

保單更改申請表

POLICY AMENDMENT APPLICATION FORM

致：恒生財險(香港)有限公司

To: Hang Seng General Insurance (Hong Kong) Company Limited

L32, Tower 2 Enterprise Square V, 38 Wang Chiu Road, Kowloon Bay, Kowloon, Hong Kong

電話Tel: (852) 2198 7800 傳真Fax: (852) 2868 4044

For Office Use		
Policy No.		
Approval Date		
Officer	Checker	Operator

日期

Date: \_\_\_\_\_

保單號碼Policy No: \_\_\_\_\_

更改項目生效日期Amendment Effective Date: \_\_\_\_\_

投保人中文姓名Chinese Name of Proposer: \_\_\_\_\_

投保人英文姓名English Name of Proposer: \_\_\_\_\_

身份證明文件號碼 Identity Document No.: \_\_\_\_\_

聯絡電話號碼 Contact Tel No.: \_\_\_\_\_

\* 請刪去不適用處 Delete whichever inapplicable.

**A. 一般更改項目 General Amendment Particulars**

<p>(1) <input type="checkbox"/> 更改為以下受保地址/通訊地址/聯絡電話號碼Change to New Insured Address/Correspondence Address/Contact Tel No. as follows:</p> <p>_____</p> <p>_____</p>	<p>(2) <input type="checkbox"/> 更改受保人職業為以下新職業 (請詳述職位、行業及工作性質)Change to New Occupation of the Insured Person (Please state details of Position, Industry &amp; Job Nature):</p> <p>_____</p> <p>_____</p>
<p>(3) <input type="checkbox"/> 更改支賬戶口號碼Change of Debit Account Number  <input type="checkbox"/> 新增直接付款授權Set up of Direct Debit Authorisation</p> <p><b>(請完成D部份Please complete Part D)</b></p>	<p>(4) <input type="checkbox"/> 終止保單Cancellation                  ( ) 退回保單正本及/或醫療卡*                  Return Original Policy(ies) &amp;/or Medical Card*                  ( ) 遺失保單正本及/或醫療卡*                  Loss of Original Policy(ies) &amp;/or Medical Card*</p>

(如閣下以郵寄/傳真方式遞交此申請表，請附上投保人之身份證明文件副本以供核對 Please enclose Proposer's Identity Document copy for authentication if the form is submitted by mail/by fax)

(5)  新增/更改\*以下為投保人/受保人/受益人\*Add/Change to\* New Proposer / Insured Person/ Beneficiary\* as follows:

姓名 \_\_\_\_\_ 香港身份證號碼 \_\_\_\_\_ 出生日期 (日/月/年) \_\_\_\_\_  
 Name \_\_\_\_\_ HK I/D No \_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_

受益人與受保人之關係 \_\_\_\_\_  
 Relationship of Beneficiary with the Insured Person \_\_\_\_\_

Important: Please complete all the items of this section if you choose to assign a beneficiary. Otherwise, the assignment will not become effective.

重要事項: 如你選擇指定受益人，請填此欄所有項目。否則，該受益人之指定將不能生效。

(6)  其他事項Others (請在此詳述Please give details)

\_\_\_\_\_

**B. 各門診醫療保健計劃更改項目 All types of Outpatient Medical Insurance Plans Amendment Particulars**

- 遺失醫療網絡指南/醫務所指南/會員手冊\* Loss of Outpatient Medical Directory/ List of Medical Practices/ Member's Guide\*
- 遺失醫療卡 Loss of Medical Card# (請完成D部份Please complete Part D)
- 醫療卡持有人姓名/Name(s) of Medical Cardholder \_\_\_\_\_
- 醫療卡號碼/Medical Card No. \_\_\_\_\_

**C. 旅遊綜合保障計劃 - 全年中國保障更改項目 Travelsure Protection Plan - Annual China Amendment Particulars**

<p>(1) <input type="checkbox"/> 遺失中國醫療卡 Loss of China Medical Card  <b>(請完成D部份Please complete Part D)</b></p>	<p>(2) <input type="checkbox"/> 遺失指定醫院名冊 Loss of Designated Hospital List</p>
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**D. 更改繳付保費方法 Change of Payment Method** (如閣下以郵寄/傳真方式遞交此申請表, 請附上投保人之身份證明文件副本以供核對  
Please enclose Proposer's Identity Document copy for authentication if the form is submitted by mail/by fax)

將以現金交付恒生銀行分行或以支票繳付保費或補發新卡之手續費。 Payment of premium due/fees charged for re-issuing card will be made by cash at Hang Seng Bank branch or by cheque.

本人/本公司現授權恒生銀行有限公司在本人/本公司的恒生銀行戶口/信用卡或其他信用卡戶口<sup>#</sup>直接轉賬支付保費/補發新卡之手續費予恒生財險(香港)有限公司。

I/We irrevocably request and authorise Hang Seng Bank Limited to effect transfer from my/our Hang Seng Bank Account /Hang Seng Credit Card account or other credit card account as specified below to Hang Seng General Insurance (Hong Kong) Company Limited, for the premium due/fee charged for re-issuing card.

<sup>#</sup> 信用卡戶口繳款只適用於 (i) 私人名義之投保人; (ii) 以公司名義投保之私家車保險 或 (iii) 支付保費(不適用於補發新卡之手續費)。

<sup>#</sup> Credit Card account payment only applicable to (i) the Proposer with personal name; (ii) the Proposer with Company Name for Motor Insurance of Private Car Insurance Plan or (iii) premium payment (not fee charged for re-issuing card).

恒生銀行儲蓄或往來戶口/恒生信用卡戶口/其他信用卡戶口號碼<sup>##</sup>  
(<sup>##</sup>請附上信用卡底面副本以供核對)

信用卡有效期至  
Card Expiry Date

Hang Seng Bank Savings or Current Account/  
Hang Seng Credit Card Account No./ Other Credit Card Account No.<sup>##</sup>  
(<sup>##</sup> Please enclose a copy of both sides of credit card for authentication)

S.V.

戶口持有人簽署\*  
Signature of Account Holder(s)\*

戶口持有人姓名(如與投保人不同)  
Name of Account Holder(s) if different from Proposer

\*請用留存於恒生銀行支賬戶口的簽名。 Please use the signature of the debit account filed with Hang Seng Bank.

如付款戶口為聯名戶口, 各戶口持有人均需簽署。 If the account to be debited is a joint account, all account holders must sign.

補發新卡之手續費為: 各門診醫療卡HK\$50、旅遊綜合保障計劃-全年中國保障之醫療卡HK\$100。 Service fee charged for re-issuing insurance card are: All types of Outpatient Medical Card HK\$50, Travelsure Protection Plan – Annual China Medical Card HK\$100.

本公司將於收到此指示起最少五個工作天, 辦理更改閣下之直接支賬授權書之電腦紀錄。 Please allow at least five working days from the date of our receipt of this instruction for the Company to update your Direct Debit Authorisation record(s).

I.V.

投保人簽署 Signature(s) of Proposer(s)

任何於A部份提出有關保單上更改之項目, 需由恒生財險(香港)有限公司(「恒生財險」)個別審核評保。如「恒生財險」接受有關更改將會以批單形式通知投保人。 Any amendment on the policy as requested under Part A will not be automatically accepted by Hang Seng General Insurance (Hong Kong) Company Limited ("Hang Seng General Insurance"). In case that "Hang Seng General Insurance" accepts the amendment, respective endorsement will then be issued.

請向「恒生財險」或任何一間恒生銀行分行職員索取一份恒生財險(香港)有限公司(適用於一般保險計劃, 旅遊綜合保障計劃除外)/恒生財險(香港)有限公司及安盛保險有限公司(適用於旅遊綜合保障計劃)關於個人資料(私隱)條例的客戶通知。 Please ask "Hang Seng General Insurance" or any Hang Seng Bank branches' staff for the notice to customers relating to the Personal Data (Privacy) Ordinance of Hang Seng General Insurance (Hong Kong) Company Limited (applicable to general insurance plans, except Travelsure Protection Plan) /Hang Seng General Insurance (Hong Kong) Company Limited and AXA General Insurance Hong Kong Limited (applicable to Travelsure Protection Plan)

分行號碼 Branch No:	代理人編號* Agent Code:
備註 Remarks:	

\* 請以正楷填寫 Please complete in English Block Letters