



Falcon Insurance Company (Hong Kong) Limited
富勤保險(香港)有限公司

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**WinBloom
Plus**

WinBloom Plus Medical Plan 富康寶醫療計劃

WinBloom Plus is well designed with the following features 富康寶之特點:

3 different levels of hospitalization cover in order to suit your needs: Private Room, Semi-Private Room and Ward
提供三種住院計劃以配合你的需要：私家病房，半私家病房及普通病房

Free choice of hospitals and doctors
自由選擇醫院及醫生



Lifelong cover up to age 100 - Maximum entry age is 64 (Applicable to basic Hospitalization and Surgical benefits only)
終身受保至100歲 - 初次投保年齡上限為64歲 (只適用於基本住院及手術保障)

Full Refund for Hospital Special Services Fee
醫院雜項全數賠償

Guarantee renewable
保證續保

Companion Bed for Child
兒童住院陪床費用保障

5% Family Cover Discount on the first year total premium
投保人與配偶及/或子女同時投保可享有首年總保費5%折扣優惠



Separate coverage for Cancer Treatment and Renal Dialysis
獨立癌症治療及腎透析治療保障

No Claim Renewal Discount
無索償之續保保費折扣

Optional Supplementary Major Medical Benefit
自選附加醫療保障



Special coverage for Medical Appliances
特設醫療裝置費用保障

Hospital Cash for General Ward of Public Hospitals
政府醫院大房現金津貼

Easy to enrol; no medical examination required
投保手續簡單無需驗身

Cooling-off period of 7 days
保單特設7天冷靜期

Schedule of Benefits 保障範圍

A. HOSPITALIZATION & SURGICAL BENEFITS 住院及手術保障	WinBloom Plus		
	Plan 1	Plan 2	Plan 3
Room Class 病房級別	Private 私家病房 HK\$	Semi-Private 半私家病房 HK\$	Ward 普通病房 HK\$
Annual Overall Limit Per Policy Year 每年最高賠償額	600,000	350,000	150,000
1. Room Benefit (Per day limit) 病房費 (每日限額) Max. no. of days per confinement 每次住院最高可達日數	2,500 180	1,300 180	700 180
2. Meal Allowance (Per day limit) 膳食費 (每日限額) Max. no. of days per confinement 每次住院最高可達日數	300 180	250 180	200 180
3. In-Hospital Doctor Visits (Per day limit) 醫生巡房費 (每日限額) Max. no. of days per confinement 每次住院最高可達日數	2,500 180	1,300 180	700 180
4. Intensive Care Unit (Per day limit) 深切治療室費 (每日限額) Max. no. of days per confinement 每次住院最高可達日數	4,000 10	2,500 10	1,500 10
5. Hospital Special Services 住院雜費 Per confinement limit 每次住院最高限額	Full Refund 全數賠償		
6. Surgical Benefit 手術費 Per confinement limit 每次住院最高限額	80,000	55,000	40,000
	Subject to Surgical Schedule of Fees 以手術費用表為限		
7. Anaesthetist Fee 麻醉師費 Per confinement limit 每次住院最高限額	Subject to 30% of Surgical Benefit Actually Paid 以實際賠償手術費之30%為限		
8. Operation Theatre Fee 手術室費 Per confinement limit 每次住院最高限額	Subject to 30% of Surgical Benefit Actually Paid 以實際賠償手術費之30%為限		
9. In-Hospital Specialist Consultation 住院專科醫生費 Per confinement limit 每次住院最高限額	20,000	15,000	10,000
10. Cancer Treatment and Renal Dialysis 癌症治療及腎透析治療費 Per policy year limit 每保單年度最高限額 (chemotherapy/radiotherapy/targeted therapy for cancer/renal dialysis performed in an in-patient or out-patient setting)於醫院或診所內進行之化療/電療/標靶治療/腎透析治療	100,000	70,000	50,000
11. Out-Patient Surgical Benefit 門診手術費 Per policy year limit 每保單年度最高限額	20,000	15,000	10,000
12. Medical Appliances 醫療裝置費 Per policy year limit 每保單年度最高限額 Only applicable to the following medical appliances which are medically necessary to be implanted during surgery or to be used for replacement procedures: 只適用於下列因醫療必需而於手術期間植入或於置換手術中所用之裝置： (a) Pacemaker 起搏器 (b) Stents for Percutaneous Transluminal Coronary Angioplasty 經皮冠狀動脈腔內成形術之支架 (c) Fixed monofocal intraocular lens for cataract surgery 白內障手術所用之單焦距眼內人造晶體 (d) Artificial joint 人造關節 (e) Artificial cardiac valve 人造心瓣 (f) Artificial intervertebral disc 人造椎間盤	45,000	30,000	15,000
13. Pre / Post-Hospitalization Treatment 入院前或出院後之門診治療費 Per policy year limit 每保單年度最高限額 (For out-patient treatment including one pre-admission consultation and all follow-up treatment within 90 days after discharge from Hospital) (包括1次入院前及出院後90天之門診治療費)	3,000	2,000	1,000
14. Private Nursing / Nursing Aide (Per day limit) 私家看護/醫護助理費 (每日限額) Max. no. of days per policy year 每保單年度最高可達日數	800 10	500 10	300 10
15. Companion Bed for Child (Per day limit) 兒童住院陪床費 (每日限額) Max. no. of days per policy year 每保單年度最高可達日數 (Only applicable to child aged 16 or below) (只適用於16歲或以下之兒童)	400 10	250 10	150 10
16. Hospital Cash (Per day limit) 住院現金保障 (每日限額) Max. no. of days per policy year 每保單年度最高可達日數 (Only applicable to confinement in general ward of HA's hospitals and in lieu of all other hospitalization benefits) (只限入住院管理局轄下醫院之大房及用以代替其他住院福利)	800 20	400 20	150 20
17. Additional Benefits for Accident 附加意外醫療保障 Per policy year limit 每保單年度最高限額	18,000	12,000	5,000

Schedule of Benefits 保障範圍 (Optional Benefit) (自選項目)

B. SUPPLEMENTARY MAJOR MEDICAL BENEFIT			
附加醫療保障	Plan 1	Plan 2	Plan 3
Room Class 病房級別	Private 私家病房	Semi-Private 半私家病房	Ward 普通病房
	HK\$	HK\$	HK\$
Per policy year limit 每保單年度最高限額	200,000	100,000	50,000
Deductible per claim 每次索償之自負額	1,000	1,000	1,000
Reimbursement % 賠償比率	80%	80%	80%
<p>(a) Apply after any items of 1 - 10 under Hospitalization & Surgical Benefits are exhausted. 必須於住院及手術保障項目1-10任何一項耗盡時才適用。</p> <p>(b) If the hospital confinement is at a room class higher than that specified under the selected Plan, the reimbursement percentage will be changed to: 若所住病房級別高於投保時所選擇之級別，賠償比率會調整如下：</p>			
<u>Change of Room Class 病房級別改變</u>		<u>Reimbursement % 賠償比率</u>	
From Ward to Semi-Private 由普通病房轉至半私家病房:		50%	
From Ward to Private 由普通病房轉至私家病房:		25%	
From Semi-Private to Private 由半私家病房轉至私家病房:		50%	
Notes:			
(1) This benefit will not be payable for hospital confinement in room class higher than standard Private Room. 此保障不包括入住標準私家病房級別以上之住院索償。			
(2) In case of hospitalization outside Hong Kong, only medical Emergency Case will be covered. 如需於香港以外地方入院，此保障只限於緊急之住院治療。			
(3) This benefit is not available to Insured Persons aged 65 and above. 此保障不適用於年齡已屆65歲或以上之投保人。			

Free Overseas Emergency Assistance Benefits* 免費全球緊急支援服務 24 hours worldwide coverage 24小時全球保障

- ◆ Medical Advice and Referral Services
- ◆ Medical Evacuation
- ◆ Repatriation to Hong Kong after treatment
- ◆ Repatriation of Mortal Remains / Ashes
- ◆ Compassionate Visit
- ◆ Return of Unattended Dependent Child to Hong Kong
- ◆ Deposit Guarantee of Hospital Admission
- ◆ Hotel Accommodation for Convalescence
- ◆ Unexpected Return to Hong Kong
- ◆ Emergency Rerouting Arrangement
- ◆ Information for replacement of Lost Personal Identification Documents
- ◆ Travel Information, Luggage Retrieval, Legal Assistance
- ◆ 醫療服務諮詢及轉介
- ◆ 醫療轉送
- ◆ 治療後接載返香港
- ◆ 運送遺體或骨灰
- ◆ 親屬探訪病人
- ◆ 子女護送返香港
- ◆ 提供入院保證金
- ◆ 酒店住宿予康復者
- ◆ 緊急折返香港
- ◆ 更改行程之緊急安排
- ◆ 提供遺失個人身份證明文件之補領資料
- ◆ 旅遊資訊 行李追蹤 法律支援

* Provided directly by Inter Partner Assistance Hong Kong Limited
直接由國際救援(亞洲)公司提供

FAQs 常見問題

1. Who is eligible to join the WinBloom Plus Medical Plan 富康寶之投保資格?
Any Hong Kong resident aged 18 to 64 with HKID card, his legal spouse and unmarried children aged 15 days to 17 years or 23 years (if full-time student).
凡年齡為18至64歲持有香港身份證之香港居民，其合法配偶及年齡為15日至17歲或23歲(如屬全日制學生)之未婚子女。
2. What is the premium payment method 如何繳付保費?
Premium can be paid annually or semi-annually by cash, cheque or credit card.
保費可按年繳或半年繳方式以現金，支票或信用卡支付。
3. Does the plan guarantee renewable 本計劃是否保證續保?
Yes. The plan guarantees renewable on annual basis. Renewal notice will be sent to policyholder about one month before policy anniversary.
是。本計劃保證每年續保。而續保通知書會於保單週年日前約一個月寄予保單持有人。
4. Is there any waiting period 設有等候期嗎?
Yes. The waiting period is 30 days calculated from the 1st date of coverage of an insured person.
有。本計劃設有30天等候期，而等候期由投保人保障生效首天起計算。
5. What is a “Confinement 本計劃的“住院”定義是什麼?
It means an insured person’s admission in a hospital for a minimum of 6 consecutive hours except that no minimum period of confinement is required for surgical operation or accidental emergency treatment. Each confinement is considered as a new claim.
“住院”是指投保人住院最少連續六小時，但因手術或緊急意外事故之住院除外。而每次住院均被視作一次全新的索償。
6. What is “No Claim Renewal Discount” “無索償之續保保費折扣”是什麼?
If an insured person who has no claim records within a specified period of time, he can enjoy a discount on renewal premium which is calculated according to the insured person’s attained age at each renewal.
若投保人在指定期間沒有任何索償紀錄，可在續保時享有保費折扣優惠。續保保費乃根據續保時投保人之已屆年齡所定。

<u>No-Claim-Record Policy Year</u>	<u>Renewal Discount</u>	<u>無索償保單年度</u>	<u>續保折扣</u>
2-3 consecutive years	5%	連續2至3年	5%
4 or more consecutive years	10%	連續4年或以上	10%

Major Exclusions 主要不受保項目

- ◆ Pre-existing conditions; treatment of any illness during the waiting period of 30 days
- ◆ Hospitalization primarily for diagnostic scanning purposes, X-ray examination or physical therapy
- ◆ Routine medical examinations; treatment in rehabilitation institution, sanatorium or home for the aged
- ◆ Birth defects and congenital illnesses; treatment relating to pregnancy
- ◆ Correction of eye refraction; abuses of alcohol and drug addiction
- ◆ Prostheses, crutches, wheelchairs, hearing aids, CPAP machine, or guest meals, etc.
- ◆ Treatment of mental, behavioural, emotional, psychological, psychiatric, or developmental disorders
- ◆ Cosmetic or plastic surgery for beautification purposes
- ◆ Sexually transmitted diseases or their sequel; AIDS and ARCS
- ◆ Racing (except foot-racing); professional sports and hazardous sports
- ◆ Treatment resulting from war, terrorism, criminal act; suicide or self-infliction.
- ◆ 所有在受保前已存在之傷病；於30日等候期內發生之疾病
- ◆ 純粹為進行診斷掃描、X光檢查或物理治療而住院
- ◆ 例行健康檢查；康復機構、療養院及老人院之治理服務費用
- ◆ 先天性疾病或缺陷；懷孕及有關之治療
- ◆ 近視、遠視等視力問題之矯正治療；酗酒或濫用藥物
- ◆ 假體、柺杖、輪椅、助聽器、呼吸正壓機或客人膳食等
- ◆ 成長障礙及關於精神、心理、情緒或行為異常之病症
- ◆ 任何美容或外科整形手術
- ◆ 性病及其他後遺症；後天免疫力缺乏綜合症及其相關之複雜症候群
- ◆ 競賽(賽跑除外)；職業運動或危險性運動
- ◆ 因戰爭、恐怖活動、非法活動而引致之傷病；自殺或自殘傷害



About Falcon Insurance 富勤保險簡介

Falcon Insurance Company (Hong Kong) has been writing medical business in Hong Kong for over 20 years, providing coverage for both individual and corporate clients. We strive to settle all hospital claims within 10 working days.

Falcon Insurance Company (Hong Kong) Limited is a wholly owned subsidiary of Fairfax Financial Holdings Limited, a financial services holding company with its corporate headquarters in Toronto, Canada. Fairfax is listed on the Toronto stock exchange under stock symbol "FFH". Its assets exceed US\$27 billion (HK\$210 billion). Fairfax employs about 10,000 people worldwide, and has operations in North America, Europe and Asia. Through its subsidiaries, Fairfax is engaged in Property & Casualty insurance and reinsurance and investment management.

Through acquisitions and organic growth, Falcon Insurance Company (Hong Kong) Limited now ranks amongst the territory's major general insurance companies. Falcon is led and staffed by a highly qualified and experienced team, which understands the needs of the local market, and is able to make decisions locally to meet those needs. All solutions are backed by dedicated service standards, a fair and fast approach to claims settlement.

Falcon is rated A- by Standard & Poor's.

富勤保險(香港)有限公司從事醫療保險逾20年，為個人及公司客戶提供醫療保障。所有住院賠償申請一般會於10個工作天內支付。

富勤保險(香港)有限公司是Fairfax Financial Holdings Limited 之全資附屬機構。Fairfax 集團總辦事處位於加拿大多倫多，並於多倫多證券交易所，以股票代號FFH上市。集團資產總值逾2,100億港元，全球僱員超過10,000人，營運遍達北美洲、歐洲及亞洲。集團透過其附屬機構，從事財物保險、意外保險、分保及投資管理等業務。

透過收購及內部增長，富勤保險(香港)有限公司已成為香港主要一般保險公司之一。其經驗豐富之專業團隊，非常瞭解香港市場之需要。富勤保險一向以公正的態度、快捷的處理手法面對承保事宜。

富勤保險並已獲得標準普爾高度評級為 A-

Producer name and address:
代理或經紀名稱及地址:

Address 地址 : 6/F DCH Commercial Centre,
No. 25 Westlands Road, Quarry Bay, Hong Kong
香港鰂魚涌華蘭路二十五號大昌商業中心六樓
Tel 電話 : (852) 2232-2777
Fax 傳真 : (852) 2232-2799
Website 網址 : <http://www.falconinsurance.com.hk>

Note 註:

The contents of this brochure are for reference only. Please refer to the Policy for full details of the terms and conditions and exclusions. In the event of any discrepancy in respect of the meaning between the Chinese and English version, the English version shall prevail.
此小冊子內容只供參考之用。有關條款細則及不受保項目之詳情，請參閱保單。中、英文之意思如有差異，以英文為準。



FALCON

Falcon Insurance Company (Hong Kong) Limited

富勤保險(香港)有限公司

WinBloom Plus Medical Plan Application Form 富康寶醫療計劃投保書

Part I - Personal Details 個人資料 (Please complete this form in Block Letters 請以英文正楷填寫此投保書)

1. Applicant's Name: 申請人姓名: Family Name 姓 _____ First Name 名 _____			2. Occupation 職業		
3. Correspondence Address 通訊地址			4. Place of Residence 居住地		
5. Telephone Number 電話號碼 Office 辦公室: _____ Home 住宅: _____ Mobile/Pager 流動電話/傳呼機: _____		6. Fax Number 傳真機號碼		7. E-mail Address 電郵地址	

8. Details of Person(s) to be insured: 投保人資料:

Name 姓名	Sex 性別	Date of Birth 出生日期 DD 日 / MM 月 / YY 年	HKID Card No. 香港身份證號碼	Nationality 國籍	Height/Weight 身高/體重
Applicant 申請人		/ /			/
Spouse 配偶		/ /			/
Children 子女*		/ /			/
		/ /			/
		/ /			/

* Unmarried children aged 15 days to 17 years or 23 years (if full-time student) 未婚子女年齡為15日至17歲或23歲(如屬全日制學生)

Part II - Plan Details 保障計劃

1. Plan Chosen 選擇計劃:- Plan 1 計劃一 Plan 2 計劃二 Plan 3 計劃三

2. Benefits Chosen 選擇保障:- Hospitalization Only 住院保障 Hospitalization & Supplementary Major Medical (SMM) 住院及附加醫療保障

3. Proposed Effective Date 建議保單生效日期:- _____ / _____ / _____ (subject to final approval by Insurer 最終由保險公司決定)
Date 日 Month 月 Year 年

4. Premium Payment Mode 保費繳付形式:- Annual 每年繳付 Semi-annual 半年繳付

5. Premium Due (HK\$) 應付保費:-

	Hospitalization 住院保障	Supplementary Major Medical (Optional) 附加醫療保障 (自選)	No. of Persons 人數	Sub-total 小計
Applicant 申請人	_____ +	_____		= _____
Spouse 配偶	_____ +	_____		= _____
Children 子女	_____ +	_____ x (_____)		= _____
	_____ +	_____ x (_____)		= _____
Annual Premium 全年保費 =				_____

For Semi-annual Premium Mode 半年繳付保費為:

Annual Premium 全年繳保費 x 0.52 =

***Less 5% First Year Family Discount (if any) 扣除首年家庭投保優惠 5% (如適用) =**

* Only when applicant joins the plan with the spouse and/or child(ren) at the same time 只限申請人與配偶及/或子女同時投保

6. Payment Method 繳費方法

Total Premium Due 總保費

I wish to pay my premium HK\$ _____ by _____
本人選擇以下方式繳交保費港幣 _____ 元正

Cash 現金 Cheque payable to "Falcon Insurance Company (Hong Kong) Limited" 支票抬頭為"富勤保險(香港)有限公司" Cheque No. 支票號碼 _____

VISA 卡 Master Card 萬事達卡

Credit Card Number: _____ - _____ - _____ - _____ Credit Card Expiry Date: _____ / _____
信用卡號碼 信用卡有效期至 _____ Month 月 Year 年

I hereby authorize Falcon Insurance Company (Hong Kong) Limited to charge the relevant premium to my credit card account for this insurance policy.

本人授權富勤保險(香港)有限公司從本人上述的信用卡賬戶支付有關保單的保費

Cardholder's Signature 持卡人簽署: _____ Date 日期: _____

Cardholder's Name as shown on Card (in Block Letter): _____ Card Issuing Organization: _____
持卡人姓名 (請以英文正楷填寫) 發卡機構

Part III - Comprehensive Health Declaration 病歷聲明

1. Do you have any physical defect or any sign of slow physical or mental development? Yes 是 No 否

閣下是否有缺陷或有生理或心智發展遲緩之跡象？

2. Have you ever been diagnosed and/or treated for any of the following disorders or diseases? Yes 是 No 否

閣下曾否經診斷患有下列任何一種病症，或曾經/正在接受診治或藥物治療？

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Hypertension
高血壓 | <input type="checkbox"/> Spinal or musculoskeletal diseases
脊柱或肌肉骨骼疾病 | <input type="checkbox"/> Haemorrhoid
痔瘡 | <input type="checkbox"/> Mental or psychiatric disorders
精神病 |
| <input type="checkbox"/> Hyperlipidaemia
高血脂 | <input type="checkbox"/> Arthritis
關節炎 | <input type="checkbox"/> Hernia
小腸氣 | <input type="checkbox"/> Stones (any kinds)
任何類型結石 |
| <input type="checkbox"/> Hypercholesterolaemia
高膽固醇 | <input type="checkbox"/> Gout
痛風 | <input type="checkbox"/> Anal fistula
肛瘻 | <input type="checkbox"/> Ulcer (any kinds)
任何類型潰瘍 |
| <input type="checkbox"/> Rheumatic fever
風濕熱 | <input type="checkbox"/> Hallux valgus
拇趾外翻 | <input type="checkbox"/> Hepatitis B
乙型肝炎 | <input type="checkbox"/> Asthma
哮喘 |
| <input type="checkbox"/> Other cardiovascular or circulatory disorders
其他心臟血管或循環系統疾病 | <input type="checkbox"/> Gynaecological disorders
婦科病 | <input type="checkbox"/> Kidney diseases
腎病 | <input type="checkbox"/> Other respiratory diseases
其他呼吸疾病 |
| <input type="checkbox"/> AIDS
愛滋病 | <input type="checkbox"/> Medical conditions associated with pregnancy
與懷孕有關之疾病 | <input type="checkbox"/> Diabetes Mellitus
糖尿病 | <input type="checkbox"/> Drug abuse
藥物濫用 |
| <input type="checkbox"/> Sexually transmitted diseases
性傳播疾病 | <input type="checkbox"/> Cancer or tumour (any kinds)
任何類型癌症或腫瘤 | <input type="checkbox"/> Thyroid disorders
甲狀腺疾病 | <input type="checkbox"/> Epilepsy
癲癇 |
| | | <input type="checkbox"/> Others 其他 | |

3. Within the past 5 years, have you:-

在過去五年內，閣下是否：-

a. experienced any of the following symptoms in a repeated/persistent way? Yes 是 No 否

曾反覆/持續出現以下病徵？

Chest pain or discomfort, palpitation, shortness of breath, blood spitting, hoarseness or cough, fever, headache, dizziness, night sweating, loss of consciousness, seizure, indigestion, vomiting, abdominal pain, diarrhea, jaundice, blood in the stool or urine, abnormal vaginal bleeding, dysuria, incontinence, allergy, back and/or leg pain, or joint pain/swelling, etc.

胸痛或胸部不適、心悸、氣促、血痰(吐血)、聲音沙啞或咳嗽、發熱、頭痛、頭暈、夜間出汗、失去知覺、抽搐、消化不良、嘔吐、腹痛、肚瀉、黃疸、血尿或血便、異常陰道出血、排尿困難、失禁、敏感、腰痛或關節痛/腫脹等。

b. received any hospitalization treatment, operation or physiotherapy treatment? Yes 是 No 否

曾接受任何入院治療、手術或物理治療？

c. had any medical investigations, examinations or check up? Yes 是 No 否

曾接受任何醫療檢查或身體檢查？

d. had any sudden body weight change in the past 12 months? Yes 是 No 否

在過去12個月曾有突然體重變化？ +/- lb/kg

增/減 _____ 磅/公斤

4. Are you currently taking/has taken any regular medications? If "Yes", please state the name of the drug: Yes 是 No 否

閣下是否現正或過去曾經定期服用藥物？如“是”，請註明藥物名稱： _____

5. Are you a Hepatitis B or C carrier? Yes 是 No 否

閣下是否乙型或丙型肝炎帶菌者？

6. Are you drinking? Yes 是 No 否

閣下是否飲用酒精飲料？ ml(s) per week

每週 _____ 毫升

7. Are you smoker? Yes 是 No 否

閣下是否吸煙者？ piece(s)/pack(s) per day

每日 _____ 支 / 包

8. Have you ever had a policy or application for life, accident, critical illness or medical insurance declined or withdrawn or had any special terms (including extra premium or exclusions) imposed? Yes 是 No 否

閣下之醫療，意外，危疾或人壽保單或申請表曾否被拒絕或不獲續保或被加上特別條款(如額外保費或不受保項目)？

9. Have you ever been covered by medical insurance? If "Yes", please state: Yes 是 No 否

閣下曾否參加任何類型之醫療保險計劃？如“是”，請註明：

Name of insurance company _____ and policy no. _____
保險公司名稱 _____ 及保單編號 _____

If the answer to any one of the above question 1 to 5 is "Yes", please give full details: 若在以上問題1至5之中有任何一題之答案為“是”，請提供詳情：

Question no. 問題	Person to be insured 投保人	Diagnosis 病症	Treatment/Operation date and details 治療/手術日期及詳情	Name and address of the attending physician 主診醫生姓名及地址

Please provide the details in a separate sheet, if necessary, with your signature 如有需要請將詳情列於附加紙張上並簽署

Part IV - Details of Family Doctor 家庭醫生資料

	Name of Clinic and Doctor 診所名稱及醫生姓名	Address 地址	Telephone Number 電話號碼
Application 申請人			
Spouse 配偶			
Children 子女			

Part V - Declaration 聲明

1) I understand and agree that: (i) Insurance will be effective on the date specified by Falcon Insurance Company (Hong Kong) Limited after approval of the Application; (ii) any misrepresentation or omission may nullify coverage for the Insured Person(s). 本人清楚明白及同意：(i) 此保險計劃經由富勤保險(香港)有限公司核對及批准方予生效，而生效日期乃由保險公司決定；(ii) 如有任何資料錯誤遲報或不詳盡，可能導致喪失投保人之保障。

2) Declaration 聲明

I hereby apply to be enrolled in the medical plan together with the person(s) to be insured listed above. I hereby declare to the best of my knowledge and belief that the information given in this Application is true and complete. It is agreed that this declaration and information given in this Application shall form the basis of the contract(s) between the Insured Person(s) and Falcon Insurance Company (Hong Kong) Limited. 本人聯同本投保書所填報之投保人決定申請參與本醫療保險計劃。本人謹以最高誠信聲明本投保書所列之全部資料皆為真實及完整。本聲明及本投保書內所有資料均已被吾等同意其將會構成吾等與富勤保險(香港)有限公司之間所訂立合約之根據。

3) Personal Information Collection Statement 收集個人資料聲明

The information you provide to Falcon Insurance Company (Hong Kong) Ltd. is collected to enable the company to carry on insurance business and may be used for the purpose of (i) any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service; (ii) any claim or investigation or analysis of such claim; and (iii) exercising any right of subrogation. The information may be transferred to (i) any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes; (ii) any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and (iii) any members of the "Federation" by the "Federation" for any of the above or related purposes. Moreover, Falcon Insurance Company (Hong Kong) Ltd. is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right to obtain access to and to request correction of any personal information concerning yourself held by Falcon Insurance Company (Hong Kong) Ltd. Requests for such access can be made to our Data Protection Officer (6/F., DCH Commercial Centre, No. 25 Westlands Road, Quarry Bay, Hong Kong. Tel: 2232 2777 Fax: 2232 2799). 閣下提供的資料，為富勤保險(香港)有限公司提供保險業務所需，並可能使用於下列目的：(i) 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；(ii) 任何索償，或該等索償的調查或分析；(iii) 行使任何代位權。該等資料可能移轉予：(i) 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；(ii) 現存或不時成立的任何保險公司協會或聯會或類同組織〔「聯會」〕，以達到任何上述或有關目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；及(iii) 或透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的。此外，在此授權富勤保險(香港)有限公司由「聯會」從保險業內收集的資料中查閱及/或核對閣下任何資料。閣下有權查閱及要求更正由富勤保險(香港)有限公司持有有關閣下的個人資料，如有需要，可向本公司資料保護主任(香港鰂魚涌華蘭路二十五號大昌商業中心六樓 電話：2232 2777 傳真：2232 2799) 提出。

4) Consent 同意書

In accordance with the provisions of the Personal Data (Privacy) Ordinance of Hong Kong, I/and on behalf of all persons to be insured* consent, by signing below, that the personal information of me/all persons to be insured* provided by me/us* and held by Falcon Insurance Company (Hong Kong) Ltd. (whether contained herein or otherwise obtained) may be held, used, disclosed, released and transferred by Falcon Insurance Company (Hong Kong) Ltd. to the parties and for the purposes mentioned in the "Personal Information Collection Statement". 根據香港個人資料(私隱)條例，就簽署此投保書，本人同意/謹代表欲投保人仕同意* 富勤保險(香港)有限公司可持有或使用任何有關本人/欲投保人仕* 之個人資料(不論是否從此投保書或其他途徑所得)，或將該等資料透露、發放或轉交予「收集個人資料聲明」內提及之組織、機構或人仕作為有關之用途。

5) Authorization 授權

a) I hereby authorize/and on behalf of all persons to be insured hereby authorize* (i) any doctor, hospital, clinic, or insurance company, government office or any organization or persons who has any records/knowledge/information of me/all persons to be insured* (whether medical or otherwise) to disclose, release or transfer to Falcon Insurance Company (Hong Kong) Ltd. or its representative such record, knowledge or information pertinent to this Application and any claim arising therefrom; (ii) Falcon Insurance Company (Hong Kong) Ltd. or any of its appointed medical/para-medical examiners or laboratories to perform necessary medical assessment and tests to evaluate the health status of me/all persons to be insured *in relation to (i) above. 本人謹此授權/謹此代表欲投保人仕授權* (i) 任何擁有本人/欲投保人仕* 的醫療記錄或資料之醫生、醫院、診所、保險公司、政府部門或其他機構及人仕，向富勤保險(香港)有限公司或其代表透露及提供關於本人/欲投保人仕* 之記錄或資料；(ii) 富勤保險(香港)有限公司或其指定之醫護檢查人員或化驗所對本人/欲投保人仕* 進行與(i)有關之身體檢查及化驗。

b) This authorization shall bind the successors and assignees of me/all persons to be insured* and remains valid notwithstanding death or incapacity. A photostatic copy of this authorization shall be as valid as the original. 此授權對本人/欲投保人仕* 之繼承人及受讓人均有約束力，即使在本人/欲投保人仕* 身故或喪失行為能力後仍然有效。此授權書之副本，與正本同樣有效。

Signature of Applicant 申請人簽名
(on behalf of all Persons to be insured)
(謹代表所有投保人)

Date 日期

Signature of Broker / Agent with
company chop
代理人簽名 附公司印鑑
(If applicable如適用)

Date 日期

*delete where appropriate. 請將不適用者刪除

Note註: Please refer to the Policy for full details of the terms and conditions and exclusions. In the event of any discrepancy in respect of the meaning between the Chinese and English version, the English version shall prevail. 有關條款細則及不受保項目之詳情，請參閱保單。中、英文之意思如有差異，以英文為準。

For Office use only 本公司專用		
Policy No.:	Effective Date:	Source Code:
Approved by:	Approval Date:	
Remark:		

The Insurer: FALCON INSURANCE COMPANY (HONG KONG) LIMITED
EMPLOYEE BENEFITS DIVISION
6/F, DCH COMMERCIAL CENTRE, NO. 25 WESTLANDS ROAD,
QUARRY BAY, HONG KONG TELEPHONE: 2232 2777 FAX: 2232 2799

承保公司: 富勤保險(香港)有限公司
僱員福利部
香港鰂魚涌華蘭路二十五號大昌商業中心六樓
電話: 2232 2777 傳真: 2232 2799

(01102010)