

If there is any inconsistency or ambiguity between the English version and the Chinese version, the English version shall prevail.
如中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。

IMPORTANT NOTICE:

Duty to Disclose

The questions in this form and any other details Allied World Assurance Company, Ltd (Hong Kong branch), (the "Insurer"), may request in connection with the proposal for insurance relate to facts which the Insurer considers material to underwriting this insurance. As these questions are not exhaustive, please the Insurer if there is any other material information which could influence the Insurer's assessment and acceptance of the proposal.

You have a duty to fully and faithfully disclose to the Insurer all the facts as you know them or ought to know them, otherwise, you may receive nothing from the policy.

Prior to entering into a contract of insurance with the Insurer, you are under a duty to disclose to the Insurer, every fact you know, or could reasonably be expected to know, that may influence the Insurer's assessment and acceptance of the risk and the terms of such acceptance. If you are uncertain as to whether or not particular information is material, these facts should be disclosed to the Insurer.

Your duty does not require disclosure of any fact:

- That diminishes the risk to be undertaken by the Insurer;
- That is of common knowledge;
- That the Insurer knows or, in the ordinary course of its business, ought to know;
- As to which compliance with your duty is waived by the Insurer.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of insurance.

All information provided by you in support of your application for insurance must be correct, as you will be bound by the answers and by the information you have provided. If you do not comply with your duty of disclosure or make a misrepresentation, the Insurer may be entitled to reduce its liability under the policy in respect of a claim or may cancel or avoid the policy from its inception. If the non-disclosure or misrepresentation is fraudulent, the insurer may also have the additional option of avoiding the policy from its inception and retaining the premiums paid.

Please answer all questions and (✓) tick boxes whenever appropriate. If there is insufficient space, please provide details on a separate sheet and attached it to this Proposal Form.

重要注意事項

揭露責任

投保書內提出的所有問題，就Allied World Assurance Company, Ltd (Hong Kong branch)世聯保險有限公司(香港分行)(下稱“保險公司”) 在考慮承保閣下的保單時，至關重要。由於該投保書不能盡錄所有問題，如有其他可影響保險公司風險評估或承保決定的重要事實，閣下務必據實告知。

閣下有責任向保險公司披露所有已知悉或合理預期應當知悉的事實，否則閣下可未能獲得任何保障或補償。

在閣下與保險公司訂立保險合約前，閣下有責任向保險公司披露所有已知悉或合理預期應當知悉，並可能會影響保險公司的風險評估、承保決定及承保後條款之事實。如閣下不確定某項資料是否重要事實，則應向保險公司披露此項資料。

閣下並無責任披露任何事實若：

- 該事實將減低保險公司承擔的風險
- 該事實為眾所周知
- 保險公司已知或於其業務正常範圍內所應知
- 經保險公司聲明不必告知

閣下於辦理保險合約之續約、延展、變更或恢復效力前，對於上述事項，亦對保險公司負有相同之揭露責任。

由於閣下在本投保書內提供的資料對閣下有約束力，請務必在申請投保時提供正確的資料。如閣下未有履行披露責任或作出失實陳述，保險公司有權減免其賠償責任，取消本保單或解除保險合約以致本保單自始失效。如閣下作出詐騙性隱瞞或失實陳述，則保險公司有權解除本保單以致自始失效及保留所有已支付的保費。

請回簽所有問題，並在適當方格內填上(✓)號。如空位不足，請於附頁提供細節，並夾附於此投保書。

PART 1 – PRACTICE DETAILS 第一部份：工作類別

Please indicate which category you are qualified to practice in: 請指出您從事的工作類別：

Group A 組別A	Group B 組別B	Group C 組別C
<input type="checkbox"/> Pharmacist 藥劑師 <input type="checkbox"/> Optometrist 視光師	<input type="checkbox"/> Medical Laboratory Technologist 醫務化驗師 <input type="checkbox"/> Radiographer 放射技師 <input type="checkbox"/> Physiotherapist 物理治療師 <input type="checkbox"/> Occupational Therapist 職業治療師	<input type="checkbox"/> Chiropractor 脊醫

Premium rate indicated is valid for one category only. If you are qualified to practice in more than one category, it will be subject to separate underwriting and quotation considerations. 保費報價會以一個工作類別為單位。若您從事於一個工作類別，請另提供資料以作批核及報價之用。

PART 2 – APPLICATION FOR COVER 第二部份：申請資料

Period of Insurance being applied (DD/MM/YYYY) / /
保單生效日期(日/月/年)

PART 3 – ENROLLMENT – Are you seeking cover as an individual or as an entity? (Please ✓ as appropriate)

第三部份：登記 - 您是以個人或公司名義投保？(請在適當空格內✓)

Individual (Please go to Part 4)
個人保單(請填寫第四部份)

Entity Cover (Please go to Part 5)
公司保單(請填寫第五部份)

PART 4 – GENERAL DETAILS (INDIVIDUAL) 第四部份：一般資料(個人)

If you are seeking cover as an individual, please complete this Part and Part (6), (8), (9) and (10)

若您以個人名義投保，請填寫本部分以及第(六)、(八)、(九)和(十)部分

1.	Name of Applicant to be insured ("Proposer") 投保人姓名(下稱“投保人”)	
2.	Registration No. 註冊編號	
3.	Correspondence Address 通訊地址	
4.	Contact Phone No. 聯絡號碼	
5.	Email Address 電郵地址	

PART 5 – GENERAL DETAILS (ENTITY) 第五部份：一般資料(公司)

If you are seeking cover as an entity, please complete this Part and Part (7), (8), (9) and (11)
若您以公司名義投保，請填寫本部分以及第(七)、(八)、(九)和(十一)部分

1.	Full Name of Business/Practice (“Proposer”) 投保人的業務/公司姓名(下稱“投保人”)	
2.	Address(es) of All Office(s) 所有辦公室地址	
3.	Date of Establishment of the Practice (DD/MM/YYYY) 業務成立日期(日/月/年)	
4.	Please state the nature of profession/business including full details of activities undertaken and any intended change in the profession/business. 請說明您的職業/業務性質，包括所有從事活動的詳細資料以及該職業/業務的任何預期變更	
5.	Email Address 電郵地址	
6.	Website Address 網頁地址	

PART 6 – MATERIAL INFORMATION (INDIVIDUAL) 第六部份：重要資料(個人)

1.	Is the Proposer currently licensed to practice the medical professional services as declared in Part 1 above in accordance with the laws of Hong Kong? 投保人是否已根據香港法律獲得上述第一部分所聲明的從事執業專業服務的許可?	Yes 是 <input type="checkbox"/>	No 不是 <input type="checkbox"/>
2.	The first year you were registered to practice the medical professional services as declared in Part 1 above: 請告知您為上述第一部分所聲明的從事醫學專業服務之首次註冊年份：		
3.	Is the Proposer’s gross fee income wholly derived from the provision of professional medical services as declared in Part 1 above in Hong Kong? 投保人的總收入是否全部來自以上第一部分聲明中在香港提供的專業醫療服務?	Yes 是 <input type="checkbox"/>	No 不是 <input type="checkbox"/>
4.	Is the Proposer’s annual fee income less than HK\$2,000,000? 投保人全年總收入是否少於港幣二百萬元?	Yes 是 <input type="checkbox"/>	No 不是 <input type="checkbox"/>
5.	The Proposer has no clinic, office and does not practice outside Hong Kong. 投保人在香港以外地方沒有設位診所，辦公室或代辦處。	Yes 是 <input type="checkbox"/>	No 不是 <input type="checkbox"/>

PART 7 – MATERIAL INFORMATION (ENTITY) 第七部份：重要資料(公司)

1.	Is the Proposer’s gross fee income wholly derived from the provision professional medical services as declared in Part 1 above in Hong Kong? 投保人的總收入是否全部來自以上第一部分聲明中在香港提供的專業醫療服務?	Yes 是 <input type="checkbox"/>	No 不是 <input type="checkbox"/>
2.	The Proposer has no clinic, office and does not practice outside Hong Kong. 投保人在香港以外地方沒有設位診所，辦公室或代辦處。	Yes 是 <input type="checkbox"/>	No 不是 <input type="checkbox"/>
3.	In the last 12 months, the Proposer has not been subject to any merger, takeover, change of majority shareholding or change of name occurred. 在過去的12個月內，投保人從未進行任何合併、收購、控股權變更或名稱變更。	Yes 是 <input type="checkbox"/>	No 不是 <input type="checkbox"/>

PART 8 – CLAIMS DETAILS 第八部份：索賠資料

1.	<p>You, or any person employed by the Proposer have not ever been subject to disciplinary proceedings or claim (civil or criminal) relating to their, or its, performance as a registered healthcare professional been made.</p> <p>您或投保人的僱員從未因有關其作為註冊醫護專業人員的表現接受紀律處分或受索賠(民事或刑事)。</p>	Yes 是 <input type="checkbox"/>	No 不是 <input type="checkbox"/>
<p>If 'No', please provide details separately of the proceedings or claim. Please describe each proceedings or claim, any amounts paid and the estimated potential cost of the incident.</p> <p>若為“不是”，請分別提供訴訟或索賠的詳細資料。並請描述每個訴訟或索賠，已支付的任何金額以及事件的估計費用。</p> <p>(Please use a separate sheet of paper if there is not enough room here 如空位不足，請於附頁提供細節)</p>			
2.	<p>The Proposer, after due consideration, is not aware of any circumstances which might give rise to a claim or proceeding against the Proposer relating to their, or its, performance as a registered healthcare professional.</p> <p>在經過適當考慮後，投保人並不知悉任何可能導致與其作為註冊醫護專業人員的表現而受索賠或訴訟的情況。</p>	Yes 是 <input type="checkbox"/>	No 不是 <input type="checkbox"/>
<p>If 'No', please provide details separately of the circumstances and each incident any amounts paid or reserved, and the estimated potential cost of the incident.</p> <p>若為“不是”，請分別提供具體情況和每件事件的詳細資料，包括已支付或預留支付的任何金額以及事件的估計費用。</p> <p>(Please use a separate sheet of paper if there is not enough room here 如空位不足，請於附頁提供細節)</p>			
3.	<p>No insurance company has ever at any time declined your insurance request, cancelled your policy, refused to renew a policy, required an increased rate or imposed special conditions in respect of insurance, which relates to medical malpractice and/or professional indemnity.</p> <p>保險公司從未向您的醫療失誤和/或專業責任保單(或申請)，拒絕受保，取消保單，拒絕續保，要求增加保費或施加特別條款。</p>	Yes 是 <input type="checkbox"/>	No 不是 <input type="checkbox"/>
<p>If 'No', please provide further details: 若為“不是”，請提供詳細資料</p>			

PART 9 – INSURANCE COVER 第九部份：保單資料

<p>Does the Proposer currently hold any Professional Indemnity insurance?</p> <p>If 'Yes', please provide further details:</p> <p>投保人是否現正持有任何專業責任保險？若是，請提供更多詳細資料：</p>		Yes 是 <input type="checkbox"/>	No 不是 <input type="checkbox"/>
Insurer 保險公司			
Expiry Date (DD/MM/YYYY) 保險到期日(日/月/年)			
Limit of Indemnity/Premium 保障額/保費			

PART 10 – ENROLLMENT FOR LIMIT OF INDEMNITY REQUIRED (INDIVIDUAL) (Please ✓ in the appropriate box)
第十部份：所需的保障額(個人)(請在適當空格內✓)

Limit of Indemnity (aoc/agg) Required
所需保障額(每宗索償/索償總額)

Option 1) HK\$1,000,000 選擇一) 港幣一百萬 <input type="checkbox"/>	Option 2) HK\$3,000,000 選擇二) 港幣三百萬 <input type="checkbox"/>	Option 3) HK\$5,000,000 選擇三) 港幣五百萬 <input type="checkbox"/>
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PART 11 – ENROLLMENT FOR LIMIT OF INDEMNITY REQUIRED (ENTITY) (Please ✓ in the appropriate box)
第十一部分：所需的保障額(公司)(請在適當空格內✓)

Average turnover for the last two financial years
最近兩年的平均營業額

Limit of Indemnity Required (aoc/agg) 所需保障額(每宗索償/索償總額)	Average turnover for the last two financial years 最近兩年的平均營業額		
	HK\$0 to ≤ HK\$3,000,000	>HK\$3,000,000 to ≤ HK\$6,500,000	>HK\$6,500,000 to ≤ HK\$10,000,000
Option 1) HK\$1,000,000 選擇一) 港幣一百萬	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option 2) HK\$3,000,000 選擇二) 港幣三百萬	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option 3) HK\$5,000,000 選擇三) 港幣五百萬	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION 聲明

I/We warrant that: 本人/我們謹此保證：

1. all material factors affecting the Insurer's assessment of the risks have been disclosed to the Insurer;
本人/我們已向保險公司披露所有影響保險公司風險評估的關鍵因素；
2. the answers given in this proposal and all other information supplied in connection with this proposal are true, complete and accurate;
所有投保書中的內容與及此提供的資料均屬真實、準確及為事實的全部；
3. no material fact has been omitted, misstated or suppressed;
本人/我們沒有省略、虛報或隱瞞任何重要事項；
4. no insurer has terminated any of my/our insurances in the past.
本人/我們的保單從沒被任何保險公司終止。

I/We agree that should any of the information given by me/us alter between the date of this proposal and the inception date of the insurance to which this proposal relates, I/We will give immediate notice thereof to the Insurer. I/We agree that this proposal, together with any other information supplied by me/us, shall be the basis of the contract of insurance policy between me/us and the Insurer and shall be deemed to be incorporated in such policy, subject to the terms and conditions of the policy. I/We agree to accept a policy in the Insurer's usual form for this class of insurance. No policy will be in force until this proposal has been accepted by the Insurer.
本人/我們同意在投保書所標註日期與此書相關的保單生效日期之間，若投保書中所提供的資料有任何改變，本人/我們務必立刻通知保險公司。本人/我們同意此投保書及隨附之相關資料，作為此行保險合約之基礎，並根據本保單之詳細條款及細則應納入本保單中。本人/我們同意接受保險公司所發給常用之險單。在未經保險公司正式接受投保保險並不生效。

I/We have read, understand and agree to the Personal Information Collection Statement attached to this Proposal Form. If I/we have provided or will provide information to Allied World about any other individuals, I/we confirm that I/we are authorised to disclose their personal data and also give this agreement on both my/our and their behalf.
本人/我們已閱讀並明白此投保書附上的披露責任及收集個人資料聲明，並同意接受該等條款約束。若本人/我們在保書中曾提供有關其他個別人士的資料，本人/我們確認本人/我們已被授權披露該人士的個人資料並同時代表他們接受該等條款約束。

I/We do not want to receive any promotion materials or updates on other products, services or offers of Allied World.
本人/我們不願接收任何貴公司的其他產品、服務或優惠之市場推廣資料和最新消息。

SIGNATURE 簽署	DATE (DD/MM/YYYY) 日期(日/月/年)
NAME OF AUTHORIZED SIGNATORY 獲授權簽署人士姓名	POSITION 職位
ON BEHALF OF (THE PROPOSER) 代表(此投保人名稱)	

IA Levy collected by the Insurance Authority will be imposed on this policy at the applicable rate.
For further information, please visit <https://donline.alliedworldgroup.com.hk/file/IALevy.pdf> or contact: (852) 2968 3333.

由保險業監管局收集的保費徵費已按照適用的徵費率計算在這張保單。
欲了解更多詳情，請登入<https://donline.alliedworldgroup.com.hk/file/IALevy.pdf> 或致電我們: (852) 2968 3333

Allied World Assurance Company, Ltd is incorporated in Bermuda with limited liability. Coverage will be underwritten by the Hong Kong branch office of Allied World Assurance Company, Ltd, which is regulated by the Insurance Authority. Coverage is only offered subject to local regulatory requirements. Actual coverage is subject to the terms, conditions and exclusions of the actual policy issued. © 2021 Allied World Assurance Company Holdings, Ltd. All rights reserved.

Allied World Assurance Company, Ltd 世聯保險有限公司是於百慕達註冊成立的有限公司。保障將會由 Allied World Assurance Company, Ltd 世聯保險有限公司的香港分行承保，而該分行受保險業監管局監管。保障只在符合本地的監管規定的情況下提供，實質的保障則受所簽發保單的條款、條件及不保項目規限。© 2021年 Allied World Assurance Company Holdings, Ltd 版權所有。保留所有權利。

Personal Information Collection Statement

Purpose of Collection

Allied World Assurance Company, Ltd (Hong Kong Branch) ("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;
- Designing products and/or services for customers;
- Promoting, improving and furthering the provision of products and/or services by Allied World and its group companies; 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.

Marketing and Promotion

Treating you as a valued customer, Allied World and its group companies may use the personal data, including name and contact details, collected from you for the purposes of direct marketing of Allied World and its group companies' general insurance products, services or offers and for sending you the promotional materials or updates of such products, services or offers when they become available.

Allied World may not use your personal data for direct marketing if you have indicated objection to such use by ticking the box in the Declaration section of the proposal form. You may also, at any time, request Allied World to cease the use of your personal data for direct marketing purposes, by informing Allied World's Compliance Officer at the contacts set out below.

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.

個人資料收集聲明

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；
- 為客戶設計產品或服務；
- 推廣、改善及進一步提供本公司及其集團公司的產品、服務；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。

市場推廣

貴為本公司的重要客戶，本公司及其集團公司可能會透過閣下所提供的個人資料如姓名及聯絡方法，向閣下推廣本公司及其集團公司的一般保險產品、服務或優惠，及為閣下提供該等產品、服務或優惠的市場推廣資料和最新消息。

如閣下已勾選位於投保書內“聲明”部分的空格表示不願接收任何市場推廣資料和最新消息，本公司將不會使用閣下的個人資料作直接推廣用途。閣下亦可隨時要求本公司停止使用閣下的個人資料作直接推廣用途。屆時請按照下述聯絡方式通知本公司的條例事務主任。

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。