

全球高端个人意外伤害保险投保单



健康险事业部
HEALTH INSURANCE BU

GLOBAL ELITE INDIVIDUAL PERSONAL ACCIDENT INSURANCE APPLICATION FORM

(请用签字笔以正楷字体完整填写投保单各项内容, 请勿涂改, 并在可选栏“□”中用“√”清晰标注您的选择。Please complete all sections of this application form clearly and tick your choice by “√”)

重要提示 Important Notice

- 为保障您的自身权益, 请在确认投保本保险前, 仔细阅读理解保险合同的各项约定, 尤其是免除保险人责任的约定。保险条款可通过本公司业务人员获得。请在投保之前向保险公司业务人员询问保险合同各项约定, 并听取保险公司业务人员的说明。请确保您对保险公司业务人员的说明完全理解, 没有异议。如未询问, 则视同已经对合同内容完全理解并无异议。
In order to protect your own interests, please read carefully the terms and conditions of this Policy, especially the exclusions before applying for the Policy. The policy wording is available from our salespersons. Please contact our salespersons to enquire the terms and conditions of this Policy. Please make sure that you fully understand the explanations of our salespersons. With no enquiry, you are deemed to have fully understood the terms and conditions of this Policy.
- 本投保单与报价单(如有)、保险条款、保险单、批单或批注(如有)及其它约定书均为保险合同的构成部分。
This Application Form and Quotation (if any), policy wording, Schedule, any endorsement attached hereto or marked thereon (if any) and any other written agreement shall form integrated parts of this Policy.
- 为了维护您的利益, 请勿在空白投保单上签名, 投保人需详细填写投保单上所列资料, 并签名盖章确认。
Please ensure that the form is fully completed and that all the above information is correct and sign below.
- 若被保险人乘坐飞机、火车或轮船时发生意外身故、残疾及烧烫伤, 受益人可同时申请主险意外身故或伤残保险金。
If the insured person as a passenger suffers the accidental death or disablement while taking flight, train or ship, the beneficiary of the insured can reduplicative apply for the accidental death or disablement benefit of the main contract.
- 被保险人的投保年龄不超过 60 周岁(续保至 65 周岁), 任何未满 18 周岁的未成年人在所有商业保险公司的身故保险金限额为人民币 10 万。
The applying age of the Insured is below 60 years old (renewal to 65 years of age). In case of the Insured being juveniles, the total death benefit paid by our company and other insurance companies is limited to CNY 100,000.

投保人资料 Policyholder Details

姓名 Name: _____ 性别 Gender 男 M 女 F 出生日期 Birth Date _____ 国籍 Nationality _____
身份证/护照号码 ID Card /Passport No. _____ 手机 Mobile _____
联系地址 Contact Address _____ 邮编 Post Code _____ 电子邮件 Email _____
您首选的联系方式 Your prefer to be contacted by: 手机 Mobile 电子邮件 Email 信函 Mail

被保险人资料 Insured Person Details

被保险人包含投保人本人 Same as Policyholder 职位 Occupation _____
工作单位 Company _____ 年固定收入 Annual fixed income _____
其他被保险人 Other Insured Persons
被保险人姓名 Insured Name _____ 身份证/护照号码 ID Card /Passport No. _____
国籍 Nationality _____ 与投保人的关系 Relationship with Policyholder _____
性别 Gender 男 M 女 F 出生日期 Birth Date _____ 职位 Occupation _____
工作单位 Company _____ 年固定收入 Annual fixed income _____

身故保险金受益人 Beneficiary of the Insured

法定继承人 Legal beneficiary 如需指定, 请在下表填写 To specify, please fill in the table below

被保险人姓名 Name of Insured Person	受益人姓名 Name of Beneficiary	护照/身份证号码 Passport/ID. No	与被保险人关系 Relationship to the Insured Person	受益比例% Portion

保险计划及保险费 (人民币元) Coverage and Premium (RMB)

保障利益 Benefits	保险金额 Sum Insured		
	<input type="checkbox"/> 计划/ Plan A	<input type="checkbox"/> 计划/ Plan B	<input type="checkbox"/> 计划/ Plan C
基本保障 Basic Benefit			
意外身故、残疾、烧烫伤 Accidental Death, Disablement, Burns or Scald	1,000,000	2,000,000	3,000,000
公共交通工具意外身故、残疾及烧烫伤 (仅限飞机、火车、轮船) Common Carrier Accidental Death, Disablement, Burns or Scald (Limited only to Airplane, Train and Ship)	1,000,000	1,000,000	1,000,000
标准保险费 Standard Premium	1,000	2,000	3,000

可选保障一 Optional Rider 1	<input type="checkbox"/> 计划/ Plan A	<input type="checkbox"/> 计划/ Plan B	<input type="checkbox"/> 计划/ Plan C
意外医疗费用补偿(免赔:0; 扩展社保以外自费医疗费用) Accidental Medical Expense (No deductible, extend to medical expense not covered by social insurance)	50,000	80,000	100,000
标准保险费 Standard Premium	250	400	500

可选保障二 Optional Rider 2	<input type="checkbox"/> 计划/ Plan A	<input type="checkbox"/> 计划/ Plan B	<input type="checkbox"/> 计划/ Plan C
意外每日住院补贴 Accidental Hospital Cash Allowance	200	300	500
意外每日重症住院补贴 Accidental ICU Allowance	400	600	1,000
标准保险费 Standard Premium	90	130	220

可选保障三 Optional Rider 3	<input type="checkbox"/> 计划/ Plan A	<input type="checkbox"/> 计划/ Plan B	<input type="checkbox"/> 计划/ Plan C
24 小时紧急救援热线服务 24 hours Emergency Assistance Hotline Service	包含 Included		
医疗运送及送返 Emergency medical evacuation & repatriation	200,000	500,000	1,000,000
身故遗体运返 Repatriation of remains	50,000	100,000	200,000
保险费 Standard Premium	120	250	500

总保费 Total Premium	人民币元 RMB _____
--------------------------	----------------

被保险人询问及告知 Enquiry and Exposure

序号 No.	询问事项 Questions	回答 Answers
1	是否曾经连续使用镇静安眠剂、迷幻药、毒品、成瘾药物? Whether the insured ever continuous use of sedative hypnotics, hallucinogens, narcotics, addictive drugs?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
2	是否有智能障碍、失明、聋、哑、其他中枢神经系统功能障碍? Whether the insured has mental retardation, blindness, deaf, dumb, and other central nervous system dysfunction?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3	是否有头颅颜面或肢体(四肢、手指、足趾)缺损、畸形或功能障碍? 是否有脊柱或胸廓畸形? Whether the insured has craniofacial or limbs (limbs, fingers, toes) defect, deformity or dysfunction, Spine or thoracic deformity?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

4	<p>目前是否患有或曾经患有或被怀疑有下列症状或下列疾病：恶性肿瘤、冠心病、主动脉血管瘤、先天性心脏病、风湿性心脏病、心肌病、脑梗塞、脑出血、脑血管瘤、重症肌无力、多发性硬化、肝硬化、肾脏功能障碍、再生障碍性贫血、白血病、淋巴瘤、精神疾病、癫痫、艾滋病、HIV 阳性、性传播疾病、酒精滥用成瘾。</p> <p>Whether the insured currently has or had, or is suspected of the following symptoms or the following diseases: cancer, coronary heart disease, aortic aneurysm, congenital heart disease, rheumatic heart disease, cardiomyopathy, cerebral infarction, cerebral hemorrhage, cerebral vascular tumor, myasthenia gravis, multiple sclerosis, cirrhosis of the liver, kidney dysfunction, aplastic anemia, leukemia, lymphoma, mental illness, epilepsy, AIDS, HIV-positive, sexually transmitted disease, alcohol abuse addiction?</p>	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
5	<p>是否拟在国外居住半年以上？若“是”，请在说明栏中告知拟前往的国家或地区名称、拟居住时间及前往原因。</p> <p>Whether the insured intends to live abroad for more than six months? If "Yes", please inform the name of the country or region planning to go, proposes to reside and reason to go in the Description column.</p>	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
6	<p>是否投保其他保险公司的医疗、意外、或人寿产品时未被承保、附加条件承保或被其他公司拒绝理赔？</p> <p>Whether the insured was declined by other insurance companies for applying medical, accident, or life products, or additional conditions for underwriting or other company refused to claim?</p>	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
<p>说明栏 Remarks:</p>		

投保人/被保险人声明 Statement

- 本人声明以上陈述及各项细节均真实无讹，且没有隐瞒任何重大事实以影响贵公司评估风险或接受本投保申请。本人同意本投保单将会构成投保人与贵公司所签署的保险合同的依据，若未能披露与本保险相关之重大事实将可能导致贵公司不承担任何保险责任。保险合同生效日期以保险单所载生效日期为准，贵公司承担保险责任须以投保人缴付约定保险费并经贵公司同意承保为前提。I/We hereby declare that the statements and information given in this application are, to the best of my/our knowledge and belief, true and complete. Failure to disclose a material fact known may invalidate the Policy. I/We hereby agree that this application will form a part of the basis of the policy with the Company. I/We understand and agree that the insurance contract comes into effective as the effective date of the insurance specified in the Schedule and assuming liability by the Company is subject to the approval of the Company and collection of premium.
- 本人明白既往医疗状况不在本保险承保范围内；本人同意贵公司可从任何专科医师、医院、诊所、保险公司或任何机构处了解上述被保险人的相关信息。I understand that any existing medical condition will not be covered by this policy. I consent for the insurer to seek the insured's information from any medical specialist, hospital, clinic, insurance company or any other institute for the purpose of this insurance.
- 此保单的安排和生效符合中国《保险法》第34条的规定，已经取得所有被保险人的理解和同意，我已告知被保险人保单内的有关保险限额和保险利益。To comply with the requirement of Section 34 of the China Insurance Law, I confirmed that we have informed all insured persons the insurance benefits of this policy and have obtained their consent for the enrollment of the policy.
- 本人同意贵公司为本保险的目的收集本人的个人资料(该资料不论是从本投保单上或其他地方所获取)并授权可由贵公司或任何与贵公司有关的机构或其他人士(不论在中国或海外地方)持有,转告,及用于(1)处理及审核本投保单或其他保险事宜(2)提供与该保险有关之服务,及(3)与本人联络的用途。I/We hereby declare and agree that any personal information collected or held by the Company (contained in this application form or otherwise obtained) may be held, used and disclosed by the Company to individuals or organizations associated with the "Company (within or outside China) for the purposes of (i) processing this application and other insurance related matters, (ii) providing insurance services & (iii) communication with the Policyholder.
- 本人已经认真阅读保险合同约定，尤其是免除保险人责任的约定，并对贵公司就保险合同的内容说明和提示完全理解，没有异议，申请投保。本人知晓所有保险责任均以本保险合同所载为准。I acknowledge that before applying for the insurance, I have read carefully the terms and conditions of this Policy, especially the exclusions, and fully understand your explanations and reminder. I understand that all insurance coverage is subject to the terms and conditions of this Policy.
- 本人明白，于订立本保险合同时或因履行本保险合同发生争议时，本人可与贵公司协商选择以诉讼或仲裁的方式，解决因履行保险合同发生的争议。I/We fully understand that any dispute arising from performance of this insurance contract shall be settled by litigation or arbitration to be chosen upon negotiation with the Company when such dispute occurs or when the contract is concluded.

支付保费方法及授权书 Premium payment method and Authorized Statement

请选择以下开户银行/Please choose the following deposit bank:

- 工商银行 ICBC 建设银行 CCB 中国银行 BOC 上海银行 BOC 中信银行 ECITIC
 民生银行 CMBC 兴业银行 CIB 光大银行 CEB 平安银行 PAB 邮储银行 BOC 宁波银行 BON

开户名/Account Name: _____ 银行账号/Account No.: _____

请阅读以下授权声明: 1. 账户所有人同意以此授权账户作为投保人交纳各期保险费（首期保险费或续期保险费）之用，并同意按银行的各项规定执行。 2. 账户所有人所提供的授权账户，必须是其本人的个人结算账户（即：借记卡、个人活期结算存折）。 3. 账户所有人如果在同一授权账户内同时授权两张或两张以上保险合同的保费自动转账，账户所有人同意按照永安财产保险股份有限公司合作银行的规定转账顺序转账。 4. 本人理解保单的生效应以永安财产保险股份有限公司收到全额保费作为前提。 5. 本人在此授权贵公司以现金方式或从本人指定的借记卡/活期存折账户中收取上述被保险人的保险费总额。

Please read the following authorized statement: 1. Account holder agrees the authorization account will pay period premiums by the policyholder (the first phase premium or renewal premiums) and agreed to the implementation of the provisions of the Bank. 2. The authorized account provided by the account holder must be his own personal settlement account (i.e.: debit card, the personal current bank settlement passbook). 3. The account holders authorize to auto pay two or more insurance contract premiums at the same time with the same authorized account and agreed to the transfer order in accordance with the provisions of the Cooperative Bank of Yong An Insurance Co., Ltd. transfers. 4. I understand the entry into force of the policy should receive the full premium to Yong An Insurance Co., Ltd. as a prerequisite. 5 I hereby authorize your company to my debit card / bank savings passbook account to receive in cash or from the total premiums of the insurer.

投保人签字

Policyholder Signature

被保险人签字（若与投保人为同一人则免签）

Insured Signature (if different to Policyholder)

日期

Date