



Trinity General Insurance Company Limited

三聯保險有限公司

## Personal Accident Insurance Proposal 投保書

Name of Proposer 投保人姓名 \_\_\_\_\_

Date of Birth 出生日期 \_\_\_\_\_ HKID No. 香港身份證號碼 \_\_\_\_\_

Weight 體重 \_\_\_\_\_ Kg 公斤 Height 身高 \_\_\_\_\_ M 米

Residential Address 住宅地址 \_\_\_\_\_

Telephone 電話 \_\_\_\_\_

Period of Insurance 承保期: From 由 \_\_\_\_\_ To 至 \_\_\_\_\_

Occupation 職業 \_\_\_\_\_ Work Duty 工作性質 \_\_\_\_\_

Annual Salary (HKD) 全年收入 (港幣) \_\_\_\_\_

Beneficiary 受益人 \_\_\_\_\_ Relationship 關係 \_\_\_\_\_

### Basic Cover 基本保障

	Sum Insured 投保額 (HK\$)	Premium 保費 (office use)
1. Accidental Death and Permanent Disablement 意外死亡及永久性傷殘		

### Optional Cover 自選附加保障

	Sum Insured 投保額 (HK\$)	Premium 保費 (office use)
1. Temporary Total Disablement 暫時完全喪失工作能力	/ week 週	
2. Accidental Medical Expenses 意外醫療費用		

Note: Minimum premium – HK\$500 per person

註：最低保費 – 每位 HK\$500

- Have you sustained any accidents necessitating medical attention in the last three years? If “Yes”, please provide details.  
閣下在過去的三年中是否有因意外事故需要特殊護理？如果“是”，請詳述。  
 Yes 是  No 否
- Do you suffer from any physical defect or infirmity or have you a tendency to any ailment or disease? If “Yes”, please provide details.  
閣下是否有任何生理缺陷、疾病或有任何疾病徵兆，如果“是”，請詳述。  
 Yes 是  No 否
- Has any insurance company ever at any time declined your application, cancelled or refused to renew your life or medical policy, required an increased rate or imposed special terms? If “Yes”, please provide details.  
閣下是否曾被其他保險公司拒保、取消保單、不允續保、要求增加保費或註明特別條款？如果“是”，請詳述之。  
 Yes 是  No 否
- Will this insurance be additional to other personal accident insurance policies?  
閣下是否有購買其他個人意外保險？  
 Yes 是  No 否
- Do you engage in any hazardous sports or activities? If “Yes”, please provide details.  
閣下是否從事有關危險的運動或體力活動？如果“是”，請詳述。  
 Yes 是  No 否

### Important Notes 重要事項

The Proposer is requested to keep a record (include copies of letters) of all Information supplied for the purpose of entering into the contract.

請投保人保存向承保人提供之有關投保資料(包括信件副本)之紀錄。

### Declaration 聲明

- I declare that I am now in good health and free from physical impairment or deformity  
本人謹此聲明，本人現在身體良好，並無任何殘廢或缺陷。
- I declare that the information given above are true and complete to the best of my knowledge and belief.  
本人謹就本人所知及所聲明，上述資料全部屬實無訛。
- I understand that this application will not become effective until this proposal has accepted by the Company, and agree that this Proposal and Declaration shall be the basis of the contract between me and the Company.  
本人明白本投保書被承保人接受後，保障才正式生效及同意該投保書和聲明將被用作雙方合約之根據。

Signature of Proposer 投保人簽署

Date 日期

Authorized Agent / Broker 特約保險代理 / 經紀

## PERSONAL ACCIDENT INSURANCE 人身意外保險

Accident happens unexpectedly, which could cause unpredictable losses. You and your family members could face substantial burden of financial losses and medical expenses in the event of an accident occurred. This Comprehensive Personal Accident Insurance offered by TRINITY GENERAL INSURANCE aims to provide worldwide protection for you and your family members against any unforeseeable accident.

意外是突然其來而不可預知，造成的傷害更加無法估計。家庭任何一位成員都可能面對因意外受傷而導致龐大的經濟損失及醫療開支。三聯保險之人身意外保險，為閣下及您的家人提供環球意外保障，確保您及家人能時刻獲得充份保護。

### COVERAGE 保障範圍

#### Basic Cover 基本保障

	Percentage of Compensation (保額賠償百分率)
<b>1. For Death 死亡</b>	100%
<b>2. a) For Permanent Total Disablement 永久性完全傷殘</b>	
Loss of both hands or both feet 喪失雙手或雙腳	100%
Permanent and irrecoverable loss of all sight in both eyes 喪失雙眼視力	100%
Permanent and irrecoverable loss of all sight in one eye together with loss of one hand or one foot 喪失一眼視力及一手或一腳	100%
<b>b) For Permanent Partial Disablement 永久性部份傷殘</b>	
Loss of one hand or one foot above the wrist or ankle joint 喪失一手或一腳在腕部或踝部以上	50%
Permanent and irrecoverable loss of all sight in one eye 喪失一眼視力	30%
Loss of one arm from above the elbow joint 喪失一臂在肘部以上	65%
Loss of one leg from above the knee joint 喪失一腿在膝部以上	55%
Loss of one thumb 喪失一隻拇指	20%
Loss of one index finger 喪失一隻食指	15%
Loss of middle finger or ring finger above the second joint 喪失中指或無名指在兩節指骨或以上	10%
Loss of one little finger above the second joint 喪失小指在兩節指骨或以上	7%
Loss of big toe with joint 喪失大足趾連指骨	5%
Loss of any other toe 喪失其他足趾	3%
The complete and irrecoverable loss of use of any part of the body in this scale shall be deemed to be the loss of such part. 喪失乃指人體任何部份或器官永久性完全失去其功能或因切斷而失去。	

#### Optional Cover 自選附加保障

##### Temporary Total Disablement

##### 暫時性完全喪失工作能力

- a) If you become temporarily totally disabled and cannot perform your usual work duty, Trinity will pay you a weekly amount up to a maximum period of 52 weeks. The weekly indemnity will be subject to 80% of your actual weekly wages.

如果閣下暫時完全傷殘，喪失正常工作能力，您可獲長達 52 週之賠償。每週賠償額限於投保人 80% 的每週實際收入。

- b) In the event of claim, you have to provide evidence of income.

在索賠時，閣下需提供個人收入證明。

##### Accident Medical Expenses

##### 意外醫療費用

Trinity will pay you the actual expenses incurred for treatment of injury by a registered medical practitioner when the injury took place within 12 months from the date of accident.

發生事故之 12 個月內，三聯將支付由意外所引致的實際醫療費用。

##### Family Discount 家庭折扣

If you decide to purchase the personal accident policy for yourself and your family members at the same time, Trinity will offer you and your family members a family discount on the annual premium.

如果閣下同時為您自己的家人購買個人意外保險，三聯將提供額外的家庭折扣。

Note: This leaflet serves as a general guideline. Please refer to the Policy and Schedule for details of cover.

註：本手冊僅為一般性簡介，僅供參考之用。有關承保之具體內容，以保單所載為準。如中文譯本與英文有異，以英文文本為準。

### 三聯保險有限公司 Trinity General Insurance Company Limited

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