

Intermediary

Account No. Policy No.

PROPOSER'S INFORMATION

Name of Proposer (in full)

Address (in full)

Tel. No. E-mail Address

Date of Birth (Day/Month/Year)

I.D. Card No.

Sex Height Weight

Name of Employer (in full)

Address (in full)

Tel. No.

Nature of Work/Duties

Period of Insurance From (Day/Month/Year) To (Day/Month/Year)

Beneficiary Name Relationship

(Please fill in the following if your spouse needs cover)

Name of Spouse

Date of Birth (Day/Month/Year)

I.D. Card No.

Sex Height Weight

Name of Employer

Nature of Work/Duties

Beneficiary Name Relationship

COVER REQUIREMENTS

Please select the type of cover required:

	Sum Insured (HK\$)	
	Proposer	Spouse
1. Death and Permanent Total Disablement	<input type="text"/>	<input type="text"/>
2. Temporary Total Disablement (per week)	<input type="text"/>	<input type="text"/>
3. Medical Expenses	<input type="text"/>	<input type="text"/>

Please complete the following which would help us to assess your application:

	Proposer Yes/No	Spouse Yes/No
1. Does your occupation involve any manual work or hazardous activities?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Are you at present insured against life, accident or sickness insurance?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Have you ever been declined or accepted on special terms for life, accident or sickness insurance, or has any Insurance Company ever cancelled or refused to renew your policy or amended the conditions or benefits?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. Have you to the best knowledge and belief ever had any serious sickness or disease?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Have you ever made a claim against any insurance company during the last 5 years for injury or sickness?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6. Are you now in good health and free from any physical impairment, deformity or disease?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

If you have answered "Yes" to any of the questions 1-5 or "No" to question 6 please give details.

DECLARATION AND AGREEMENT

- I/We declare that to the best of my knowledge and belief
 - the foregoing answers are true
 - all material particulars affecting the assessment of the risk have been disclosed
- I/We 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.
- Information You disclosed to Us is on a voluntary basis and can be used by Us for Underwriting, Claims Processing & Investigation, Marketing, Statistical Research, Data Matching & Verification, Reinsurance and/or communication with You/the Payor/Claimant/Your Employers. You have the right to notify Us that You choose not to receive any promotional/marketing materials. A full copy of our privacy statement can be found in the Policy wording or by contacting the Compliance officer at 2867 0088.

Date Day/Month/Year

Proposer's Signature

DISCLOSURE

Any facts known to you which are likely to affect acceptance or assessment of the risks proposed for insurance must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to tell us or your broker/insurance advisor. We recommend you keep a record for your future reference of any additional information given. A failure to disclose information may mean that your policy will not provide you with the cover you require and may invalidate the policy altogether.