



滙業保險股份有限公司

Companhia de Seguros Delta Asia, S.A.

澳門荷蘭園正街 79 號

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Group Personal Accident Insurance Proposal Form

團體人身意外保險投保書

Insured 投保人: _____

Correspondence Address 通訊地址: _____

Office (辦公室)

Fax (傳真)

Mobile Phone (手提電話)

Telephone No. 電話: _____

Beneficiary Name 受益人姓名: _____

Relationship to Insured 與投保人之關係: _____

Period of Insurance 保險期限: from 由 _____ to 至 _____

No. of Persons 投保人數: _____ Aged 年齡: _____

Activity / Event 活動名稱: _____ Location 地點: _____

Benefits Required 利益選擇:

Limit of Indemnity for Accidental Death 意外身故保障額: \$ _____ / per person (每人)

Limit of Indemnity for Permanent Disablement 永久完全殘廢: \$ _____ / per person (每人)

Accidental Medical Expenses 意外醫藥費用: \$ _____ / per person (每人)

1. What life, accident insurance do you have now? 閣下現有何人壽及意外保險?

Company (公司名稱)

Amount (保額)

Date issued (投保日期)

2. Have you sustained any accidents during the past five years? If so, please give details.

閣下過去五年曾否意外受傷? 若然, 請詳述。

3. Are you in good health and free from physical impairment of deformity at present? If not, please give full details.

閣下目前是否身體健康, 生理健全? 否則, 請詳述。

4. The following activities are not covered by the policy: Football Hunting, Ice Hockey, Motor-cycling, Mountaineering, Polo Playing, Racing of any Kind, Speleology, Steeple chasing, winter sports, Yachting, Water-Ski Jumping, underwater activities involving the use of underwater breathing apparatus, on using woodworking machinery driven by mechanical power.

If you require cover in respect of any of these activities, please indicate exact requirements.

本保單不保以下活動: 足球、狩獵、雪地曲棍球、電單車、爬山、馬球、賽跑、穴居、障礙賽馬、冬季運動、風帆、滑水、跳傘、有呼吸輔助之潛水或機械鋸木之工作。

若閣下欲從事此等活動, 請特別指出承保項目。

5. Do you intent to travel outside Macau? If so, state what countries you will be visiting, for what purpose and for how long?

閣下是否要離澳? 欲往何地? 此行目的及行程?

We understand and agree that no insurance will be effected until the policy is issued and the premium paid.

本司(會)明白並同意, 待保單簽發及繳交保費後方始生效。

Date 日期

Signature of Proposer 投保人簽署

(12/2014/DAI)