



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

1001 HONG KONG PLAZA, 10TH FLOOR, 188 CONNAUGHT ROAD WEST, HONG KONG.

香港干諾道西 188 號香港商業中心 1001 室

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PERSONAL ACCIDENT INSURANCE PROPOSAL
個人意外保險投保書

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 _____

ID No. 身份證號碼 _____

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 註: Minimum premium 最低保費 – HK\$500 per person 每位

1. Have you ever made a claim against any insurer in respect of accidental bodily injury during the past 3 years? If “Yes”, please provide details.

閣下曾否在過去三年內因意外受傷而向任何保險公司索賠? 如果“是”請詳述。

Yes No
是 否

2. 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 No
是 否

3. 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。

Yes No
是 否

4. Do you currently have other accident insurance in our or any other company? If “Yes”, please provide details.

閣下目前是否在本公司或其他公司擁有個人意外保險? 如果“是”，請詳述。

Yes No
是 否

5. Do your occupation involve any manual work or hazardous activities? If “Yes”, please provide details.

閣下的職業是否涉及任何體力勞動或危險活動? 如果“是”，請詳述。

Yes No
是 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 propose 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

投保人聲明

Proposer's Declaration

本人/本公司謹聲明投保書內一切填報之資料皆真實無訛，更絕未作任何事實之隱瞞，一切有關估計承險事項均已提供。

To the best of my/our knowledge and belief, I/we declare that (i) all particulars and statements in this Proposal are true and correct (ii) all material particulars affecting the assessment of the risk have been disclosed.

本人/本公司謹承認本投保書為本人/本公司與三聯保險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，並同意上述資料及所答各項若有經由他人繕寫均屬已經本人/本公司認可及授權。
I/We agree that all particulars and statement in this Proposal and the Declaration shall be the basis of the contract between me/us and Trinity General Insurance Company 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 particular or answer has been written by anyone other than myself/ourselves, such person shall for the purpose be deemed to be my/our agent and not the agent of the Company.

收集個人資料聲明

Personal Information Collection Statement

閣下提供的資料、為本公司提供保險業務所需、並可能用作任何與保險或財務有關的產品或服務、或作任何更改、變更、取消、續期、索償或索償分析；並可能移轉予現存或不時成立任何有關的公司、或任何其他從事與保險或再保險業務有關的公司、或與保險業務有關的中介人、索償或調查或其他服務提供者、或任何保險公司的協會或聯會。閣下有權查閱及要求更正由本公司持有有關閣下的個人資料，如有此項要求，可書面向本公司提出。

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of any insurance or financial related product or service or any alternations, variations, cancellation or renewal of them; any claim or analysis of it; and may be transferred to any related company or any other company carrying on insurance or reinsurance or financial related business or an intermediary or a claim or investigation or other service provider companies that exists or is formed from time to time.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by us. Requests can be made in writing to our Company.

特約代理商 / 經紀行

Authorized Agent / Broker

Trinity General Insurance Company Limited

三聯保險有限公司

1001 Hong Kong Plaza, 10th Floor, 186-191 Connaught Road West, Hong Kong.

香港干諾道西186-191號香港商業中心10樓1001室

Tel 電話: 3413 0988 Fax 傳真: 2559 7892 Web-site 網址: www.tgi.com.hk

PERSONAL ACCIDENT INSURANCE 個人意外保險

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 (保額賠償百份率)
1. For Death 死亡	100%
2. a) For Permanent Total Disablement 永久性完全傷殘	
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) For Permanent Partial Disablement 永久性部份傷殘	
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

- 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。
- 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。

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