

Agent 代理人 _____

Account No. 賬戶號碼 _____ Policy No. 保單號碼 _____

Proposer's Details 投保人資料

Name of Proposer 姓名

Address 地址

Tel. No. 電話號碼

Fax. No. 傳真號碼

E-mail 電子郵件

Occupation/Profession 職業

Lowest Club Handicap 最低差點

If Spouse To Be Included? 投保是否包括配偶?

Yes 是

No 否

Name of Spouse 配偶姓名

Occupation/Profession 職業

Lowest Club Handicap 最低差點

Proposer & Spouse Golf Club Memberships 投保人及配偶之高爾夫球會會籍

Please provide details of any prior: 請提供過往索償資料:

- golf claims and details 高爾夫球保險索償及其細節

- holes-in-one 一桿入洞

Date cover is required (Day/Month/Year) 投保日期 (日/月/年)

Premium HK\$ 900/1,400 is enclosed. (delete as appropriate) 已附上港幣 900/1,400元保費。(請刪去不適用者)

Declaration 聲明

I/We declare that the foregoing statements and particulars are true and complete and agree that this Proposal and Declaration shall be the basis of the contract with Allianz Insurance (Hong Kong) Limited and shall be deemed to be incorporated in such contract and any renewal thereof which may be agreed, subject to the terms and conditions of the policy issued by the Company. If any answer has been written by any other person such person shall for that purpose be deemed to be my/our agent and not the agent of the Company. 本人/吾等現正式聲明，前述之聲明及資料均為事實之全部，並承認本投保書為本人/吾等與安聯保險(香港)有限公司訂立此保險契約及以後續約之根據，並願接受保單上所刊載一切條款及同意上文各項。若有經由他人繕寫，均屬已經本人/吾等認可及授意。

I/We understand that all the personal information collected by Allianz Insurance (Hong Kong) Limited is for the purpose of underwriting, claims investigation, or statistical research or being transferred to such person(s) or organization(s) for the purpose of data verification or reinsurance. I/We have the right to obtain access to and to request correction of my/our information. 本人/吾等明白所提供的個人資料，可供安聯保險(香港)有限公司核保、索償調查及統計研究之用，或提供予有關人仕或組織，以作資料驗證或再保險之用。本人/吾等有權取得及要求修改本人/吾等的資料。

Date 日期: Day/Month/Year 日/月/年

Proposer's Signature 投保人簽署