

Agency No.

代理編號：

Policy No.

保單號碼：

**BODYGUARD PROPOSAL FORM 平安樂投保書**

(Please use English block letters 請用英文正楷填寫)

Full Name 姓名 (Mr先生/Mrs太太/Miss小姐)：\_\_\_\_\_ HKID Card / Passport No. 香港身份證 / 護照號碼：\_\_\_\_\_

Date of Birth 出生日期：\_\_\_\_\_ Height 高度：\_\_\_\_\_ Weight 體重：\_\_\_\_\_  
dd日/mm月/yy年

Address 地址：\_\_\_\_\_

Tel 電話：(Home 住宅 / Mobile 手提) \_\_\_\_\_ (Office 辦公室) \_\_\_\_\_

Fax 傳真：\_\_\_\_\_ Email Address 電郵地址：\_\_\_\_\_

Period of Insurance 承保日期：From 由 \_\_\_\_\_ To 至 \_\_\_\_\_  
dd日/mm月/yy年 dd日/mm月/yy年

Industry 在職行業：\_\_\_\_\_ Position 職位：\_\_\_\_\_

Job Duties 職務：\_\_\_\_\_

Beneficiary 受益人 (Mr先生/Mrs太太/Miss小姐)：\_\_\_\_\_ Relationship to Proposer 與投保人關係：\_\_\_\_\_

## Covers required 要求保障額：

1. Accidental Death & Permanent Disablement 意外死亡及永久傷殘	HK\$ 港幣	元
2. Temporary Total Disablement 短期完全失去活動能力	HK\$ 港幣	元 / week 每週
3. Medical Expenses 醫療費用保障	HK\$ 港幣	元

## Please Note 注意事項：

1. Accidental Death & Permanent Disablement is a compulsory cover  
意外死亡及永久傷殘是必須投保項目。
2. Minimum annual gross premium is HK\$500  
每年最低保費為港幣500元。
3. The benefit for Temporary Total Disablement cannot exceed 75% of the proposer's average weekly earnings (maximum sum insured HK\$5,000/week)  
短期完全失去活動能力的賠償額最高不超過投保人平均週薪的75%。(每星期之最高保額為港幣5,000元)
4. The benefit for Medical Expenses cannot exceed 10% of the sum insured for Accidental Death & Permanent Disablement (maximum sum insured HK\$250,000)  
醫療費用之保障額，不能超過意外死亡及永久傷殘的賠償限額的10%。(最高保額為港幣250,000元)
5. Proposer's age limit: 16 to 65  
投保人年齡限制：16歲至65歲。
6. Premiums stated have not included the Insurance Authority (IA) levy.  
此保單保費並未包括保險業監管局的保費徵費。

**Please answer all questions listed below 請回答下列問題**Please tick the appropriate box 請在適當空格內加 ☐ (If "Yes" please give full details 若答「是」請詳細列明)

Yes 是 No 否

1. Are you involved in any manual or outdoor duties at work? 您的職務是否需要體力勞動或往室外工作?

☐ ☐

2. Will you be travelling overseas, including China? 您會否到外地（包括中國大陸）旅遊或公幹?

☐ ☐

If Yes, please indicate 如會： i) will you travel for more than 2 times a month? 您會否於一個月內外遊兩次或以上?

☐ ☐

ii) will your travel last for more than 7 days per trip? 您每一次外遊的期間會否長達七日以上?

☐ ☐

3. Are you receiving or contemplating any medical attention or surgical treatment or taking any medicine?

☐ ☐

您是否現正接受醫藥治療、接受觀察、接受手術護理，或服用任何藥物?

4. Have you ever suffered from any serious injury or illness? 您曾否染上嚴重疾病或嚴重身體受傷?

☐ ☐

5. 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?

☐ ☐

6. Have you ever made any claim to accident or medical insurance in the past three years?

☐ ☐

您於過去三年內曾否向投保之意外或醫療保險索償?

7. 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?
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8. Will you stay in Hong Kong less than 180 days in a year? ☐ ☐  
您會否一年內居港少於180日?
- 

### Declaration 聲明

1. I (Proposer) declare to the best of my knowledge and belief that the information given is true in every respect.  
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。
2. I understand that this proposal will not become effective until it has been accepted by Allied World Assurance Company, Ltd ("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 Allied World Assurance Company, Ltd 世聯保險有限公司 (「貴公司」) 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。
3. Cover will be effective only with signature on this document and receipt of premium by Allied World or its authorised representative.  
投保書需經貴公司或其授權代表簽署，並於收妥保費後，此保障計劃始正式生效。
4. 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 3333.  
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 3333。
5. I have read, understood and agreed to the Personal Information Collection Statement attached to this proposal form.  
本人已閱讀、明白及同意隨本投保書附上的個人資料收集聲明。  
☐ I do not want to receive any promotion materials or updates on other products, services or offers of Allied World.  
本人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 of Proposer \_\_\_\_\_ Date \_\_\_\_\_  
投保人簽署： \_\_\_\_\_ 日期： \_\_\_\_\_

Underwritten by 承保公司：Allied World Assurance Company, Ltd 世聯保險有限公司 (incorporated in Bermuda with limited liability)

#### Payment Instruction and Authorisation 支付保費方法與授權書

(Please tick the appropriate box ☒ or consult your agent/broker regarding methods of payment. 請在適當的空格內加 ☒ 或與您的保險代理諮詢付款方法。)

☐ Cheque payable to 支票抬頭請寫：

Allied World Assurance Company, Ltd 世聯保險有限公司

Cheque No. 支票號碼： \_\_\_\_\_

☐ Credit Card 信用卡：

We will email you an invoice to make payment online before we issue the policy to you.

於保單發出前，我們會發送電子發票供閣下於網上繳款。

## **Personal Data Information Collection Statement (PICS)**

### **Purpose of Collection**

Allied World Assurance Company, Ltd (Hong Kong Branch) (collectively with the other subsidiaries of Allied World Assurance Company Holdings, Ltd, "Allied World") may collect and use your personal data for the purposes of conducting its insurance business, including:

so that we can provide you with and manage insurance products and services, including to consider and process your application; to vary, cancel or renew your insurance; to deal with and/or process any claims under your policy, including settlement, and to conduct necessary investigations; to complete due diligence and background checks that are either required by law or regulation or have been put in place by Allied World; to respond to your queries and administer your policy, including correspondence with you; to investigate fraud, misconduct or any unlawful act or omission in relation to your policy; so that we can comply with legal obligations; for research and statistical purposes; for marketing (including, where permitted by law, direct marketing) of other services provided by us; and/or any purpose directly related to the above.

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.

### **Potential Transferees**

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:

other insurers; reinsurers; intermediaries; insurance associations, federations or similar organisations; related companies; our advisers, service providers and agents; external claims data collectors and verifiers; parties that have an insurance scheme in place under which you purchased your policy; parties involved in claims investigation and management; government and statutory agencies; and/or as otherwise required or allowed by law, 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 will not use your personal data for direct marketing if you have indicated objection to such use by ticking the opt-out box on 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 contact information set out below.

### **Access Requests and Corrections**

You have the right, subject to applicable law, to request access to and correction of any personal data concerning yourself held by Allied World. Requests can be made to the Compliance Officer of Allied World Assurance Company, Ltd, by mail to Suite 2201, 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](mailto:hkcompliance@awac.com).

## **個人資料資訊收集聲明 ( PICS )**

### **收集目的**

Allied World Assurance Company, Ltd 世聯保險有限公司 ( 香港分行 ) ( 與 Allied World Assurance Company Holdings, Ltd 的其他子公司統稱「Allied World 世聯」) 為營運其保險業務之目的可能會收集和使用閣下的個人資料，包括：

以便本公司為閣下提供保險產品及服務並予以管理，包括考慮及處理閣下的保險申請；更改、取消或更新閣下的保險；應對及/或處理閣下保單的索賠，包括賠償及作出必要的調查；完成法律或法規要求或 Allied World 世聯實施的盡職審查和背景調查；回應閣下的查詢以及管理閣下的保單，包括與閣下通訊；調查與閣下保單相關的詐欺、不當行為或任何非法行為或不作為；以便本公司能遵守法律上的要求；用於研究和統計目的；用於營銷（包括在法律允許的情況下直接促銷）本公司提供的其他服務；及/或與上述直接有關的任何目的。

一般而言，向 Allied World 世聯提供個人資料屬自願性質。雖然如此，如閣下未能提供足夠資料，Allied World 世聯可能無法為閣下提供所需的保險服務。

### **潛在資料轉移**

Allied World 世聯會確保持有的個人資料保密，但本公司可能會基於上述目的將閣下的個人資料轉移予：

其他保險公司；再保公司；中介機構；保險業組織、聯會或類似組織；關連公司；本公司的顧問、服務提供者和代理人；本公司以外的索賠資料收集者及核查人員；閣下於已設有保險計劃購買保單時的各方；參與索賠調查以及管理的各方；政府和法定機構；及/或任何相關的法律或規則要求或允許的人士，以上各項適用於香港特別行政區境內及境外。

### **市場推廣**

閣下貴為 Allied World 世聯的尊貴客戶，本公司及其集團公司可能會透過閣下為直接促銷所提供的個人資料（包括姓名及聯絡資料），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，以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。

若閣下已於投保書上選擇拒絕本公司利用閣下的個人資料進行直接促銷並表示不願接收任何市場推廣資料和最新消息，Allied World 世聯將不會使用閣下的個人資料作直接推廣用途。閣下亦可隨時透過下述聯絡方式通知本公司的合規主任並行使其選擇權拒絕本公司利用閣下的個人資料進行直接促銷。

### **查閱個人資料要求及更改個人資料**

在符合適用法律的情況下，閣下有權要求查閱及更改 Allied World 世聯-所持有任何有關閣下的個人資料。有關申請可循下列途徑向本公司的合規主任提出：郵寄至香港鰂魚涌太古坊華蘭路 18 號港島東中心 22 樓 2201 室，或傳真至+852 2968 5111，或電郵至 [hkcompliance@awac.com](mailto:hkcompliance@awac.com)。