



# 太平洋人壽保險有限公司

## THE PACIFIC LIFE ASSURANCE CO., LTD.

(一九六〇年香港註冊) (INCORPORATED IN HONG KONG IN 1960)

### STATEMENT OF INSURABILITY 健康或可保聲明

Policy Number 保單編號	Name of Life Insured 受保人姓名	Name of Policy Owner 保單持有人姓名
--------------------	----------------------------	------------------------------

Please answer all the questions below and tick the appropriate box. 請回答下列所有問題，並在適當的空格內填上「✓」號。

#### PART 1 PERSONAL HABIT 個人嗜好

- Do you now use or have you used any tobacco products (including but not limited to cigarettes, cigars, pipes and chewing tobacco) within past 12 months? If "Yes", please specify the consumption and duration.  
閣下現時有否吸用或曾於過去 12 個月內吸用任何煙草產品 (包括但不限於香煙、雪茄、煙斗及咀嚼煙草等)? 若「是」, 請詳述吸用的數量及年期。  
Average Daily Consumption 每天平均吸用量: \_\_\_\_\_ For how many years have you used 已吸用多少年? \_\_\_\_\_ Year (s) 年
- Have you ever used tobacco products (including but not limited to cigarettes, cigars, pipes and chewing tobacco)? If "Yes", please specify your consumption in the past. If you stopped using any tobacco products, please also state when and for what reason.  
閣下曾否吸用任何煙草產品 (包括但不限於香煙、雪茄、煙斗及咀嚼煙草等)? 若「是」, 請註明過往吸用量。倘若閣下已停止吸用, 請詳述停止吸用的日期及原因。  
Average Daily Consumption 每天平均吸用量: \_\_\_\_\_ for 吸用達 \_\_\_\_\_ Year (s) 年  
Date ceased 停止吸用日期: \_\_\_\_\_ and Reason 及原因: \_\_\_\_\_
- Do you drink alcohol? If "Yes", please state kind, amount and frequency.  
閣下是否有飲用酒精類飲品? 若「是」, 請列明類別、飲用份量和頻密情況。  
Type 類別: \_\_\_\_\_ Amount 飲用份量: \_\_\_\_\_ Frequency 頻密情況: \_\_\_\_\_
- Have you ever taken drugs and narcotics? If "Yes", please state type, quantity and frequency.  
閣下曾否服用任何成癮藥物或毒品? 若「是」, 請註明類別、份量和頻密程度。  
Type 類別: \_\_\_\_\_ Quantity 份量: \_\_\_\_\_ Frequency 頻密情況: \_\_\_\_\_
- Do you or do you intend to engage in any hazardous pursuits (such as motor racing, motorboat racing, diving, parachuting, mountaineering, water skiing, or private flying or flying other than as a fare paying passenger on a regular scheduled airline.) If the above question is answered "Yes", please complete the relevant questionnaire.  
閣下是否有或可能參與任何危險運動 (如賽車、快艇競賽、潛水、跳傘、攀山、滑水、或私人飛行或非以購票乘客身份飛行於固定航線。) 若以上之問題的回答為「是」, 請填寫有關問卷。

#### PART 2 LIFE TO BE INSURED'S STATEMENT OF HEALTH 被保人健康聲明

- Height 身高: \_\_\_\_\_ ft \_\_\_\_\_ in / \_\_\_\_\_ m      Weight 體重: \_\_\_\_\_ lbs / \_\_\_\_\_ kg
  - Weight change in the last one year 過去一年體重增減: \_\_\_\_\_ lbs / \_\_\_\_\_ kg; Reason 原因: \_\_\_\_\_
  - Have you ever had, or been told or been treated for the following: 閣下是否曾患有或獲悉患有下列疾病, 或曾接受以下治療:
 

	Yes 是	No 否
a. Any heart complaint, high blood pressure or pain in the chest? 任何心臟病, 高血壓或胸部疼痛?	<input type="checkbox"/>	<input type="checkbox"/>
b. Anaemia, leukaemia, haemophilia or any other blood disorder? 貧血、白血病、血友病或任何其他血病?	<input type="checkbox"/>	<input type="checkbox"/>
c. Indigestion, gastric or duodenal ulcer, bowel disease, hernia or vomiting of blood? 消化不良、胃潰瘍或十二指腸潰瘍、腸臟病、疝氣或吐血?	<input type="checkbox"/>	<input type="checkbox"/>
d. Any kidney or bladder disease, renal colic or stone, or passage of blood in the urine or passage of blood from the bowel? 任何腎病或膀胱病、腎絞痛或腎石、或尿血或大便出血?	<input type="checkbox"/>	<input type="checkbox"/>
e. Hepatitis (including Hepatitis B carrier) or any liver or gall bladder disease? Any diabetes, thyroid, lymph or other endocrine (glandular) disorder? 肝炎 (包括乙型肝炎帶菌) 或任何肝病或膽病? 糖尿病、甲狀腺、淋巴或其他內分泌 (腺體) 之疾病?	<input type="checkbox"/>	<input type="checkbox"/>
f. Asthma, bronchitis, tuberculosis or any other respiratory disease? 哮喘、支氣管炎、肺結核或任何呼吸疾病?	<input type="checkbox"/>	<input type="checkbox"/>
g. Epilepsy, stroke, fainting attacks or fits of any kind? 癲癇症、中風、暈厥或各種抽搐發作病症?	<input type="checkbox"/>	<input type="checkbox"/>
h. Mental illness, depression, stress, anxiety state, speech defect or nervous condition? 精神病、抑鬱症、抑壓、焦慮、語言缺陷或神經過敏?	<input type="checkbox"/>	<input type="checkbox"/>
i. Arthritis, back pain, gout or any skin disorder or any disease or injury in any part of the spine or neck, joint or limbs? 關節炎、背痛、痛風或任何皮膚病或任何內脊骨、頸部、關節或四肢任何部份之疾病或損傷?	<input type="checkbox"/>	<input type="checkbox"/>
j. Any sexually transmitted disease, AIDS or AIDS-related complex? 任何透過性接觸傳染的疾病, 後天免疫力缺乏症 (愛滋病) 或愛滋病併發症?	<input type="checkbox"/>	<input type="checkbox"/>
k. Cancer or tumor of any kind? 癌症或任何腫瘤?	<input type="checkbox"/>	<input type="checkbox"/>
l. Disorder of the eyes, ears, nose, throat or mouth? 眼睛、耳朵、鼻、喉及口之功能缺陷或異常?	<input type="checkbox"/>	<input type="checkbox"/>
m. Any other disease or congenital disorder not mentioned above? 上述疾病以外之任何其他疾病或先天性之疾病?	<input type="checkbox"/>	<input type="checkbox"/>
  - During the last five years, have you: 在過往五年內, 閣下是否曾:
 

a. Had any check-up, consultation, treatment or operation? 接受或曾被建議進行任何檢查, 診治或手術?	<input type="checkbox"/>	<input type="checkbox"/>
b. Had any tests, including blood test, ECG, X-rays, etc.? 接受任何檢驗, 包括驗血, 心電圖或 X-光等?	<input type="checkbox"/>	<input type="checkbox"/>
c. Had any test to detect the presence of AIDS or AIDS antibodies? 接受任何愛滋病檢驗或愛滋病抗體測試?	<input type="checkbox"/>	<input type="checkbox"/>
d. Had a blood transfusion or been refused as a blood donor? 曾接受輸血或有意捐血而不獲接納?	<input type="checkbox"/>	<input type="checkbox"/>
  - Are you receiving medical treatment or medical care of any kind?  
閣下是否正接受任何藥物治療或醫療護理?  4.
  - (Female only) Are you pregnant? If "Yes", please state expected delivery date.  
(祇適用於女性) 閣下是否懷孕? 若「是」, 請註明預產期。  5.
- If any of the Question 1 - 5 is "Yes", please indicate the items concerned and state dates, diagnosis, duration, results, name and address of all attending physicians.  
如閣下在問題 1 - 5 的任何一項答「是」, 請列出有關項目, 註明日期、診斷或測試結果、患病時間、是否已痊癒, 與及所有曾提供診治的醫生姓名和地址。
- Give name and address of your usual doctor. Please specify the date of last consultation and reasons below.  
請列出閣下慣常求診之醫生姓名及地址。請註明最近接受該醫生診治之日期及原因。
  - Have any of your family members (whether living or dead) ever suffered from heart disease, cancer, kidney disease, diabetes, high blood pressure, lung disease, liver disease or mental disorder or any other hereditary disease(s)? If "Yes", please state details of which relative(s), the diagnosis, the onset age and current health condition.  
閣下之親屬中 (無論在生或已去世) 是否曾有人患心臟病、癌症、腎病、糖尿病、高血壓、肺病、肝病、精神病或任何其他遺傳性之疾病? 若「是」, 請詳述那位親人、所患病症、發病年齡及現時健康狀況。  Yes 是  No 否

**DECLARATION AND AUTHORIZATION 聲明及授權書**

I HEREBY REQUEST that my policy be changed in accordance with the particulars set out in the Request for Change Form and I understand and agree on behalf of myself, any firm or corporation, who may have any interest in this request form that:

- (a) The request for reinstatement, change or addition which requires evidence of insurability shall consist of this request form and the Statement of Insurability and shall not take effect unless all of the following conditions are met: (i) any required payment for the request is paid in full. (ii) the request is approved by **The Pacific Life Assurance Co., Ltd.** (the Company) during the lifetime and continued insurability of the person or persons insured by the policy.
- (b) The request which does not require evidence of insurability shall consist of this request form only and shall be effective upon confirmation by the Company.
- (c) The terms and conditions of the Incontestability Provision and Suicide Provision in the policy shall apply to the reinstatement, change or addition of sum insured made upon this request, but the period of time specified in the said provisions shall count from the date of settlement of this request by the Company.
- (d) Acceptance of the request shall be confirmed by the Company in writing or endorsement on the photostatic copy of this request form.

I HEREBY DECLARE AND AGREE on behalf of myself, any firm or corporation, who may have any interest in this request form that:

- (a) All the foregoing statements and answers in this request form together with those in any required medical examination, questionnaire, amendment or other document signed by me in connection with this request form in full, complete and true, and shall form the basis for policy change and become part of the policy. I also understand that in the event of doubt as to whether a fact is material, it should be disclosed here. I shall disclose to the Company any change in the health or insurability of the Insured after signing this request form before the change is effective. Failure to disclose any material facts shall render the request voidable.
- (b) The Company is not bound by any statement which I may have made to any person if not written or printed here.

I FURTHER AUTHORIZE on behalf of myself, any firm or corporation, who may have any interest in this request form that:

- (a) Any doctor, hospital, clinic, insurance company, government office or any organization or person who has any record knowledge or information of me/the Insured (whether medical or otherwise) to disclose, release or transfer to the Company or its representative such record, knowledge or information pertinent to this request form for policy change, reinstatement and any claim arising therefrom.
- (b) The Company or any of its appointed medical/para-medical examiner or laboratory to perform necessary medical assessment and tests to evaluate the health status of me/the Insured in relation to this request for policy change, reinstatement and any claim arising therefrom.

This authorization shall bind the successors and assignees of me/the insured and remains valid notwithstanding death or incapacity. A photostatic copy of this authorization shall be as valid as the original.

本人，現要求將本人之保單根據保單更改申請書上所列之事項作出更改，本人謹代表本人及任何涉及此表格內利益的公司或機構，明白及同意下列各點：

- 甲、申請保單復效，更改或增加而需申報的可保資料必須由此表格及可保資料聲明上的資料所構成。而除非能夠符合下列條件此申請即不會生效。(一) 所需作申請的款項已全部繳付。(二) 此更改申請涉及之投保人或保單內受保人士仍然在生及仍於可保狀況下經**太平洋人壽保險有限公司**（貴公司）批核。
- 乙、不需申報可保資料的申請只需由此表格構成並於貴公司確認後開始生效。
- 丙、保單內的不可爭議及自殺條款將適用此保單復效，更改或增加保障額申請內，而所述條款列明的時限將由貴公司完成此更改申請日起計算。
- 丁、貴公司將以書面通知或在此表格的影印本批註以確認接受更改申請。

本人現謹代表本人及任何涉及本申請書內利益的公司或機構，聲明及同意下列各點：

- 甲、此表格上所載的聲明及答案，以及經本人簽署之所需的體格檢驗、問卷、修改書及其他文件，均屬真實無訛，詳細完整，並構成根據此表格批核的更改及保單的依據及其中部份。本人明白倘有任何未知是否屬實於重要事項的資料均須透露。倘若於簽署此表格後並在保單更改生效前，投保人之健康或可投保性有所轉變，本人須知會貴公司。倘有任何重要事項未予透露，可導致保單更改作廢。
- 乙、本人對任何人所作出之任何聲明，如沒有在此表格上填寫或印出，貴公司不須受其約束。

本人現謹代表本人及任何涉及此表格內利益的公司或機構授權以下各點：

- 甲、任何醫生、醫院、診所、保險公司、政府部門或任何其他持有有關本人/投保人之個人資料（不論是否醫學資料）之人士或機構，向貴公司或其代表透露、發放或轉交任何與此表格或有關之保單復效或賠償申請之有關資料。
- 乙、貴公司或貴公司所指定之醫護人員或化驗所，可就保單更改或有關保單復效或賠償申請，對本人/投保人進行所需之醫療評估及測試以審核本人/投保人之健康狀況。

此授權對本人/投保人之繼承人或受讓人具有約束力。即使本人/投保人死亡或無行為能力，此授權書仍具效力。此授權書的影印本與正本具同等效力。

**PERSONAL INFORMATION COLLECTION STATEMENT AND CONSENT 個人資料收集聲明及同意書**

I UNDERSTAND AND CONSENT, by signing below, that the personal information provided by me whether relating to me/the Insured or to other persons named herein and held by the Company (whether contained herein or otherwise obtained) is provided to enable the Company to carry on insurance business and may be held and used, disclosed, released and transferred by the Company to any related company or other company carrying on insurance or reinsurance related business or any intermediary or claims investigator or other service provider providing services relevant to insurance business or professional advisor or any association or government authority or federation of insurance companies that exists or is formed from time to time or any individual/organization associated with the Company or any selected party as the Company may consider necessary whether local or overseas for the purpose of (i) any insurance or financial related product or service or any addition, alteration, variation, cancellation, renewal or reinstatement of them, (ii) any scope of insurance coverage, claim processing and analysis of it, (iii) direct marketing and data matching, and (iv) communication with you/the Insured.

I UNDERSTAND that I have the right under the Personal Data (Privacy) Ordinance to obtain access to and to request correction of any personal information held by the Company concerning me/the Insured or other persons named herein whose information is provided to the Company by me/the Insured. Such request can be made in writing and addressed to the General Manager of **The Pacific Life Assurance Co., Ltd.** Hong Kong Office. I further understand that the cost of acceding such request may entail a minimum fee of HK\$ 50..

**個人資料收集聲明及同意書**

本人明白並於下文簽署同意，貴公司將持有之任何有關本人/投保人或其他有關人士之個人資料（不論是否從此表格或其他途徑所得）用於保險業務之用途。貴公司並可持有、使用、透露、發放及轉交有關資料予任何與貴公司有相關之公司，進行保險或再保險業務之公司、中間人、賠償調查員、其他提供有關保險業務服務者、專業顧問、各團體、政府機關、保險業聯會（現有或將來成立）、與貴公司有聯繫之個人或團體，或任何貴公司確認為有需要之有關人等（不論本地或外地）作以下用途：i) 有關保險或財務之產品或服務，或該等產品或服務之增加、更改、轉變、取消、更新或復效，ii) 任何保障範圍、賠償申請，或有關分析，iii) 直接銷售、資料核對，及 iv) 與本人/投保人溝通。

本人明白本人有權依據個人資料（私隱）條例要求查閱由本人/投保人所提供有關本人/投保人或其他有關人士之個人資料。有關要求可以以書面向**太平洋人壽保險有限公司**香港辦事處總經理提出。本人同時明白辦理有關事項或需收費，最低為港幣五十元。

Signature of Insured  
受保人簽署

Signature of Policyowner (if other than Insured)  
保單持有人簽署（如非受保人）

Signature of Assignee/Irrevocable Beneficiary (if any)  
承讓人/不可撤換受益人簽署（如有）

Signed at Hong Kong SAR on (DD/MM/YYYY)  
在香港特別行政區簽署於（日 / 月 / 年）

Signed at Hong Kong SAR on (DD/MM/YYYY)  
在香港特別行政區簽署於（日 / 月 / 年）

Signed at Hong Kong SAR on (DD/MM/YYYY)  
在香港特別行政區簽署於（日 / 月 / 年）

For Office Use Only  
公司專用

Signature verified by

Captured by

Please return this completed form to The Pacific Life Assurance Co., Ltd. at 10/F, Dominion Centre, 43-59 Queen's Road East, Wanchai, Hong Kong.

Should you have any queries, please feel free to call our Customer Service Hotline at 2876 0876.

請填妥此表格並交回太平洋人壽保險有限公司（地址：香港灣仔皇后大道東 43-59 號東美中心 10 樓）。如有疑問，請致電客戶服務熱線 2876 0876。