

“卓越”全意保个人意外保险投保单(汇丰版)

SmartCare Prime Personal Accident Insurance Proposal Form (HSBC)

投保人基本信息 Information of the Policyholder

*投保人 Policyholder	
*投保人身份证/护照号码 ID Card/Passport No. of the Policyholder	*联系电话 Tel. No.
*通讯地址 Correspondence Address	邮政编码 zip Code

主被保险人/附属被保险人信息 Information of the Insured (附属被保险人须为主被保险人的配偶或 180 天至 17 周岁的未成年子女 The Insured persons should be the spouse or child(ren) aged between 180 days to 17 years old of the Main Insured;成年被保险人的投保年龄为 18 至 74 周岁, 续保至 99 周岁 Adult Insured persons must be from 18 to 74 years of age upon application and renewal up to 99 years old.)

	主被保险人 The Main Insured Person	附属被保险人 1 Insured Person 1	附属被保险人 2 Insured Person 2	附属被保险人 3 Insured Person 3	附属被保险人 4 Insured Person 4
*姓名 Name					
*性别 Gender					
联系地址 Correspondence Address	同上				
*身份证或护照号码 ID/Passport No.	同上				
*出生日期 Date of Birth					
国籍 Nationality					
*职业 Occupation					
*与主被保险人关系 Relationship to Main Insured	本人				
*与投保人关系 Relationship to Policyholder	本人	同上	同上	同上	同上
*受益人姓名/受益份额/与被保险人关系 Beneficiary, Share of the Benefits, and Beneficiary Relationship to the Insured	法定受益人	法定受益人	法定受益人	法定受益人	法定受益人
*受益人身份证或护照号码 ID /Passport No. of the Beneficiary					
受益人出生日期 Date of Birth of the Beneficiary					
*职业类别 Occupation Class	<input type="checkbox"/> 职业类别一 Class 1 <input type="checkbox"/> 职业类别二 Class 2	<input type="checkbox"/> 职业类别一 Class 1 <input type="checkbox"/> 职业类别二 Class 2	<input type="checkbox"/> 职业类别一 Class 1 <input type="checkbox"/> 职业类别二 Class 2	<input type="checkbox"/> 职业类别一 Class 1 <input type="checkbox"/> 职业类别二 Class 2	<input type="checkbox"/> 职业类别一 Class 1 <input type="checkbox"/> 职业类别二 Class 2
*保险计划 Insurance Plan	<input type="checkbox"/> 计划 A Plan A <input type="checkbox"/> 计划 B Plan B <input type="checkbox"/> 计划 C Plan C	<input type="checkbox"/> 计划 A Plan A <input type="checkbox"/> 计划 B Plan B <input type="checkbox"/> 计划 C Plan C <input type="checkbox"/> 未成年人 Child	<input type="checkbox"/> 计划 A Plan A <input type="checkbox"/> 计划 B Plan B <input type="checkbox"/> 计划 C Plan C <input type="checkbox"/> 未成年人 Child	<input type="checkbox"/> 计划 A Plan A <input type="checkbox"/> 计划 B Plan B <input type="checkbox"/> 计划 C Plan C <input type="checkbox"/> 未成年人 Child	<input type="checkbox"/> 计划 A Plan A <input type="checkbox"/> 计划 B Plan B <input type="checkbox"/> 计划 C Plan C <input type="checkbox"/> 未成年人 Child
保险费 Premium (保险费率表见第 2 页 Premium table is on page 2)					

总保险费 Total Premium

如被保险人为未满 18 周岁的未成年人, 请回答下列问题 Please answer below questions if any insured is under 18 years old:

该未成年人是否在本公司或者其他公司投保以死亡为给付保险金条件人身保险 Have you purchased any personal insurance with death benefits from AXA Tianping Property & Casualty Insurance Company Limited or other insurers for this Child? 否 No ☐ 是 Yes ☐

如以上问题答“是”, 则本保险公司不接受为该未成年人投保本保险的申请; 如未勾选, 则视为未在本保险公司或其他保险公司参保以死亡为给付保险金条件的人身保险。 If the answer is Yes, the insurance application of this Child will not be accepted by the insurer. If the question is unanswered, it will be considered as No for the question.

保险责任 Coverage

基本保险责任 Basic Coverage				
保险责任 Coverage	各被保险人保险金额 (币种: 人民币) Maximum Limit Per Insured Person (Currency: RMB)			
	<input type="checkbox"/> 计划一 Plan 1	<input type="checkbox"/> 计划二 Plan 2	<input type="checkbox"/> 计划三 Plan 3	<input type="checkbox"/> 未成年 人 Child
意外身故、残疾及烧伤保险金 Accidental Death, Dismemberment & Burns	500,000	1,000,000	1,500,000	100,000
交通工具意外身故、残疾及烧伤保险金-仅限民航客运飞机 Vehicle Accidental Death, Dismemberment & Burns – Aviation Only	1,000,000	1,000,000	2,000,000	100,000
交通工具意外身故、残疾及烧伤保险金-仅限搭乘除民航客运飞机外其他交通工具或驾驶私家车辆或者公务车辆期间 Other Vehicle (excluding Aviation and including other Transportation/driving Private owned Motor /Official Motor)	500,000	1,000,000	1,000,000	100,000
意外医疗费用 (赔付比例: 100%) Accidental Medical Expenses(No Copayment)	20,000	30,000	50,000	10,000
* 中药师或接骨师(每一保险年度总赔偿限额 2,000,最高 100/天)				

Chinese physician, herbalist or bonesetter expenses (Max. 100/day, up to 2,000)				
意外住院津贴 (每一保险年度总赔偿日数: 180 天) Daily Accidental Hospital Income (Max. 180 days per policy year)	150/天 day	150/天 day	200/天 day	50/天 day
意外重症监护病房住院津贴 (每一保险年度总赔偿日数: 180 天) Daily Accidental Hospital Income in ICU (Max. 180 days per policy year)	150/天 day	150/天 day	200/天 day	50/天 day
借贷还款保障 Loan Protector	无 N/A	200,000	300,000	无 N/A
未成年人教育资助 Children's Education Fund (每一位未成年人限额 10,000 Each Child: 10,000)	无 N/A	20,000	30,000	无 N/A
24 小时全球紧急救助服务(包括医疗运送和送返、身故遗体送返及丧葬费用)Emergency Assistance Service(incl. Emergency Evacuation & Repatriation, Repatriation of Mortal Remains)	100,000	100,000	100,000	100,000
*其中身故遗体送返及丧葬费用不超过 Repatriation of mortal remains and Funeral Expense Limited to	20,000	20,000	20,000	20,000

保险费率表 Premium Table

(币种 Currency: 人民币 RMB/人 Person)	计划一 Plan 1	计划二 Plan 2	计划三 Plan 3	未成年人 Child
保险费/人 (180 天-17 周岁) Premium/Person (from 180 days to 17 years old)	-	-	-	210
保险费/人 (18-60 周岁) Premium/Person (from 18 to 60 years old)	935	1,810	2,710	-
保险费/人 (61-74 周岁) Premium/Person (from 61 to 74 years old)	1,403	2,715	4,065	-
保险费/人 (75-99 周岁) Premium/Person (from 75 to 99 years old)	1,870	3,620	5,420	-

*如投保家庭单,则每一被保险人的保费为上述保险费率表的 90%.

*任何成年被保险人投保本保单时需确保, 其所选计划中意外身故及残疾保险金额不得超过其合法年度应税总收入的 5 倍。Please make sure you DO NOT pick the plan whose Insured Amount of Accidental Death & Permanent Dismemberment is above 5 times of your legal annual income.

***本保险仅承保属于以下职业类别范畴的被保险人: The insured whose occupation does not belong to below occupation class is not covered by this insurance policy:**

职业类别一: 行政和文员类办公室内勤或管理人员如会计师、顾问、文员、医生等;

职业类别二: 以室内工作为主, 涉及室外工作或偶尔涉及轻体力劳动者, 如美容师、不使用工具及机械的土木工程师或销售人员等。

Class 1: Professions and occupations involving indoor work and of a non-hazardous nature e.g. accountants, administrators, architects, doctors, indoor sales staff, clerks and the like;

Class 2: Professionals and occupations involving indoor work with occasional manual work involving some outdoor work, e.g. hairdressers, waiters, outdoor sales staff, electronic engineers, civil engineers and the like.

具体职业类别请参考《安盛天平职业类别表》PLEASE REFER TO THE OCCUPATION TABLE

如您的职业不属于本保险承保的职业类别范畴, 您在索赔时将无法获得保险金, 并且/或者您的保险合同会被宣布无效, 而只获得您保险期间内所支付的无息保险费, 因此请您务必确认您的职业符合以上定义。如有疑问, 请咨询安盛天平财产保险有限公司客户中心(热线: 95550)。

Please make sure your occupation is within the occupation classes covered by this policy as defined above, otherwise, you may receive no payment of Benefits in the event of any claim, and/or your Insurance Contract might be declared as null and void, while you may only receive the insurance premium you paid within the insurance period, without receiving any interest. Please contact our customer service center via calling at 95550 should you have any doubt about your occupation class.

部分除外职业: Partial Occupation Exclusions:

- 军事人员, 刑事执法人员, 民防人员, 保安人员, 消防人员, 战地记者; 或 military workers, criminal tipstaff, security guard, fireman, war correspondent; or
- 任何水下、地下或离岸工作人员, 如船员、潜水员、捕鱼人员以及从事采矿/业的人员; 或 any under-water, underground or off-shore workers, i.e. shipman, diving man, piscator, mining/gassing/oil refining worker and the like; or
- 焊接工、冲压工、磨工、锉工、钻床工、拉床工、锯床工、铣床工、铸造工、车床工、码头工人, 船坞工人; 或 Welders, punch worker, grinder, drill press worker, boring worker, broaching machine worker, sawing machine worker, shearing machine worker, milling machine worker, casting worker, lathe worker, docker; or
- 飞机机组空乘人员, 职业运动员, 武打和特技演员; 或 aircrew staff, professional player, stunt actor; or
- 以摩托车/电瓶车为交通工具的全职快递员或外送员或驾驶重型机车或机械如起重机、铲车、卡车、货车的全职驾驶员或全职公交车或出租车司机; 或 full time delivery man (via motorcycle), full time taxi driver, public coach driver, drivers for crane, forklift, truck, van; or
- 与有毒有害气体或物质接触的任何职业; 或 any occupation involving toxic gas or substance; or
- 爆破人员或烟火加工人员等; 或 firework worker; or
- 被保险人受雇于商业船只; 被保险人于海军、空军、陆军服役或以警察、消防人员、警务人员身份执行任务期间; 职业性操作或测试任何种类交通工具; 或 the insured person who is employed by a commercial vessel; who takes service in the navy, air force or land force or implements a task in the identity of a policeman, fire prevention or police personnel; who is implementing occupational operation or testing any type of public conveyance; or
- 被保险人从事石油开采、采矿业、空中摄影、重机械操作工人、处理爆炸物、森林砍伐、建筑工地现场施工、交通运输司乘、搬运、装卸、地下作业、山洞作业、水上作业、五米以上高处作业的职业活动期间; 或 the insured person engages in an occupational activity of petroleum exploitation, mining, air photographing, heavy machinery worker, treatment of explosives, deforestation, construction undertaking at the work site, transport, carriage, loading and unloading, underground work, cave work, on-water work or elevated work of five meters or higher; or
- II 级或以上的体力劳动者(以中华人民共和国国家标准 GB3869-83 为准)。physical work of level II or above(as what is specified in the national standards of the people's republic of china, i.e., GB3869-83).

既往事项告知 Past Experience (如果以下任何问题回答“是”, 请交由安盛天平财产保险有限公司零售保险部审核 Please pass to retail department of AXA Tianping Property & Casualty Insurance Company Limited for approval.)

	主被保险人 The Main Insured Person	附属被保险人 1 Insured Person 1	附属被保险人 2 Insured Person 2	附属被保险人 3 Insured Person 3	附属被保险人 4 Insured Person 4
1. 被保险人是否曾在投保申请任何类似保险计划时被要求增加保费、被拒、被延迟或需要签署特别约定? Have any insurer declined, postponed, modified, or rated up your application for similar coverage?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
2. 被保险人现在是否已在本公司或其他保险公司购买意外保险? Have you covered by any insurer (including us) for accident based insurance?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3. 被保险人是否在过去五年内由于意外获得过任何保险公司的赔偿? Have you got any claim against accident from any insurer?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
4. 您是否患有疾病或有任何身体残缺或精神病? Do you suffer from any infirmity, illness, physical defect or insane?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
5. 被保险人是否曾参与或意图参与任何危险运	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 是 Yes

动或嗜好? Have you participated, or do you intend to participate in any hazardous sports?	<input type="checkbox"/> 否 No	<input type="checkbox"/> 否 No	<input type="checkbox"/> 否 No	<input type="checkbox"/> 否 No	<input type="checkbox"/> 否 No
如以上问题答“是”，请列明详细资料 If the answer is yes, please provide details					

投保须知 Important Information

1. 本投保申请书应当由您本人亲自填写并签署，且对投保申请书所列事项应当据实填写。The application form should be signed by the policyholder and the insured persons.
2. 被保险人的投保年龄为 180 天至 74 周岁，续保至 99 周岁。The Insured person(s) must be aged from 180 days to 74 years upon application and renewal up to 99 years old.
3. 本保单的承保区域为包括但不限于中国大陆地区。The policy provides worldwide coverage including, but not limit to China main land
4. 请注意：北京平谷区、湖南省、河北省秦皇岛市青龙县、河北省廊坊市、河北省承德市、山东省禹城市、江苏省沭阳市、江苏省徐州市（丰县和邳县除外）、河南省信阳市的所有医院的就医均不予理赔，建议您去住其他区域二级以上公立医院就医。除烧、烫伤治疗外，部队及武警医院中发生的医疗费用均不予理赔。
Medical expenses occurred in hospitals located in below cities/districts are excluded: Pinggu district, Beijing; Hunan province; Qinglong county, Qinhuangdao city, Hebei province; Langfang city, Hebei province; Chengdu city, Hebei province; Yucheng city, Shandong province; Muyang city, Jiangsu province; Xuzhou city, Jiangsu province(exclude Feng county and Pi county); Xinyang city, Henan province. Police hospital is also excluded unless medical expenses are caused by burns.
5. 根据保监发〔2015〕90 号的规定，对于父母为其未成年子女投保的人身保险，在被保险人成年之前，各保险合同约定的被保险人死亡给付的保险金额（包括在所有商业保险公司所购买的保险，但不包括投资连结保险、万能保险以及航空意外伤害保险）总和、被保险人死亡时各保险公司实际给付的保险金总和：投保年龄不满 10 周岁的，不得超过人民币 20 万元；投保年龄已满 10 周岁但未满 18 周岁的，不得超过人民币 50 万元，故对于被保险人的投保限额超过上述规定的，我司不再承保，若尚未达到限额的，本公司仅就差额部分进行承保。Any insured under 18 years old, if he/she, before the inception of this policy, has other insurance policy/policies that offer(s) death benefit (except unit-linked insurance, universal insurance and aviation personal accident insurance), the death benefits provided by this policy will be excess in all instances to the other insurance policy/policies and the total death benefits of the other insurance policy/policies and this policy shall not exceed the death benefits limit- RMB 100,000 for person under 10 years old or RMB 500,000 for person from 10 to under 18 years old as specified by China Insurance Regulatory Committee in regulation (2015) #90.
6. 投保人未能披露与本保险相关之重大事实可能导致本保险无效。重大事实是指可能影响保险公司风险评估或接受投保申请与否之事实。如果投保人不能确定某些事实是否属于应披露之重大事实，请予以披露。Failure to disclose a material fact known to you may invalidate the Policy. A material fact is one which may influence the assessment or acceptance to the risk to be insured by the Company. In case of doubt as to whether a fact is material, you should disclose it.
7. 人身意外保险的保费计算以被保险人投保时的职业类别为准，承保后被保险人若有任何职业变更，须于 10 天内以书面方式通知保险公司以作调整。Please inform us immediately if your occupation has changed.
8. 在您填写本投保申请时，您可以要求业务人员向您提供保单条款；请您仔细阅读保险条款，尤其是除外责任、免责条款、赔偿限额、免赔额、一般条件等黑体字/彩色标题标注的条款内容，并听取保险公司业务人员的说明，如对保险公司业务人员的说明不明白或有异议的，请在填写本投保单之前向保险公司业务人员进行询问，如未询问，视同已经对条款内容完全理解并无异议。Please kindly ask for the Policy Wording from your agent before signing the application form. Please read it carefully, special on exclusion, indemnity limit, deductible, general condition in Bold/ Color heading, and make sure all coverage of the wording is well known. Any unclear or unacceptable part, please inquire to the agent before your sign off. It is deemed as understand with no doubt if there is no enquire.
9. 您有权在收到保险合同之后的 14 天内要求解除合同。如果在此期间内未发生理赔、付款担保或付款预授权，我们将全额退还您已交纳的全部保险费。在此期间后，您仍然有解除保险合同的权利，但会存在退保损失。You have the right to contact us within 14 days after you received the contract to cancel the policy. We will refund the premium you have paid in full if no claim, pre-authorization or guarantee of payment has been made. You still have the right to cancel the policy after 14-day period, but you will undertake certain loss of value.
10. 请您了解本公司的偿付能力充足率已达到了监管要求，若需进一步了解本公司最新季度的偿付能力信息及风险综合评级结果，请登录安盛天平保险公司官网 www.axa.cn 查询，该信息可以作为您决定是否投保的参考信息。Please note that AXA's solvency capacity has been fully met the regulatory requirements. If you are required to know the most updated solvency and comprehensive risk rating of our company for reference, please check it on our official website - www.axa.cn.

请选择一种争议解决方式 Please tick one Dispute Resolution

- ☐ 提交中国国际经济贸易仲裁委员会上海分会 Submit to China International Economic and Trade Arbitration Shanghai Commission
- ☐ 有管辖权的人民法院裁决 Courts having jurisdiction for judgment

*若您不做选择，则保险合同争议方式默认为第二种 If you do not make the choice, the second one shall be the default resolution

投保人/被保险人声明 Declaration of Proposer/Insured

1. 本人已经仔细阅读保险条款，尤其是除外责任、免责条款、赔偿限额、免赔额、一般条件等黑体字/彩色标题标注的条款内容，并对保险公司就保险条款内容的说明和提示完全理解，没有异议，申请投保。I/We have read the wording carefully, special on exclusion, indemnity limit, deductible, general condition in Bold/ Color heading, and make sure all coverage of the wording is well known.
2. 本人理解并同意保险公司对本投保书有拒绝或者接受的权利。如果保险公司对本投保申请书没有提出异议，投保人同意保险公司直接安排出具正式保单。I/We understand and agree the insurer has the rights to decline or accept the application form and agrees to issue the policy directly if the insurer accepts the application form.
3. 本人同意此投保申请书为投保人与保险公司订立保险合同的依据，并特此声明投保书中所填写内容根据我们所知确定无误。I/We agree that this proposal form shall be the basis of the contract between me/us and AXA Tianping Property & Casualty Insurance Company Limited. I/We declare that the statements made in this application are true, correct and complete to the best of my/our knowledge and belief.
4. 本人理解并同意在保险合同订立后，保险公司可因处理与保险合同有关的事项如理赔调查、损失查勘等事务授权第三方公司或者人员基于继续履行保险合同义务的需要查阅与投保人有关的资料或者基于监管部门/人员的调查要求，在要求范围内披露投保人的有关信息。I/We also agree that in case of any claims, AXA Tianping Property & Casualty Insurance Company Limited could assign any third party for relevant investigation affairs.
5. 本人承诺本人所从事的职业为贵司定义的一、二类职业且非贵司定义的不保职业。I/We promise that my/our occupation is class 1, 2, and is not one of the occupation exclusions.
6. 本人理解此保单提供的保障，必须在保险公司确定接纳投保且收妥保费后，才能正式起效。I understand that this policy is cash before cover subject to the insurer's approval.
7. 本人明白若本人自愿投保贵保险公司承保的多项综合保险（不包括团体保险），且在不同保障产品中有相同保险利益的，则贵保险公司仅按其中保险金额最高者做出赔偿，并退还其它保险项下已收取的相应保险利益的保险费。If the applicant applies different insurance products from AXA Tianping Property & Casualty Insurance Company Limited and there are the same Benefits under different insurance products, the company will indemnify the insured only one Benefit with the highest limit and refund the premium of other same Benefits when claim occurs.
8. 本人同意保险公司及/或安盛集团成员公司、关联公司，可以在安盛集团内部或者外部使用我所提交的以及后续提交的信息，并且为进行保险业务或/为了其他相关目的，可以转让或者披露上述信息给那些公司。I/We agree that the information and any subsequent information submitted by and collected from me/us may be used by the insurer and/or any company within the AXA Group of companies and/or any of its associated companies, within or outside AXA entity, for the purpose of carrying on insurance business and/or for other related purpose and in this connection, You may transfer or disclose that information to any of those other companies.
9. 本人理解并知晓：若本人投保的是安盛天平北京分公司的产品，在中国法律允许或要求的范围内，本人同意授权安盛天平北京分公司将本人个人信息及保单信息提供给北京意外保险信息平台以作合理利用，如果填写手机号码安盛天平将为本人提供免费的投保短信提示。若本人投保的是安盛天平四川分公司的产品，本人同意授权安盛天平将本人个人信息共享至四川省保险行业协会，用于（且仅用于）行业反保险欺诈排查。
 I/We understand and agree that the information and any subsequent information submitted by and collected from me/us may be used by AXA Tianping Property & Casualty Insurance Company and Beijing Insurance Information Services Platform, if the insurance was purchased from AXA Tianping Property & Casualty Insurance Company Beijing Branch. I/We understand SMS notice will be sent by AXA Tianping Property & Casualty Insurance Company if my mobile phone number is provided. I/We understand and agree that the information and any subsequent information submitted by and collected from me/us may be used by AXA Tianping Property & Casualty Insurance Company and Sichuan Insurance Association for anti-insurance fraud investigation only, if the insurance was purchased from AXA Tianping Property & Casualty Insurance Company Sichuan Branch.

被保險人簽名 Signature of the Insured

主被保險人 Main Insured	附屬被保險人 1 Insured Person 1	附屬被保險人 2 Insured Person 2	附屬被保險人 3 Insured Person 3	附屬被保險人 4 Insured Person 4
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
日期 Date	日期 Date	日期 Date	日期 Date	日期 Date

投保人(蓋章/簽名)Signature of the Proposer日期 Date

外部經辦渠道專用 CONTACT PERSON USE ONLY		
外部經辦公司名稱 Contact Person's Company	外部經辦人員姓名 Contact Person	經辦日期 Date

保險公司專用 COMPANY USE ONLY		
業務員姓名 Producer Name	渠道 Channel	日期 Date