



redefining / standards



Application/Policy Number 投保書／保單編號：

Supplemental to Application – For General Information 投保／保單服務申請資料補充－一般事項

Important note

1. This form is to be filled in BLOCK LETTERS and signed by the Proposed Owner/Owner.
 2. Please do not sign on blank form.
- 重要事項：
1. 此表格應由建議持有人／持有人以正楷填寫及簽名。
 2. 請勿在空白申請書上簽署。

“The Company”：
“本公司”或“貴公司”：

AXA China Region Insurance Company (Bermuda) Limited
(Incorporated in Bermuda with limited liability)
安盛保險(百慕達)有限公司
(於百慕達註冊成立的有限公司)／

AXA China Region Insurance Company Limited
安盛金融有限公司／

AXA Wealth Management (HK) Limited
安盛財富管理(香港)有限公司

1. Proposed Insured/Insured/Proposed Owner/Owner

建議被保人／被保人／建議持有人／持有人

Name of Proposed Insured/Insured：
建議被保人／被保人姓名：

Name of Proposed Owner/Owner：
建議持有人／持有人姓名：

2. Declaration by Proposed Insured/Insured/Proposed Owner/Owner

建議被保人／被保人／建議持有人／持有人聲明

3. Declaration and authorisation 聲明及授權

I, on behalf of myself and other persons referred to in this application (hereinafter referred to as “We” or “Our”), acknowledge that this form is supplemental to the application for insurance, change or reinstatement (the “Application Form”) in relation to the above Application No./Policy No. signed by me/Us. I agree and confirm that (1) to the best of my knowledge and belief the above statements and answers to all questions are true and complete; (2) We have not had any change in material facts and/or medical consultation since the date I/We signed the Application Form of the above mentioned application; (3) the declarations, agreements and authorisations made by me/Us under the Declaration & Authorisation Section and Personal Information Collection Statement Section of the Application Form shall also apply to this form; and (4) this statement shall form the basis and become a part of the policy to be issued/reinstated or issued by the Company.

本人，代表本人及其他在此投保申請提及之人士(下稱「我們」)確認此表格補充本人／我們就有關上述投保書編號／保單編號已簽署的投保、保單更改或保單復效申請書(「申請書」)。本人同意及確認(1)上述一切陳述及問題的所有答案，就本人所知所信，均為事實之全部及確實無訛；(2)自簽署上述申請書，我們之重要事項並無轉變，亦沒有接受任何醫療診治；(3)載於申請書上聲明及授權部份及收集個人資料的聲明部份內的聲明、協議及授權均適用於此表格；及(4)此聲明將作為貴公司發出／復效的保單的根據，並作為保單一部份。

Signature of Proposed Insured/Insured
(If aged 18 or above)
建議被保人／被保人簽署
(如十八歲或以上)

Signature of Proposed Owner/Owner
(If other than Proposed Insured/Insured)
建議持有人／持有人簽署
(如非建議被保人／被保人)

Date (YYYY/MM/DD)
簽署日期(年／月／日)

NHKAMDAN

LFUW067-1304

Electronic Copy 電子副本

Supplement to Application – Supplementary Health Information 投保 / 保單服務申請資料補充 – 健康資料補充

Important Notes:

1. This form is providing additional information, if the answer to any of the health questions in the application form/service form/request form is “Yes”.
2. This form is to be filled in BLOCK LETTERS and signed by the Proposed Insured/Insured/Proposed Owner/Owner.
3. Please put a “✓” in the appropriate box.
4. Please do not sign on blank form.

重要事項：

1. 若投保書 / 申請書 / 申請表格上健康問題之答案為「是」者，此表格為其提供更多資料。
2. 此表格應由建議被保人 / 被保人 / 建議持有人 / 持有人以正楷填寫及簽名。
3. 請在適當方格內加上「✓」號。
4. 請勿在空白申請書上簽署。

1. Proposed Insured/Insured/Proposed Owner/Owner 建議被保人 / 被保人 / 建議持有人 / 持有人

Name of Proposed Insured/Insured:
建議被保人 / 被保人：

Name of Proposed Owner/Owner:
建議持有人 / 持有人：

2. Supplementary Health Information 健康資料補充

Question No. 題號	<input type="checkbox"/> Proposed Insured/Insured 建議被保人 / 被保人 <input type="checkbox"/> Proposed Owner/Owner 建議持有人 / 持有人	<input type="checkbox"/> Proposed Insured/Insured 建議被保人 / 被保人 <input type="checkbox"/> Proposed Owner/Owner 建議持有人 / 持有人
1. Disease/medical condition/sign and symptom 疾病 / 健康狀況 / 病徵及症狀		
2. Date of first occurrence of sign and symptom (YYYY/MM/DD) 首次出現病徵及症狀的日期 (年 / 月 / 日)		



Application/Policy No. 投保書 / 保單編號：

☐ New Application
新生意

☐ Existing Policy
現有保單

“The Company”

“本公司”或“貴公司”：

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(Bermuda) Limited (Incorporated in
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(於百慕達註冊成立的有限公司) /
AXA China Region Insurance
Company Limited
安盛金融有限公司 /
AXA Wealth Management (HK) Limited
安盛財富管理 (香港) 有限公司

3. (a) Treatment/investigations/tests/scans that have been performed 已進行的治療/檢查/測試/掃描		
(b) Date of such treatment/investigation/tests/scan (YYYY/MM/DD) 有關治療/檢查/測試/掃描日期 (年/月/日)		
4. Present condition (such as whether fully recovered, follow up action/medication/next follow up date) 現況(例如是否已完全康復、有否跟進/服用跟進藥物/下次覆診日期)		
5. Date of last follow-up medical consultation/treatment (YYYY/MM/DD) 最後覆診/治療日期(年/月/日)		
6. Name of doctor who treated the disease/sickness/medical condition/sign and symptom 治療有關疾病/不適/健康狀況/病徵及症狀的醫生姓名		
7. Name of Hospital, where applicable 醫院名稱(如適用)		

3. Declaration and Authorisation 聲明及授權

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