

# 星展銀行「意外保障」申請書 DBS BANK ACCIDENT INSURANCE APPLICATION FORM

請以英文正楷填寫並於適當的空格內加✓號 Please complete in ENGLISH, using capital letters and ✓ the box(es) as appropriate.

投保計劃 (月費) Plan Type (Monthly Premium)	本人 You	本人及配偶 You and Spouse	家庭 Your Family
金計劃 Gold Plan	<input type="checkbox"/> HK\$125	<input type="checkbox"/> HK\$225	<input type="checkbox"/> HK\$337
銀計劃 Silver Plan	<input type="checkbox"/> HK\$65	<input type="checkbox"/> HK\$117	<input type="checkbox"/> HK\$175

起保日期 (須為申請之翌日或以後) Policy Effective Date (Any date after the application date) : \_\_\_\_\_

## 申請人個人資料 PERSONAL DETAILS OF APPLICANT (申請人須年滿18歲或以上 Applicant Aged 18 or Above)

申請人姓名 (先生/太太/女士) 姓 名 香港身份證/護照號碼  
 Name of Applicant (Mr/Mrs/Ms): \_\_\_\_\_ (Surname) \_\_\_\_\_ (Given Name) HKID/Passport No.: \_\_\_\_\_

性別 (男/女) 出生日期 日 月 年 婚姻狀況 職業  
 Sex (M/F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (D) \_\_\_\_\_ (M) \_\_\_\_\_ (Y) Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

住宅地址  
 Home Address: \_\_\_\_\_

通訊地址 (若與以上不同)  
 Mailing Address (if different from above): \_\_\_\_\_

電話號碼 (住宅) (辦公室) (手提) 電子郵件  
 Tel No.: \_\_\_\_\_ (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Mobile) E-mail: \_\_\_\_\_

## 家庭成員資料 DETAILS OF FAMILY MEMBERS (若空位不敷應用, 請另紙填寫。If space is insufficient, please attach list.)

家庭成員 Family Members	姓名 Name	性別 Sex	職業/職務 Occupation/Duties	出生日期 (日/月/年) Date of Birth (D/M/Y)	香港身份證號碼 HKID No.
配偶 Spouse					
子女 Child 1					
子女 Child 2					
子女 Child 3					

## 付款授權書 PAYMENT AUTHORISATION (請以✓號選擇付款方法 Please ✓ to select payment method)

現金 Cash  支票 Cheque (抬頭人寫 "MSIG Insurance (Hong Kong) Limited" Payable to "MSIG Insurance (Hong Kong) Limited")

信用卡付款授權書 Credit Card Authorisation

本人(等)茲授權並要求 MSIG Insurance (Hong Kong) Limited 從本人(等)下列之 VISA/MasterCard 信用卡戶口內, 支付意外保障及往後之續保保費及尚未支付的保費, 除非本人(等)再有進一步通知。  
 I/We hereby authorise and request MSIG Insurance (Hong Kong) Limited to charge my/our VISA/MasterCard Credit Card Account listed below for the premium including unpaid premium, if any, under the Accident Insurance Policy and any subsequent renewals thereof, until further notice has been received from me/us.

VISA  萬事達 MasterCard 信用卡賬戶號碼 有效期至 月 年  
 Credit Card Account Number \_\_\_\_\_ Expiry Date \_\_\_\_\_ MM \_\_\_\_\_ YY

發卡銀行 香港身份證號碼  
 Issuing Bank: \_\_\_\_\_ HKID Card No.: \_\_\_\_\_

信用卡持有人姓名 信用卡持有人簽署\*  
 Name of Cardholder: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

## 直接付款授權書 Direct Debit Authorisation

本人/吾等茲授權星展銀行(香港)有限公司("銀行")自本人/吾等下列開列於銀行之港元儲蓄/來往戶口內(戶口號碼詳列如下)扣取本人/吾等上述保單及往後之續保項下之保費, 包括尚未支付的保費(如有), 並將其支付予 MSIG Insurance (Hong Kong) Limited。本人/吾等同意(一)如戶口內沒有足夠款項或付款後會導致戶口發生未經許可的透支狀況, 銀行並無責任執行本人/吾等的直接付款; 及(二)銀行毋須就(無論何時及何種原因, 銀行疏忽除外)未能遵守本直接付款授權書對本人/吾等承擔任何責任。  
 I/We authorise DBS Bank (Hong Kong) Limited ("the Bank"), until further written notice has been received from me/us, to debit my/our HK\$ Savings/Current Account with the Bank (the account number of which is stated below) and to pay to MSIG Insurance (Hong Kong) Limited the premium including unpaid premium, if any, under my/our above Insurance policy and any subsequent renewals thereof. I/We agree that the Bank (i) will be under no obligation to effect payment if there are insufficient funds standing to the credit of the account or if payment would result in unauthorised overdraft and (ii) will be under no liability to me/us if for any reason at any time it fails comply with this direct debit authorisation, other than due to its negligence.

星展銀行賬戶號碼  
 DBS Bank Account Number 016 - \_\_\_\_\_

戶口持有人姓名 香港身份證號碼  
 Account Holder Name: \_\_\_\_\_ HKID Card No.: \_\_\_\_\_

倘若為聯名戶口, 請提供所有戶口持有人的全名及身份證號碼。Please provide the full name and HKID Card No. of all account holders if it is a joint account.

戶口持有人姓名 香港身份證號碼  
 Account Holder Name: \_\_\_\_\_ HKID Card No.: \_\_\_\_\_

信用卡持有人簽署\*  
 Signature of Cardholder: \_\_\_\_\_

\* 簽署必須與星展銀行/信用卡戶口簽署式樣相同。除非聯名戶口簽署協議屬任何一人簽署, 否則所有聯名戶口持有人須同時簽署。  
 Signature(s) should correspond to the specimen signature of your DBS Bank/Credit Card Account. For Joint Account, all signatures are required unless either is authorized to sign.

## 申請人聲明 DECLARATION

本人(等)現特此聲明:

- 同意 MSIG Insurance (Hong Kong) Limited 保留一切接納申請與否之權利。
- 此申請書內填報的資料, 據本人(等)所知並確信全部正確無訛。
- 並無隱瞞能影響評估此申請之任何事實。
- 同意本申請書、聲明及其他填報的資料將作為本合約的基礎, 並同意接受保單/各保單及/或任何附加修訂或延伸保障協議內所列之條款、限制、不承保事項、條件、條文及保證。

本人/吾等同意所有由星展銀行(香港)有限公司(星展集團成員)("本銀行")及/或 MSIG Insurance (Hong Kong) Limited("保險公司")不時發出予客戶的所有資料政策、通知及其他關於客戶資料均適用。客戶可向本銀行各分行或保險公司索取該等資料, 或瀏覽相關銀行網頁(www.dbs.com/hk)或(www.msig.com.hk)。本人/吾等同意就本申請所提供的資料, 或得自其他來源、或得自客戶與本銀行或與任何其他是星展集團公司之間及/或保險公司的關係而獲得的資料("資料")均受制於該等政策/或其他通訊(包括不時發出之更改)。本人/吾等特此同意: (a) 本銀行及/或保險公司可向其他組織、機構或人仕印證、提供或收集客戶的資料; (b) 本銀行及/或保險公司的資料比較, 並利用比較結果作任何用途, 包括任何不利於客戶利益的用途(包括拒絕此申請)。在無損害前述的情況下, 本銀行及/或保險公司可保留、使用或透露本銀行及/或保險公司所收集或保留之任何有關本人(等)之資料, 給予本銀行及/或保險公司有關人士/機構或任何被選定的第三者(在本港或海外的), 包括再保險及賠償調查公司, 及有關的行業/協會, 用作處理本申請及提供其稍後的服務、其他金融產品及服務、直銷推廣, 及因此等用途與本人(等)聯絡。

I/We desire to effect insurance specified herein and declare that I/We:

- agree that MSIG Insurance (Hong Kong) Limited reserves its right accept/reject my/our application.
- warrant that the information given and answers to questions herein are true and correct to the best of my/our knowledge.
- have not withheld facts likely to influence assessment of this application.
- agree that this application, declaration and other information provided shall form the basis of the contract and agree to accept the terms; limitations, exclusions, conditions, clauses and warranties contained in the policy/policies and/or as modified or extended by any endorsements thereon.
- I/We agree that the applicable data policies, notices and other communications to customers concerning their data from time to time issued by DBS Bank (Hong Kong) Limited (a member of the DBS Group) ("the Bank") and/or MSIG Insurance (Hong Kong) Limited ("the Insurance Company") shall apply. Copies are available, respectively from any Bank branch and from the Insurance Company or from its website (www.dbs.com/hk) or (www.msig.com.hk). I/We agree that all information in this application, or that is obtained from any other sources or that arises from my/our relationship with the Bank, or any other DBS Group Company and/or the Insurance Company ("data") will be subject to such policies/or other communications (as may be varied from time to time). I/We agree in particular that: (a) the Bank and/or the Insurance Company may verify, provide and collect information about me from other organisations, institutions or other persons; (b) the Bank and/or the Insurance Company may transfer the data outside the Hong Kong SAR including to Singapore; and (c) the Bank and/or the Insurance Company may compare any data obtained with my data, and use the results for taking of any actions including actions that may be adverse to my/our interest (including declining this application). Without prejudice to the foregoing, such data is provided and may be held, used, and disclosed by the Bank and/or the Insurance Company to individuals/organisations associated with the Bank and/or the Insurance Company or any selected third party (within or outside of Hong Kong), including reinsurance and claims investigating companies and industry/federations processing of this application and the provision of subsequent services for this and other financial products and services, direct marketing and to communicate with me/us for such purposes.

X  
 申請人簽署 日期  
 Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

For Bank Use Only

Branch Clearing Code: \_\_\_\_\_

TR Name: \_\_\_\_\_ TR Registration No.: \_\_\_\_\_ TR Staff No.: \_\_\_\_\_  
(same as TR Registration Record)

TR Signature: \_\_\_\_\_ A/C Officer Code: \_\_\_\_\_

Referral Staff: \_\_\_\_\_ Referral Staff No.: \_\_\_\_\_

Checked and signed by Bank Authorized Signer: \_\_\_\_\_

注意事項:

- 本申請書並非保單, 有關條款細則及不承保範圍, 請參閱意外保障保單(於接納你的申請書後奉上)。
- 本計劃將於每年自動續保, 直至投保人書面通知取消保單為止。

IMPORTANT NOTE:

- This document is not a policy of insurance. Please refer to the Accident Insurance Policy (which will be issued to you upon acceptance of your application) for the applicable terms, conditions and exclusions.
- This insurance will be renewed automatically each year unless a written termination notice is given by the insured.