKNS
如有查詢, 請聯繫保險經紀或他們駐本會的業務代表:

Arvuda Insurance Services Limited

Room 1503, Star House, 3 Salisbury Road, Tsim Sha Tsui, Kowloon
Tel 電話: 2219 8282

富利達保險服務有限公司

九龍尖沙咀梳士巴利道 3 號星光行 1503 室
Email 電郵: nurse@arvuda.com

投保書 Proposal Form

請以英文正楷填寫, 並在適當的空格內填上 Please fill in this proposal form in English block letters and tick the boxes where appropriate

| | | | | | |
|---|--|--|-------------|---|--|
| 投保人 PROPOSER (必須是香港居民 must be HK Resident) | | | | | |
| 護協會員號碼 AHKNS Member No. | 姓 (英文) Surname | 名 (英文) Given Name | 性別 Sex | <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女 | |
| 出生日期 Date of Birth | 香港身份證號碼 HKID No. | 手機 Mobile | 電郵 Email | | |
| date 日 month 月 year 年 | | Age Limit: 18 – 60 (can be renewed up to 65) | | | |
| 最低投保年齡: 18 最高投保年齡: 60 可續保到 65 歲 | | | | | |
| 職業 Occupation | 請填寫執業資格 please state practising qualification:- <input type="checkbox"/> Registered Nurse 註冊護士 <input type="checkbox"/> Enrolled Nurse 登記護士 <input type="checkbox"/> Student Nurse 護士學生 | | | | |
| 通訊地址 Correspondence Address | | | | | |

| 保障範圍 COVER | | | | | | currency: HK\$ 貨幣: 港幣 |
|--|---|---------------------------------|----------------------------|---|--------------|--|
| 保障範圍 (每一受保會員) Cover (per each insured Member) | 請 please ✓ | 保險金額 Amount Insured | 免賠額 Deductible | 保費 Premium | 備註 Remark | |
| 基本計劃 Basic Plan | 因意外導致身故或永久傷殘 Accidental Death / Permanent Disablement | <input type="checkbox"/> BP1 *1 | \$2,000,000 | 0 | \$901 | *1 不適用於護士學生 not applicable to student nurse |
| | | <input type="checkbox"/> BP2 | \$1,000,000 | 0 | \$501 | |
| 自選計劃 A Optional Plan A | 住院醫療費 Inpatient Medical Expenses (包括非意外受傷住院 cover injury & sickness) | <input type="checkbox"/> ME1 | \$100,000 | \$50,000 | \$4,004 | *2 祇適用於註冊/登記護士 applicable to registered/ enrolled nurse only |
| | | <input type="checkbox"/> ME2 | \$100,000 | \$100,000 | \$3,304 | |
| 自選計劃 B Optional Plan B | 住院現金津貼 Hospital Cash (包括非意外受傷住院 cover injury & sickness) | <input type="checkbox"/> HC1 *2 | 每天 per day: \$500 | 2 days | \$651 | *3 祇適用於護士學生 applicable to student nurse only |
| | | <input type="checkbox"/> HC2 *3 | 總保額 in aggregate: \$20,000 | 2 days | \$501 | |
| 以下適用於自選計劃 the following is applicable to Optional Plans | | | | | | |
| <ul style="list-style-type: none"> • 等待期: 自保單生效日起 15 天 waiting period: 15 days after policy inception • 住院不少於連續 3 天 at least 3 consecutive days of hospital confinement • 不保投保前存在的疾病 pre-existing condition exclusion | | | | | | |
| NB 註: 其他不保事項-請參閱保單 for other exclusions, please refer to the policy | | | | | | |
| 總保費 Total Premium : | | | HK\$ | 保費已包括保監局徵費 premiums are inclusive of IA levy | | |

| | |
|--|---|
| 保險期 PERIOD OF INSURANCE | |
| 一年由下列起保日開始 one year commencing from | 注意 NOTE |
| / / | 1. 起保日不能早於提交此投保書及繳付保費後翌日 the commencement date cannot be earlier than next day after submission of the Proposal & full premium payment |
| date 日 month 月 year 年 | 2. 如投保會員有選擇自選計劃, 保單生效日期則由保險公司審核以下問題後確認為準 if the Proposer has opted for any of the Optional Plans, the commencement date will be subject to the Insurance Company's satisfactory review of the following questions and approval |

| | | |
|--|--------------------------|--------------------------|
| 請回答下列問題 Please answer all questions listed below | | |
| 如祇選基本計劃, 不用回答以下問題 no need to answer the following questions if only Basic Plan is taken up | | |
| 1. Are you holding any insurance against accident or illness? 您現時有否購買其他意外或醫療保險? | 是 Yes | 否 No |
| 2. Have you ever made any claim to accident or medical insurance in the past three years? 過去三年內您曾否向投保之意外或醫療保險索償? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been refused by accident or medical insurance or subject to special terms and conditions? 您曾否被其他保險公司拒絕接受投保意外或醫療保險或要附加特別條件? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In the past 5 years have you ever been treated for or diagnosed having: 上列任何申請受保人於過去五年內曾否患有以下疾病或接受相關治療: <input type="checkbox"/> heart trouble 心臟疾病 <input type="checkbox"/> high blood pressure 高血壓 <input type="checkbox"/> diabetes 糖尿 <input type="checkbox"/> disease of brain 腦部疾病 <input type="checkbox"/> central nervous system disorder 中樞神經系統失調 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you had a surgical operation or been confined, treated or under observation in any hospital, sanatorium or other institution in the last 5 years? 在過去五年內, 您曾否在任何醫院、療養院、或醫療機構接受外科手術、觀察或治療? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you now receiving or contemplating any medical attention or surgical treatment or taking any medicine? 您是否現時或考慮接受任何醫藥治療, 外科手術或服食任何藥物? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. To the best of your knowledge and belief do you currently have any injury or illness or are they suffering the effects of any injury or illness? 據閣下所知及所信, 您現時是否有任何損傷或疾病或身體正受該損傷或疾病所影響? | <input type="checkbox"/> | <input type="checkbox"/> |

如以上問題答案為「是」, 請詳細列明(如空間不足, 請以白紙填寫) please give full details for any question with an 'Yes' answer (if space is not enough, please write on a white paper)

聲明 DECLARATION

- I (Proposer) declare to the best of my knowledge and belief that the information given is true in every respect and that it will be relied upon by Allied World Assurance Company, Ltd (Hong Kong Branch) ("Allied World") to consider the risk and whether to provide insurance. I understand that information which is false or misleading may result in my policy being cancelled or a claim being declined.
本人(投保人)謹此聲明,根據本人所知及所信,本投保表格上所填之資料均屬實無訛,Allied World 世聯保險有限公司(「世聯保險」)將根據該資料評估風險而考慮會否提供保險。本人知悉任何不正確及誤導之聲明均會引致相關保單作廢或索償不被接納。
- I understand that this proposal will not become effective until it has been accepted by Allied World and agree that this proposal and declaration shall be the basis of the insurance contract between me and Allied World.
本人明白本投保書被世聯保險正式接納後,保險責任始正式生效。本人同意本投保書和聲明將成為保險合約的基礎。
- IA Levy collected by the Insurance Authority has been imposed on this policy at the applicable rate. For further information on the levy, please visit <https://donline.alliedworldgroup.com.hk/file/IALeVy.pdf> or contact: (852) 2968 3000.
由保險業監管局收集的保費徵費已按照適用徵費率計算在這張保單內。欲了解更多保費徵費詳情,請登入 <https://donline.alliedworldgroup.com.hk/file/IALeVy.pdf> 或致電我們:(852) 2968 3000。
- I have read, understood and agreed to the Personal Information Collection Statement appended hereunder
本人已閱讀、明白及同意下列的個人資料收集聲明。

本人同意並授權香港護士協會、安排此保險之保險經紀及承保之保險公司保留、使用或透露所收集或保留本人之任何個人資料給予有關人士或機構用作處理與此保險有關的申請,及提供其相關及稍後的服務。本人明白並同意香港護士協會的行政管理費用支出將由保險經紀/保險公司以手續費形式作出補償,而保險經紀的服務將由保險公司以佣金支付。

I hereby give my/our consent and authorize that any of my personal information collected or held by AHKNS, the Broker and the Insurance Company may be used and disclosed to any individuals / organizations for the purposes of processing this insurance and providing related and subsequent services. I understand and agreed that AHKNS's administration will be compensated by handling fee payable by the Broker/Insurance Company and the services of the Broker will be remunerated by the commission payable by the Insurance Company.

簽署日期 Date of Signing

投保人簽署 Signature of the Proposer

繳付保費 Premium Payment

本人/我們知悉香港護士協會為會員提供行政方便代會員收取保險費,本人/我們選擇將保險費交與香港護士協會代會員集中處理。

We understand that AHKNS provides administration convenience by collecting insurance premiums for all members. We select to pay the premium to AHKNS who will settle the premiums collectively for and on behalf of all members concerned.

By cash, EPS or VISA/Master Credit Card at AHKNS office in person 親臨香港護士協會以現金、易辦事或 VISA/Master 信用卡繳付

By VISA/Master Credit Card (enroll by fax) 以 VISA/Master 信用卡繳付 (以傳真投保)

(After filling in the following information, please fax the completed Proposal Form to 3521 1540 and call AHKNS at 2314 6944 or 2314 6912 to get confirmation of the submission. 填妥以下資料之後,請將填妥之投保書傳真至 3521 1540 並致電護協確認申請。電話號碼: 2314 6944 或 2314 6912。)

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|---|--|--------|------------------|
| VISA/Master Credit Card no. VISA/Master 信用卡號碼: | Credit Card expiry date 信用卡有效日期至: | M 月 | Y 年 |
| Cardholder's name 持卡人姓名: | Cardholder and Proposer must be the same person 持卡人必須與投保人為同一人 | | |
| Signature of Cardholder 持卡人簽署: | Date 日期: | D 日 | M 月 Y 年 |

Personal Information Collection Statement

個人資料收集聲明

Purpose of Collection

Allied World Assurance Company, Ltd ("Allied World") may collect and use your personal data to enable it to carry on its insurance business and to serve the purposes of:

- Processing your insurance application;
- Arranging a contract of insurance with you and administering the policy issued;
- Claims handling, investigation and analysis; and
- Complying with any legal or regulatory requirements applicable to Allied World.

In general it is voluntary for you to provide Allied World with your personal data. However, if you do not provide sufficient information, Allied World may not be able to provide insurance services to you.

Transferee

Data held by Allied World relating to you will be kept confidential but Allied World may, for the purposes set out above, transfer your personal data to:

- Allied World's group companies;
 - Reinsurers;
 - intermediaries including insurance brokers and insurance agents;
 - claims investigators, loss adjusters and other professional advisors;
 - Allied World's other appointed service providers, including for the following services: telecommunications, information technology, administration, data processing, payment processing, emergency assistance, legal, and medical;
 - any insurance industry association or federation and their respective members; and
 - any other person necessary to comply with applicable legal or regulatory requirements, or orders of competent authorities,
- in each case both within and outside of the Hong Kong Special Administrative Region.

Access Requests and Corrections

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Allied World. Requests can be made to the Compliance Officer of Allied World Assurance Company, Ltd, by mail to 22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong or fax to +(852) 2968 5111, or email to hkcompliance@awac.com.

資料收集目的

Allied World Assurance Company, Ltd 世聯保險有限公司(「本公司」)可能收集並使用閣下的個人資料,作為營運其保險業務及下列目的之用:

- 處理閣下的保險申請;
 - 安排保險合約及管理已發出的保單;
 - 索償處理、調查及分析;及
 - 遵守適用於本公司的法律或規則要求。
- 一般而言,閣下向本公司提供個人資料屬自願性質。如閣下未能給予足夠的資料,本公司可能無法提供所需保險服務。

資料轉移

本公司持有的客戶資料將予保密,但本公司可能會把閣下的個人資料提供給下列各方作上述用途:

- 本公司的集團公司;
 - 再保險公司;
 - 中介人包括保險代理人及保險經紀;
 - 索償調查者、公證行及其他專業顧問;
 - 本公司其他指定服務提供者,提供包括以下服務:電訊、資訊科技、行政、數據處理、付款處理、緊急援助、法律及醫療;
 - 任何保險業組織或聯會及其成員;及
 - 任何必要人士以符合任何相關的法律或規則要求,或監管機構之命令,
- 以上各項適用於香港特別行政區境內及境外。

資料查閱要求及更改

閣下有權要求查閱及更改本公司所持有的任何有關您之個人資料。有關申請可循下列途徑向本公司之條例事務主任提出:郵寄至香港鰂魚涌太古坊華蘭路18號港島東中心22樓,或傳真至 +(852) 2968 5111, 或電郵至 hkcompliance@awac.com。