

Pre-underwriting Assessment Request Form 預先核保表格

Broker code: 中介人代號:		Broker name: 中介人名稱:			Date: 日期:	(DD/MM/YYYY)	
Applying plan (currency and sum assured): 投保計劃 (幣值及保障額):							
Prospect information 準客戶資料							
Name: 姓名:		Gender: 性別:	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Age: 年齡:			
Smoker: 吸煙者:	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	Nationality: 國籍:		Residence: 居住地:			
Occupation (Industry / Title / Exact duties): 職業 (行業 / 職位 / 職務):				Monthly income: 每月收入:			
Sports/hazardous activities: 運動/危險活動:							
Travel outside the declared country (except holidays): 所申報居住地以外地方 (除假期外):	Purpose 原因	Destination 地點	How long per trip 每次逗留時間	How often per year 每年次數			
In-force or Pending insurance 已生效或審核中保險							
Chubb Life 安達人壽	Policy no. 保單編號:						
Other insurers: (Please provide currency and sum assured) 其他保險公司: (請提供幣值及保障額)	Insurer 承保公司	Life 人壽	Critical illness 危疾保障	Disability income 傷殘入息	Hospital income 住院入息	Weekly accident indemnity 每週意外定額賠償	Accident insurance 意外保障
<p>Health details (If there was health problem and impairment record, please provide the reason, nature and severity of conditions (Include frequency, diagnosis, treatment, medication, surgery and results), onset date, recovery degree and date.). Please provide the relevant medical reports(s) for review. 健康狀況 (如有任何健康狀況記錄, 請提供原因、性質及情況之嚴重性 (包括發病次數、斷症、治療、食用藥物、手術及結果)、發生時間、康復情況及時間) · 並提供相關醫療報告查閱。</p>							
<p>Remarks: 備註:</p>							