MACAU INSURANCE COMPANY
澳門保險
CSM COMPANHIA DE SEGUROS DE MACAU S.A.

Medical Insurance 醫療保險

(Campaign Code BCMMD18006)

申請書 APPLICATION FORM

本公司留用 INTERNAL USE ONLY				
CIF of Policyholder	Sales Unit	Staff I.D.	Handled by:	Checked by:
CIF of Payer (if different)		Remarks		

申請人（保單持有人及受保人）APPLICANT (POLICYHOLDER & INSURED)

姓名 Name			性別 Gender ☐ 男 M ☐ 女 F
出生日期 Date of Birth		出生地 Place of Birth	
國籍 Nationality		證件類別及號碼 ID Type and No.	（須附上影印本 Please attach copy）
常居地址 Permanent Address			手提電話 Mobile No.
職業 Occupation	行業 Type of Business	職位 Position	
吸煙習慣 Smoking Habit	☐ 非吸煙者 Non-Smoker ☐ 吸煙者 Smoker		

配偶（受保人）SPOUSE (INSURED)

姓名 Name			性別 Gender ☐ 男 M ☐ 女 F
出生日期 Date of Birth		出生地 Place of Birth	
國籍 Nationality		證件類別及號碼 ID Type and No.	（須附上影印本 Please attach copy）
職業 Occupation	行業 Type of Business	職位 Position	手提電話 Mobile No.
吸煙習慣 Smoking Habit	☐ 非吸煙者 Non-Smoker ☐ 吸煙者 Smoker		

子女（受保人）CHILD (INSURED)

姓名 Name	性別 Gender	出生日期 Date of Birth	出生地 Place of Birth	國籍 Nationality	證件類別及號碼(須附上影印本) ID Type and No. (Please attach copy)

計劃選擇及保費 PLAN SELECTION AND PREMIUM

保障選擇 Plan Selection	☐ 附加醫療保險 Top-up Medical Insurance	☐ 康護保醫療保障計劃 MediGuard Protection Plan	☐ 澳安心危疾保障計劃 Macau Insurance Critical Illness Protection Plan
計劃級別 Plan Level	計劃 Plan _____ 房間級別 Room Type _____	計劃 Plan _____	計劃 Plan _____
投保額/全年限額 Sum Insured/Annual Limit	全年限額 Annual Limit _____	不適用 N/A	投保額 Sum Insured _____
保單貨幣 Currency	☐ 澳門幣 MOP ☐ 港幣 HKD	澳門幣 MOP	澳門幣 MOP
應付年保費 Payable Annual Premium	申請人 Applicant _____	申請人 Applicant _____	申請人 Applicant _____
	配偶 Spouse _____	配偶 Spouse _____	配偶 Spouse _____
	子女 Child _____	子女 Child _____	子女 Child _____

受益人 BENEFICIARY

☐ 合法繼承人 Legal Heirs

申請人簡簽 APPLICANT'S INITIAL

澳門商業銀行信用卡「免費購物」積分付款及信用卡「免息分期付款計劃」
BCM CREDIT CARD BONUS POINT "FREE SHOPPING" PAYMENT AND CREDIT CARD"INTEREST FREE INSTALLMENT PROGRAM"

I. 信用卡持有人資料 Cardholder Information

卡戶姓名
Cardholder's Name

信用卡號碼
Credit Card No. |___|___|___|___|-|___|___|___|___|-|___|___|___|___|-|___|___|___|___|

信用卡到期日
Credit Card Expiry Date |___|___| 月 MM |___|___| 年 YY

II. 免費購物及分期付款批核資料 Free Shopping and Installment Approval Information

商品名稱 Product Name
☐ 附加醫療保險 Top-up Medical Insurance
☐ 康護保醫療保障計劃 MediGuard Protection Plan
☐ 澳安心危疾保障計劃 Macau Insurance Critical Illness Protection Plan

☐ **「免費購物」積分禮品換領申請 "Free Shopping" Bonus Point Gift Redemption**

商戶名稱 Merchant Name: **澳門保險股份有限公司 Macau Insurance Company Limited**
商戶號碼 Merchant Identity No.: **123000000**
所需總積分 Total Bonus Points Required
所需總金額 (如適用) Total Amount Required (If applicable) 澳門幣 MOP

☐ **「免息分期付款計劃」申請 "Interest Free Installment Program" Application**

商戶名稱 Merchant Name: **澳門保險股份有限公司 Macau Insurance Company Limited**
商戶號碼 Merchant Code: 013003470
分期期數 Installment Period: ☐ 6 個月 Months (澳門幣 MOP $600 - $1,199) ☐ 12 個月 Months (澳門幣 MOP $1,200 – $25,000)
分期總額 Total Installment Amount 澳門幣 MOP

☐ 申請獲批核 (請將獲批核之表格交回澳門商業銀行)
Approved (Please return the approved form to BCM Bank)
銀行交易號碼 Bank's Order Code |___|___|___|___|___|___|___|___|___|___|
銀行交易授權號碼 Bank's Transaction Approval Code |___|___|___|___|___|___|___|___|___|___|

☐ 申請不獲批核
Declined

重要事項：1) 澳門商業銀行信用卡「免費購物」積分付款受澳門商業銀行信用卡「積分優惠計劃」條款及細則約束；2) 澳門商業銀行信用卡「免息分期付款」計劃受澳門商業銀行「信用卡分期付款計劃」條款及細則約束；3) 卡戶一經簽署本申請，即表示同意並接受相關的條款及細則，卡戶可於 www.bcm.com.mo 瀏覽相關條款及細則。Remarks: 1) BCM Credit Card Bonus Point "Free Shopping" Payment is bound by BCM Credit Card Bonus Point Program Terms & Conditions. 2) BCM "Credit CardInstallment Program" is bound by BCM "Credit Card Installment Program" Terms & Conditions. 3) By signing this application form, the Cardholder acknowledged the acceptance of these Terms & Conditions. Please visit www.bcm.com.mo for relevant Terms & Conditions.

卡戶簽署 Cardholder's Signature X
(必須與信用卡背面之簽署相同 Please sign according to Credit Card's signature specimen)
日期 Date

銀行留用 FOR BANK USE ONLY		
Branch/Dept. (with chop)	Handled by	Signature verification
Ref. No.	Issue Date	Remarks

投保紀錄及健康狀況聲明 INSURANCE HISTORY AND DECLARATION OF HEALTH

1.	身高 Height　　厘米 cm		
2.	體重 Weight　　磅 lb / 公斤 kg		
3.	在過去 12 個月內體重有否明顯增加或減少 Any significant weight gain or loss over the past 12 months? ☐ 有 Yes (增加 Gain / 減少 Loss　　磅 lb / 千克 kg)　　☐ 沒有 No		
	如以下的任何答案為「是」或對您的答案存有疑問，請在「備註」欄或單獨的表單上列明詳細資料及有關問題的號碼。 If any answer below is "YES" or in doubt, please provide full details in the "Remarks" field or a separate form and identify question number.	**是 Yes**	**否 No**
4.	閣下有否於澳門保險或其他公司申請或購買了任何人壽或醫療保險？如有請註明保險類別。 Do you currently have any life or medical insurance pending acceptance or in force with Macau Insurance Company or other companies? If YES, please specify the type of insurance.	☐	☐
5.	閣下有否於澳門保險或其他公司就入院醫療開支提出索償？ Have you ever submitted claims on in-patient medical expense to Macau Insurance Company or any other insurance companies before?	☐	☐
6.	閣下曾否被保險公司拒絕承保、推遲受保或在非一般條件下被接受投保？ Has any insurance held or applied for by you ever been declined, postponed or accepted at other than normal terms?	☐	☐
7.	閣下是否吸煙或在過去 12 個月內曾經吸煙？若「是」，請註明牌子及平均每天的抽煙量。 Do you smoke cigarettes or have you smoked any cigarette during the last 12 months? If YES, please state the brand and average daily consumption. 備註：若閣下在填寫本申請書時就吸煙習慣作出誤導或隱瞞，則在索償時不論最終引起索償之疾病是否因吸煙而引致，均會導致保單失效。 Note: Any misrepresentation or non-disclosure of smoking habit will render the policy void in case of claims, whether the claim pertains to smoking or not.	☐	☐
8.	閣下是否有飲酒或服用藥物的習慣？若「是」，請註明類別、份量及飲用或服用的頻密程度。 Do you take, or have you at any time been in the habit of taking alcohol, drugs or medication of any kind? If YES, please state type, quantity and consumption frequency.	☐	☐
9.	閣下曾否患有或獲悉患有下列疾病，或曾因而接受治療 Have you ever had, or been told you had or been treated for:		
	a. 與心臟、血液或循環系統有關的疾病，如風濕熱、高血壓、血友病或貧血？（如患有高血壓，請註明血壓） Disease of the heart, blood or circulatory system such as rheumatic fever, hypertension, hamophilia or anaemia? (If suffering from hypertension, please state the blood pressure.)	☐	☐
	b. 呼吸系統疾病，如哮喘、支氣管炎或肺結核？ Diseases of the respiratory system such as asthma, bronchitis, or tuberculosis?	☐	☐
	c. 與肌肉或骨骼有關的毛病，如關節炎、癱瘓、痛風、背部疾病、畸型、肢體被切或嚴重受傷？ Diseases of the musculo-skeletal system such as arthritis, paralysis, gout, back disorder, deformity, amputation or severe injury?	☐	☐
	d. 神經系統疾病如精神病、中風、多發性硬化、顫抖、暈眩、或其他精神失調？ Diseases of the nervous system such as mental disease, stroke, multiple sclerosis, tremor, giddiness or other mental impairments?	☐	☐
	e. 癌症、腫瘤、任何透過性接觸傳染的疾病、後天免疫力缺乏症（愛滋病）或愛滋病併發症？ Cancers, tumor or any sexually transmitted disease, Acquired Immunodeficiency Syndrome (AIDS) or AIDS-related complications?	☐	☐
	f. 與眼睛、腺體、免疫系統、消化系統或泌尿系統有關的疾病，如系統性紅斑狼瘡症、潰瘍、糖尿病、膀胱疾病、腎病、肝病或甲狀腺疾病？（若為乙型肝炎帶菌者，請註明） Diseases of the eye, gland, immune, digestive or renal systems such as systemic lupus erythematosus, ulcer, diabetes, bladder, kidneys or liver diseases or diseases of the thyroid gland? (Hepatitis B carriers, please specify.)	☐	☐
	g. 任何先天異常或疾病、慢性疾病或任何肢體缺損？ Any congenital abnormalities or disease, chronic disease or any disorder on physical conditions?	☐	☐
	h. 任何其他以上並沒有提及的疾病或不正常？ Any other diseases or disorder not mentioned above?	☐	☐
10.	閣下曾否 Have you ever:		
	a. 接受或被建議進行任何檢查、診治、手術或檢驗（如心電圖、X 光、鋇餐或驗血）或接受輸血或有意捐血而不獲接納？ Had any check-up, consultation, treatment, operation or diagnostic test (such as ECG, X-Ray, Barium Meal or Blood Test) been so recommended; had a blood transfusion; or been refused as a blood donor?	☐	☐
	b. 接受任何愛滋病檢驗或愛滋病抗體測試？ Have any test to detect the presence of AIDS or AIDS antibodies?	☐	☐
11.	閣下是否打算尋求、或正在等待醫生或專業醫護人員之建議、檢查、治療或手術？ Do you contemplate seeking, or are your currently awaiting any advice, examination, treatment or surgery?	☐	☐
12.	閣下之父母、兄弟或姊妹在 65 歲前曾否患上心臟病、中風、高血壓、腎病、糖尿病、癌症、愛滋病、癱瘓；或任何遺傳性 / 家族性疾病（如亨廷頓氏痙攣、失明、青光眼或白內障） Have any of your parents, brothers or sisters ever suffered from diseases of the heart, stroke, hypertension, diseases of the kidneys, diabetes, cancer, AIDS, paralysis or any hereditary / familial disorder (such as Huntington's chorea, blindness, glaucoma or cataracts) before age 65?	☐	☐
13.	只適用於女性投保人 For female applicant only:		
	a. 閣下現在是否懷孕？若「是」請註明預產日期。 Are you currently pregnant? If "YES" please state the expected delivery date.	☐	☐
	b. 閣下曾否患有乳房或婦科疾病？ Have you ever had any disorder of the breast or female organs?	☐	☐
	c. 閣下曾否於懷孕期間患有妊娠併發症（如妊娠糖尿病或妊娠高血壓）？ Have you ever had any complications during pregnancy (such as gestational diabetes or hypertension)?	☐	☐
	d. 閣下曾否接受乳房 X 光、乳房超聲波、子宮頸抹片檢驗、錐形切片檢查或陰道鏡檢查？ Have you ever had any mammogram, ultrasound of breast, pap smear, cone biopsy or colposcopy?	☐	☐

備註：
Remarks:

申請人簡簽 APPLICANT'S INITIAL

聲明及授權 DECLARATION AND AUTHORIZATION

投保聲明

如本人亦代表其他人申請本保險，本人已獲列於本投保書上受保人授權代他/她申請此保險及作出以下聲明。本人亦聲明受保人已同意在本投保書上(包括各項聲明)所列的內容，並因此成為該受保人獲得保障的先決條件。本人並且聲明已獲得受保人授權透露所需個人資料作本保險申請及其後更改保單資料的用途。本人，並代表受保人，聲明及同意：

(1) 本投保書是在澳門特別行政區內簽署。本人/吾等明白如有任何詐騙或資料失實，本人/吾等或被保人之保障有失效之虞；
(2) 上列各欄的填報及下列同意書，將為簽發保單的根據，並作為保單的一部份；若有關資料為虛假、不準確、不完整或對事實有所隱瞞，均會使本申請書無效及作廢，或在此保險有效期內，解除澳門保險股份有限公司（下稱 "澳門保險" / "貴公司"）作出賠償之責任；
(3) 此申請書所申請的保險，須在獲得澳門保險接納之保單生效日零時方會生效並已將應付保費繳交予澳門保險後始可生效；
(4) 本人/吾等所申報的辦公室資料如有任何更改（包括公司名稱、投保地址或營業性質等），應以書面方式通知澳門保險；
(5) 除獲澳門保險授權人士外，任何人不得訂立、修改、變更或解除合約、或放棄澳門保險任何權利或要求；
(6) 澳門保險有權（但非義務）對本人/吾等所發出的操作指示進行書面、聲音、影像及/或其他任何形式的記錄，且該等記錄將為最終及對本人/吾等有法律約束力；
(7) 澳門保險在支付本人/吾等之款項（包括任何賠償及退保等款項）情形所產生的任何及全部利息有絕對擁有權，且本人/吾等放棄此等利息的擁有權及索償權；
(8) 若本人/吾等參與與本保單相關之推廣活動，澳門保險或其指定之中介人或機構有權收取預繳保費；
(9) 有關個人資料的收集：
   A. 本人/吾等同意貴公司所收集的所有有關本人/吾等的個人資料可作下列用途：(a) 處理及評核此保險申請及未來的保險申請；(b) 設立及管理保險產品；(c) 管理及調查保險申索；及 (d) 為遵守適用的法例，及與上述用途相關的其它用途。
   B. 本人/吾等同意貴公司可：(a) 使用本人/吾等的聯絡資料、基本個人資料及保單資料，及 (b) 向其他大新集團旗下公司提供本人/吾等的聯絡資料、基本個人資料及保單資料，以郵寄、電郵、短信及電話方式聯絡本人/吾等作為有關保險、金融產品、及客戶忠誠獎勵計劃的市場推廣用途。
      如閣下不願收取本公司的市場推廣資訊，請在方格內劃上"✓"☐
      如閣下不願收取其他大新集團旗下公司的市場推廣資訊，請在方格內劃上"✓"☐
   C. 本人/吾等同意所有貴公司所收集有關本人/吾等的個人資料可披露予以下各方及供以下各方使用：(a) 任何與貴公司有連繫的公司；(b) 任何向貴公司或其有連繫公司提供行政或其他服務的承辦商及顧問；及(c) 再保險商；(d) 本人/吾等的保險經紀人（如有）；及 (e) 任何法定的監督或管理機構。
   D. 本人/吾等已收訖及閱畢《有關客戶資料的客戶通知》（「通知」）。本人/吾等清楚明白及同意該通知之內容。本人/吾等同意所有貴公司所收集有關本人/吾等的個人資料可根據該通知的描述在澳門或澳門以外地區持有及披露。
   E. 本人/吾等明白提供本投保書上要求的個人資料是必需的，未能提供所需資料可導致貴公司不能處理本人/吾等的申請。
   F. 本人/吾等明白本人/吾等有權查閱及更正任何貴公司持有有關本人/吾等的個人資料，並以書面形式通知貴公司的資料私隱主任（地址為澳門南灣大馬路 594 號澳門商業銀行大廈 11 樓）。

本人授權：

(1) 任何內外科醫生、醫院、診所、保險公司或任何機構，及凡熟悉本人健康狀況之人，均可以將本人過往之病狀、病歷、住院、醫生建議、治療或患病紀錄等詳細向澳門保險或其代表說明，並同意澳門保險將此等資料提供予其他保險公司或機構；
(2) 澳門保險或任何其指定之醫生、醫療人員或化驗所，可就此投保申請或任何與之有關的賠償申請替本人進行所需之醫療評估及測試，以審核本人之健康狀況。此授權對本人之繼承人及受讓人具有約束力，即使本人死亡或無行為能力時，此授權仍具效力。此授權書之副本亦屬有效。

如中文及英文版之間有任何差異，一概以中文版為準。

Declarations

In the case that I have applied the insurance on behalf of the person other than myself, I have been duly authorised by the person covered under this application mentioned in this Proposal Form (the "Insured Person") to apply for this insurance and to make the following declarations for and on his/her behalf. I also hereby declare that the Insured Person has agreed to the information under this Proposal Form including these Declarations, and that it is a condition precedent to obtain coverage for the Insured Person that such Insured Person has agreed to all such information. I further declare that I have obtained the full and complete authority from the Insured Person to disclose any personal information for this insurance application and subsequent amendment. I, and on behalf of the Insured Person, declare and agree that:

(1) This application form is signed in the Macau SAR, in case of fraud or factual misrepresentation, the cover for myself/ourselves and/ or the Insured person(s) may be invalidated;
(2) All answers to all the above questions, together with the consent below, shall form the basis and become a part of any policy issued hereunder. False, inaccurate or incomplete information as well as omissions of facts will render the present application null and void or, during the period in which the insurance is in force, Macau Insurance Company Limited (referred to hereafter as "Macau Insurance"/ "the Company") will be released from the obligation of paying any indemnity;
(3) The insurance hereunder applied for shall not take effect until the zero hour of the policy effective date as accepted by Macau Insurance and the premium has been paid to Macau Insurance;
(4) I/We shall notify Macau Insurance in writing of any changes to information of office (including company name, insured location or business nature etc.);
(5) Only an Authorized Signatory of Macau Insurance can make, modify, alter or discharge contracts or waive any of Macau Insurance's rights or requirements;
(6) Macau Insurance may (but shall not be obliged to) record my/our instructions by writing and/or voice or image recording and/or any other method and such record of any instructions shall be conclusive and binding on me/us;
(7) Macau Insurance shall be entitled absolutely to any and all interest accruing on all moneys (including any claims proceeds and surrender proceeds) payable by Macau Insurance to me/us from time to time in respect of this application and the policy, and I/We waive all rights and claim to such interest;
(8) I/We understand that Macau Insurance or any intermediary or organization it appoints may collect advance premiums and/or administration fees if I/We participate in any promotional activity related to this policy;
(9) With regard to the Collection of Personal Information:
   A. I/We agree that all personal data about me/us collected by the Company may be used to: (a) process and evaluate this and future insurance applications; (b) set up and administer insurance product(s); (c) administer and investigate insurance claims; and (d) comply with applicable laws, and for other purposes which are related to the above purposes.
   B. I/We agree that the Company may: (a) use my/our contact details, demographic information and policy details; and (b) provide my/our contact details, demographic information and policy details to other Dah Sing group companies, to contact me/us with marketing communications by mail, email, SMS and telephone about insurance and financial products and loyalty and rewards programmes.
      If you do not want to receive marketing communications from the Company, please "✓" this box ☐
      If you do not want to receive marketing communications from other Dah Sing group companies, please "✓" this box ☐
   C. I/We agree that all personal data about me/us collected by the Company may be disclosed to and used by: (a) any related company of the Company; (b) any contractor or advisor who provides administrative or other services to the Company or its related companies; (c) reinsurers; (d) my/our insurance broker (if any); and (e) any regulator or authority as required or permitted by law.
   D. I/We have received and read the "Notice to Customers relating to Customers' Data" at the end of the Form ("Notice"). I/We understand and agree to the Notice. I/We agree that all personal data about me/us collected by the Company may be held and disclosed within or outside Macau as described in the Notice.
   E. I/We understand that providing the personal data requested on this form is mandatory, and failure to provide all the requested data may mean the Company is unable to process my/our application.
   F. I/We understand that I/We have the right to seek access to and to request correction of any personal data about me/us held by the Company by writing to the Data Privacy Officer of the Company at Av. Da Praia Grande No.594, Edf. BCM, 11/F, Macau.

I hereby irrevocably authorize:

(1) Any physician, hospital, clinic, insurance company or other organization, institution or person, that has any records or knowledge of me or my health, to disclose to Macau Insurance or its representative and for Macau Insurance to provide to other insurance companies or organizations any and all information about me with reference to my health, medical history, hospitalization, advice, treatment, disease or ailment;
(2) Macau Insurance or any of its appointed medical examiners or laboratories to perform the necessary medical assessments and tests to evaluate the health status of myself in relation to this application and any claim arising therefrom. This authorization shall bind my successors and assignees and remain valid notwithstanding my death or incapacity. A photocopy of this authorization shall be as effective and valid as the original.

In the event of any discrepancy between the Chinese and English versions, the Chinese version shall prevail.

申請人或保單持有人簽署 Signature of Applicant or Policyholder	受保人簽署 Signature of Insured
日期 Date	日期 Date

* 本投保書的中文譯本祇供參考之用，如有爭議，應以英文原義為準。

* The Chinese version of this application form is for reference only. In case of any discrepancy between the Chinese and the English versions, the English version shall apply and prevail.