

上海商業銀行中國醫療保證卡投保書 SCB China Medical Card Proposal Form

投保人必須確保投保書內各項內容填寫清楚無訛。並請用 英文正楷 填寫。 Please complete this proposal in BLOCK LETTERS and ensure all information provided is correct.	請 <input checked="" type="checkbox"/> 適用方格及*刪去不適用者 Please tick the appropriate box and *delete whichever is inappropriate
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I. 投保人/主受保人資料 Proposer /Principal Insured Person Information

英文姓名 (先生/太太/女士)*: _____ 中文姓名: _____ 出生日期: _____
 Name in English (Mr./Mrs./Ms.) _____ Name in Chinese _____ Date of Birth 日 D/月 M/年 Y
 (須與回鄉證相同 must be the same as Home Return Permit)

香港身份證/旅遊證件號碼: _____ () 回鄉證號碼: _____
 HKID Card No./Passport No. _____ Home Return Permit No. _____

電話(日): _____ 手機: _____ 傳真: _____ 電郵地址: _____
 Tel. No. (Daytime) _____ Mobile No. _____ Fax No. _____ E-mail Address _____

通訊地址: _____
 Correspondence Address _____

受聘公司名稱: _____ 職業及職位: _____
 Name of Employer _____ Occupation & Position _____

II. 配偶保障 Spouse Cover 如購買配偶保障請填寫 Please complete if Spouse Cover is required

英文姓名: _____ 中文姓名: _____ 出生日期: _____
 Name in English _____ Name in Chinese _____ Date of Birth 日/月/年(dd/mm/yy)
 (須與回鄉證相同 must be the same as Home Return Permit)

香港身份證/旅遊證件號碼: _____ () 回鄉證號碼: _____
 HKID Card No./Passport No. _____ Home Return Permit No. _____

受聘公司名稱: _____ 職業及職位: _____
 Name of Employer _____ Occupation & Position _____

註：配偶選擇之保障計劃須與主受保人相同。如有其他受保人，請另附紙張並填上以上資料。
 Note: The plan selected by spouse must be the same chosen by the Principal Insured Person. If there are some other insured persons, please supply the above information on a separate sheet.

III. 保障選擇 Plan Selection

	計劃 Plan	年期 Year	保費 Premium (港幣 HK\$)	受益人 Beneficiary(ies)	關係 Relationship
投保人 Proposer	<input type="checkbox"/> 標準 Standard <input type="checkbox"/> 優選 Premier	<input type="checkbox"/> 一年 1 Year <input type="checkbox"/> 兩年 2-Year			-
配偶 Spouse	<input type="checkbox"/> 標準 Standard <input type="checkbox"/> 優選 Premier	<input type="checkbox"/> 一年 1 Year <input type="checkbox"/> 兩年 2-Year			-
其他 Others	<input type="checkbox"/> 標準 Standard <input type="checkbox"/> 優選 Premier	<input type="checkbox"/> 一年 1 Year <input type="checkbox"/> 兩年 2-Year			
			合共保費 Total Premium		

提議保單生效日期 Proposed Effective Date of Policy: _____
 日 D /月 M /年 Y

IV. 以往保險資料 請 Previous Insurance Details 請 please

1. 閣下曾否遭保險公司拒絕接受投保同類型保障計劃？ 否 No: 是 Yes:
Have you ever been refused by other insurance companies for similar insurance plan?
2. 閣下曾否在最近三年內向保險公司要求索償同類型保險？ 否 No: 是 Yes:
Have you ever submitted any claim to insurance company under similar policy in the past 3 years?

若答案‘是’，請在下列空白位置詳細說明。If your answer is “Yes”, please provide full details in the space below.

保費繳付及授權書

Premium Payment & Authorization

請√適用方格 Please tick the appropriate box

繳付保費(港元)

Premium Payable (HK\$): _____

本人選擇以下列方式繳交保費 I would like to pay my premium:

現金 by cash

支票 by cheque 支票收款人爲「上海商業銀行」Cheque payable to Shanghai Commercial Bank Limited

直接扣帳 Direct Debit

請由本人/本公司於上海商業銀行下述之帳戶扣除保險費 Please deduct the premium from my Shanghai Commercial Bank account as below

_____ 帳戶號碼 Account Number

_____ 簽署及公司蓋章(如有) Signature/Company Chop(if any)

信用卡 by credit card

本人授權寶豐保險(香港)有限公司從本人下述之信用卡賬戶支取此中國醫療保證卡之保費。I hereby authorize Pafoong Insurance Co. (HK) Ltd. to debit my credit card account below for the premium of the China Medical Car Insurance Plan.

持卡人姓名: _____ 持卡人香港身份證號碼: _____ 與投保人之關係: _____
Name of Cardholder Cardholder HKID Card No. Relationship with Proposer

信用卡號碼爲 Credit Card Number is _____ Visa MasterCard

信用卡有效期至 Card Expiry Date : _____ 月 M _____ 年 Y

持卡人簽署 Signature of Cardholder: _____ 日期 Date: _____

聲明 Declaration

本人/吾等現依據 寶豐保險(香港)有限公司〔簡稱「貴公司」〕之保險單內之條款投保該項保險。謹此聲明在本投保書內所填報的資料，均屬正確無誤，並同意以此投保書作為本人/吾等與貴公司訂立保險合約之根據。

本人/吾等聲明所有受保人身體健康、體格健全、現時絕無疾病、包括間歇性復發疾病。並無違背醫生勸告而出外旅遊，亦非為尋求醫藥治療為目的。本人聲明已獲得配偶授予全權，簽署此項投保申請。

本人/吾等同意對所有保障範圍以外之醫療費用或所有超出所保額之醫療費用，於收到通知書十四天內歸還給貴公司。如欠款未能於限期內付清，本人/吾等將被終止一切預繳服務，同時亦須將「中國醫療保證卡」歸還給貴公司，並對所有未付清之債務仍須負上責任。如遺失「中國醫療保證卡」，本人明白須於四十八小時內向貴公司報失及需繳付每張港幣 100 元作補領之費用。

本人/吾等明白此保險計劃必需貴公司接納此投保書及保費已繳付後才生效。

本人/吾等明白一切由貴公司所收集或持有的個人資料，不論以任何方式獲取，均可供貴公司或向在香港境內或境外任何人或機構披露作以下用途：(1)評核此項申請或提供有關服務，(2)辦理直接付款授權書或信用卡付款，(3) 提供貴公司及關連機構的推廣資料，(4)處理保險的索償或有關之分析。任何關於個人資料查閱或更改之要求，可向貴公司之個人資料私隱主任提出。

I/We hereby apply to Pafoong Insurance Company (Hong Kong) Limited. ("the Company") for insurance on the terms as set out in the Company's insurance policy. I/We warrant that the particulars and statements I/We supply in this Proposal are true and correct and further agree that this Proposal shall be the basis of the contract between me/us and the Company.

I/We declare that all proposed Insured Persons are in good health and free from any physical defect, illness or recurring illness and are not traveling contrary to medical advice or for the purpose of obtaining medical treatment. I declare that I have full authority from my spouse to sign this proposal application.

I/We hereby agree and undertake to settle any medical expenses that are not payable or not covered by this insurance or any amount in excess of the insurance limit within 14 days after receipt of the written notification from the Company. The credit facility will be suspended if I/We fail to pay the Company within the time limit. I/We have to return all the Card(s) to the Company and will remain liable to the Company for any outstanding payment in arrears. In the event of loss of the Card, I/We shall advise the Company within 48 hours and pay HK\$100 for each replacement Card.

I/We understand that this insurance will not be in force until the Company has approved this proposal application and has collected the premium.

I/ We understand that all the personal information collected or held by the Company, howsoever obtained, may be used by or disclosed to any individual or organization within or outside Hong Kong for the following purposes: (1) to assess and service this application, (2) to process the direct debit authorization or credit card payment, (3) to provide marketing material of the Company or its associated companies and (4) to conduct insurance claims or analysis. Requests for personal data access or correction may be addressed to Data Protection Officer of the Company.

投保人簽署 Signature of Proposer: _____ 日期 Date: _____

投保人注意事項/Important Notes to Proposer

1. 所有資料如可能影響此申請之接納與否或保單條款之釐定，閣下必須盡己所知作出披露。如對資料應否透露有疑問，請向本公司或閣下的保險中介查詢。閣下如未能據實呈報有關資料，此保單將可能無法提供閣下所需的保障，甚至可能會導致此保單無效。
2. 未經填妥之投保書會延誤閣下之申請。
3. 此單張僅屬簡概，所有保障細則、條款及不承保事項以保單所列之內容為準。
 1. Any facts known to you, which are likely to affect acceptance and terms and conditions of this application, must be disclosed. If you have doubts in disclosing some facts, please check with your insurance intermediary or us. Failure to disclose material information may nullify the cover you require and may even invalidate the policy.
 2. Incomplete Proposal Form will delay your application.
 3. This leaflet is descriptive only. The Coverage, Terms and Conditions and Exclusions are subject to the policy document.

只供內部使用 For Internal Use Only	經辦職員編號: WEB Handler	所屬行處: i-Banking 中心 Department	BL: Y/N	PEP: Y/N	NCCT: Y/N
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上海商業銀行中國醫療保證卡 - 全國通行

上海商業銀行特別為頻繁穿梭中港兩地的人士，推出上海商業銀行中國醫療保證卡計劃。一旦遇到意外或患病，只需在全國超過 160 間指定醫院，出示上商「上海商業銀行中國醫療保證卡」，便保證可即時入院治理，而且由寶豐保險直接支付醫療費用，以最高選擇的賠償額為上限，無需受保人付款。如入住其他醫院，寶豐保險亦會代付高達 HK\$40,000 的入院保證金。此保證卡同時可提供以下全面保障：

保障範圍	每宗傷病最高賠償額 (港幣/元)	
	標準計劃	優選計劃
1. 人身意外保障 <ul style="list-style-type: none"> 在內地因意外而導致死亡 在內地因意外而導致 12 個月內永久傷殘、喪失肢體或完全喪失視力 	300,000 300,000	500,000 500,000
2. 醫療保障 <ul style="list-style-type: none"> 在內地因患病或意外受傷所需醫療費用，包括門診及住院、病房費、手術費、醫生費用等 返回香港後 90 天內覆診費用 當受保人離開指定醫院時，由救護車接載從醫院往火車站、碼頭或機場之費用 	300,000 75,000 150	500,000 125,000 150
3. 個人責任保障 <ul style="list-style-type: none"> 受保人如在內地因意外導致他人身體損傷或財物損毀，而需要負上法律責任，本項目可代為賠償 	1,000,000	2,000,000
4. 24 小時緊急支援服務 如受保人在內地遇到意外而嚴重受傷或病重，即可獲得以下支援： <ul style="list-style-type: none"> 入院保證金 接載受傷者或病人至適當地點或返回香港醫治 如遇事身故，安排骨灰或遺體運返香港 如受保人在國內因嚴重受傷或病重而住院超過 7 天，可安排一名親友前往照料，保障包括來回交通及酒店住宿費用，而住宿費用最高賠償額為每天港幣 1,000 元 如受保人在國內死亡、嚴重受傷或病重，其 17 歲以下的同行子女可獲護送返港 緊急醫療藥物及醫療器材運送費用 緊急預留或預訂飛機、火車或船票服務 緊急現金匯款服務 醫療、傳譯員及律師轉介服務 	40,000 不設上限 不設上限 10,000 10,000 8,000	15,000 15,000 10,000 只提供支援服務 只提供支援服務 只提供轉介服務

備註:

1. 受保人年齡須界乎 18 至 70 歲。
2. 每次旅程最長之保障期為 100 日，旅程次數則不限。
3. 24 小時緊急支援服務，由國際救援（亞洲）公司提供。

SCB China Medical Card

The SCB China Medical Card is designed by Shanghai Commercial Bank to the clients with frequent travels to PRC. In the event of an accident and/or sickness, clients can visit one of the 160 listed hospitals and treatments are guaranteed after producing the Medical Card. The medical expenses shall be paid by Paofong Insurance Co. (HK) Ltd. directly. Subject to the Limit of Indemnity of each plan, client is not required to pay the medical expenses. If client visits a hospital not in the list, Paofong Insurance Co. (HK) Ltd. shall pay the deposit guarantee of HK\$40,000 to the hospital. The Card also provides the following benefits:

Coverage	Maximum Indemnity per Disability (HK\$)	
	Standard Plan	Premier Plan
1. Personal Accident <ul style="list-style-type: none"> Death caused by accident Total and permanent loss/loss of use or total paralysis of one or more limbs or total and permanent loss of sight in one or both eyes within 12 months from the date of the accident 	300,000 300,000	500,000 500,000
2. Medical Expenses <ul style="list-style-type: none"> Medical expenses incurred due to accident and/or sickness including in and out patient treatment, room & board, surgical and doctor's fee. Follow up treatment within 90 days after returning to HK (Inclusive of the Medical expenses) Ambulance transport from hospital to railway, ferry station or airport 	300,000 75,000 150	500,000 125,000 150
3. Personal Liability Legal liability against bodily injury and/or property damage to third party	1,000,000	2,000,000
4. Emergency Assistance In the event of the Insured Person having suffered from physical Injury or Sickness, call Paofong Emergency Assistance Hotline and the following assistances will be provided: <ul style="list-style-type: none"> Hospital Admission Guarantee Emergency Medical Evacuation and Repatriation After Treatment Expenses in transporting mortal remains to Hong Kong If the Insured Person sustains serious Sickness or Bodily Injury and is confined in a hospital for over 7 consecutive days, we will pay the cost of one companion round-trip economy class air ticket and reasonable accommodation expenses for the visit of a relative or friend. Maximum accommodation expenses per day is HK\$1,000 In the event of the Insured suffering death or serious physical Injury or Illness leaving his/her children under the age of 17 unattended, we will arrange the return of the child back to Hong Kong Dispatch of essential medicine/equipment Making reservation or booking of travel ticket while traveling outside Hong Kong Emergency Cash Remittance 24 hours Telephone Medical Advice, Interpreter and Legal Adviser referral 	40,000 Unlimited Unlimited 10,000 10,000 8,000	15,000 15,000 10,000 Free Referral Services Free Referral Services Free Referral Services

Remarks:

- Age limit is from 18 to 70.
- Maximum number of days per trip is 100 and unlimited trips.
- The 24-hour emergency service is provided by Inter Partner Assistance Hong Kong Limited.

保費 (港幣/元) Premium (HK\$)				
	標準計劃 Standard Plan		優選計劃 Premier Plan	
	一年期保單 Annual Premium	兩年期保單 Premium for Two Years	一年期保單 Annual Premium	兩年期保單 Premium for Two Years
文職人員 Clerical	488	780	699	1,118
其他 Non-clerical	588	940	888	1,420

主要不保事項：

因戰爭引發的意外，或啓程前已患之傷病、或因分娩、酗酒或濫用藥物導致的傷病、或有違醫生勸喻以及純粹以治療爲目的之行程，均不獲保障。

Major Exclusions:

The insurance does not cover accident caused by war, pre-existing illness, pregnancy, influence of drink or drugs, travel contrary to the advice of a medical practitioner or for the purpose of receiving medical or surgical treatment.

此簡介只供參考之用，有關此項保險計劃的詳細內容及細則，請參閱保單。

This summary is for reference only. The Coverage, Terms and Conditions and Exclusions are subject to the policy document.

承保公司：

寶豐保險(香港)有限公司
上海商業銀行附屬公司

Insurer:

Paofong Insurance Company (Hong Kong) Limited
A subsidiary of Shanghai Commercial Bank Ltd.