

Large Amount Supplement 大額附表



Application/Policy Number 投保書/保單編號

The "Company" or "AXA" "本公司"、"貴公司" 或 "AXA 安盛":

AXA China Region Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) 安盛保險 (百慕達) 有限公司 (於百慕達註冊成立的有限公司) / AXA China Region Insurance Company Limited

安盛金融有限公司

□ Retirement

Planning

退休計劃

借貸保障

☐ Loan Protection

Impo	rtant	Notes:
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- 1. This form is to be filled in BLOCK LETTERS.
- 2. The original of this form and supporting documents submitted will not be returned.
- 3. Please do not sign on blank form.

重要事項:

(a) Personal

(b) Business

Customer

Customer

公司客戶

其他(請詳述):

個人客戶

☐ Family Protection

☐ Keyperson (Keyman) ☐

家庭保障

Insurance

要員保險

Others (Please give details):

- 1. 此表格應以正階填寫。
- 2. 所遞交之表格正本及所需文件將不獲退還。
- 3. 請勿在空白表格上簽署。

Currency used throughout this form (Please put a "✔" in th 適用於此表格的貨幣 (請在適當方格內加上「✔」號)	ne appropriate box) HKD USD RMB Other (Please specify): 港元 美元 人民幣 其他 (請列明):
1. Personal Details and Policy Informat 個人及保單資料	tion
Name of Proposed Insured/Insured: 建議被保人 / 被保人姓名:	
Occupation and title of Proposed Insured/Insured: 建議被保人 / 被保人職業及職位:	
Name of Proposed Owner/Owner: 建議持有人 / 持有人姓名:	
Occupation and title of Proposed Owner/Owner: 建議持有人 / 持有人職業及職位:	
Name of Payor (If other than Proposed Owner/Owner): 付款人姓名 (如非建議持有人 / 持有人):	
Occupation and title of Payor (If other than Proposed Owner/Owner): 付款人職業及職位 (如非建議持有人 / 持有人):	
Relationship of Payor to Proposed Insured/Insured: 付款人與建議被保人/ 被保人的關係:	
Purpose of Insurance (Please put a "✔" in the appropriate 投保目的 (請在適當方格內加上「✔」號)	box)

Income

收入取代

Stock Repurchase ☐ Partnership/

Replacement

Shareholder

合夥人/股東

Estate Planning

遺產規劃

NHK1LAQEPI

☐ Employee Benefits

僱員福利

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Please give details of all insurance in force, or currently applying, or concurrent applications, for the Proposed Insured/Insured. 請提供建議被保人 / 被保人所有已生效,或在申請中,或同時申請之保險詳情。
If you need more space, please use section 5 "Additional Information".
如有需要,可於第五部分「額外資料」繼續填寫。

WHMX, NWATHVIR	八只们」層源分布				
Application Status (Please list all policies) 申請狀況 (請列出所有保單)	Insurance Company Name 承保公司名稱	Policy Type (Life, Critical Illness etc.) 保險類型 (人壽、嚴重疾病等)	Sum Insured/Protection Amount/Notional Amount 投保金額 / 保障金額 / 名義金額	Reason for Cover 投保原因	
In Force Policy - please state date of policy issuance 已生效保險 – 請提供保單 簽發日期					
Currently Applying 在申請中					
Concurrent Applications# 同時申請#					
# If there are concurrent applications, please confirm the total sum insured to be placed in force: # 如有同時申請的其他保險公司之保障,請確認最終將生效之總投保額:					
 Declaration by Proposed Insured/Insured/Proposed Owner/Owner/Payor (If other than Proposed Owner/Owner) 建議被保人/被保人/建議持有人/持有人/付款人(如非建議持有人/持有人)聲明 					
Please put a "✔" in the appr		oposed Insured/Insured	☐ Proposed I	nsured/Insured	

建議被保人/被保人/建議持有人	/	持有人/付款人(如非建議持有人/持	有	人) 聲明
Please put a "✔" in the appropriate box 請在適當方格內加上「✔」號		Proposed Insured/Insured 建議被保人/ 被保人		Proposed Insured/Insured 建議被保人/被保人
		Proposed Owner/Owner 建議持有人/ 持有人		Proposed Owner/Owner 建議持有人/ 持有人
		Payor (If other than Proposed Owner/ Owner) 付款人 (如非建議持有人 / 持有人)		Payor (If other than Proposed Owner/ Owner) 付款人 (如非建議持有人 / 持有人)
What are your sources of wealth for insurance premiums? (Tick one or more)		Salary Income/Bonus 薪金收入/獎金花紅		Salary Income/Bonus 薪金收入/獎金花紅
您支付保費的財富來源為:(可選多於一項)		Rental Income 租金收入		Rental Income 租金收入
		Accumulated Savings 累積儲蓄		Accumulated Savings 累積儲蓄
		Investment return/ongoing investment income 投資回報/持續投資收入		Investment return/ongoing investment income 投資回報/持續投資收入
		Pension Fund/Ongoing pension Income & previous occupation: 退休金/持續退休金收入及退休前職業:		Pension Fund/Ongoing pension Income & previous occupation: 退休金/持續退休金收入及退休前職業:
		Loan 貸款		Loan 貸款
		Business earning 生意盈利		Business earning 生意盈利
		Others (If financially depends on others, please provide relationship, occupation & title): 其他 (如經濟需要他人資助,請提供與建議持有人關係、其職業及職位):		Others (If financially depends on others, please provide relationship, occupation & title): 其他 (如經濟需要他人資助,請提供與建議持有人關係、其職業及職位):

2.1 Income 收入

Source of Income for the past 2 years (Including part time job) 最近兩年的收入來源 (包括兼職工作)

取过M4-134X八木/赤(已15茶4K工1F)	Year 20 20 年	Year 20 20 年	Year 20 20 年	Year 20 20 年
Earned Income 入息性收入	20	204	204	20#
Annual Salary 年薪				
Guaranteed Commissions & Bonus 保證佣金及花紅				
Other Earned Income (Please specify) 其他入息性收入 (請列明)				
Unearned Income 非入息性收入				
Investment Income 投資收益				
Property Rental Income 物業租金收益				
Interest from Bank Deposit 銀行存款利息				
Dividend from Shares 股份所得紅利				
Other Unearned Income (Please specify) 其他非入息性收入 (請列明)				
Total Income (Earned and Unearned) 總收入(入息性及非入息性)				
2.2 Expenses 支出				
Expenses for the past 2 years 最近兩年的支出				
	Year 20 20年	Year 20 20年	Year 20 20年	Year 20 20年
Rental Expenses 租金支出				
Household/Utility Expenses 家庭/日常開支				
Personal Expenses 個人支出				
Retirement Fund Contribution 退休基金供款				
Other Expenses (Please specify) 其他支出(請列明)				
Total Expenses 總支出				

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2.3 Assets 資產

Residential	Property
住字物業	

住宅物業	
Property Address 物業地址	
Rented or Purchased (Please specify) 租用或自置 (請列明)	
Purchased – Purchase Price 自置 - 購買金額	
Purchased – Purchase Date 自置 - 購買日期	
Outstanding Mortgage Amount and Term 尚欠按揭金額及尚餘借貸年期	
Current Estimated Value 現時估計價值	
% of Ownership 業權百分比	
Other Property 1 其他物業 1	
Property Address 物業地址	
Purchase Price 購買金額	
Purchase Date 購買日期	
Outstanding Mortgage Amount and Term 尚欠按揭金額及尚餘借貸年期	
Current Estimated Value 現時估計價值	
% of Ownership 業權百分比	
Other Property 2 其他物業 2	
Property Address 物業地址	
Purchase Price 購買金額	
Purchase Date 購買日期	
Outstanding Mortgage Amount and Term 尚欠按揭金額及尚餘借貸年期	
Current Estimated Value 現時估計價值	
% of Ownership 業權百分比	

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Other Assets 其他資產	Other Assets 其他資產			
Existing Cash Flow (Including Cash on Hand and Deposit in Ban 現有流動資金總值 (包括現金及銀行存款)	k)			
Shares/Stocks/Bonds 股份 / 股票 / 債券				
Business Equity 業務持股權				
Value of Other Assets 其他資產總值				
i) Asset Detail: 資產詳情 :				
ii) Value: 價值:				
Total Assets 總資產				
2.4 Liabilities 負債				
Total Outstanding Personal Loan Amount and Term 未償還之私人貸款總額及年期				
Overdraft 透支				
Other Liabilities (Please specify) 其他負債 (請列明)				
Total Liabilities 總負債				
2.5 Other Relevant Details 其他有關資料				
At this time, do you have any undischarged bankruptcy? 現時您是否有未償清的破產債務?				
Do you have any banking relationship with any private bank, priority/premier division banks? 您有否於任何私人銀行、銀行優先、優越理財部開立戶口? If "yes", please give name of bank, relationship years and type of account. 如「有」,請註明銀行名稱、開立年期及戶口類別。	f			

Business Owner Details

Declaration for Business Owner (Applicable to Business Customer or Personal Customer as a Business Owner) 業務持有人聲明 (適用於公司客戶或為業務持有人的個人客戶)

業務持有人資料				
Please put a "✔" in the appropriate box 請在適當方格內加上「✔」號	□ Proposed Ins 建議被保人/ 被	ured/Insured 设保人	□ Proposed Ins 建議被保人/被	
	□ Proposed Ow 建議持有人/持		□ Proposed Ow 建議持有人/ 持	
	Owner)	er than Proposed Owner/ 建議持有人 / 持有人)	Owner)	r than Proposed Owner/ 議持有人 / 持有人)
Company Name and Nature of Business 公司名稱及業務性質				
Years of Company in Business 公司成立之年期				
Is the Company/Business Incorporated? 公司是否已經註冊? If "yes", what was the Date of Incorporation? 如「是」,註冊日期為?				
No. of Employees (full time) 員工數目 (全職)				
Are you a Shareholder or Partner in the Company? 您是否公司之股東或合夥人? If "yes", please state the percentage of share owned by yourself. 如「是」,請說明所佔之公司股份。				
Please give details of company performanc 請提供公司最近兩年的業績資料	e over the last 2 yea	ars		
	Year 20 20年	Year 20 20年	Year 20 20年	Year 20 20年
Turnover 生意額				
Gross Profit 毛利				
Net Profit 純利				
Total Liabilities 總負債				
Total Assets 資產總值				

4. Declaration for Business Customer (If more than one business reason applies, please complete all relevant sections) 公司客戶聲明 (如有多個商業目的,請完成所有相關的部分)

i) For Keyperson (Keyman) Insurance

	罗貝 保險					
	Please give reasons why the Proposed Insured/Insured is conspecial skills, knowledge, expertise, qualifications etc. 請提供建議被保人 / 被保人為公司要員的理由,例如公司職位、	onsidered to be valuable to the company e.g. position in company, duties, 職務、特殊技能、專業知識、專長及資格等。				
	How was the Sum Insured calculated? 如何計算出保額?					
	What proportion of business net profit can be directly attribu建議被保人 / 被保人對公司純利之直接貢獻比例?	uted to the Proposed Insured/Insured?				
	Total value of the Proposed Insured/Insured's current remun請列出建議被保人 / 被保人現時之薪酬。(請遞交入息稅申報書」					
	Please give details of any proposed or in force cover for all ot 請提供公司其他要員之在投保或已生效的保障詳情。	ther keypersons.				
ii)	For Partnership/Shareholder Insurance 合夥人 / 股東保障					
	What financial loss would arise in the event of death of the Proposed Insured/Insured? 如建議被保人 / 被保人去世,公司將會有甚麼財務損失?					
	Have all shareholders/partners been covered by insurance policy (ies)? If yes, please give details. 是否所有股東 / 合夥人均已投保?如是,請詳述之。					
	What is the current valuation on the shares/partnership? (Please submit Buy & Sell Agreement and current official valuation report for reference) 公司股份 / 合夥資產現值多少?(請遞交買賣協議書及現時估值報告以作參考)					
iii)	For Business Loan Protection (Please submit Loan Agreem 商業借貸保障 (請遞交貸款合約以作參考)	ent for reference)				
	Name of Lender 貸款人姓名:					
	Loan Amount 貸款額:	Repayment Period 				
	Purpose of the Loan 借貸目的:	Commencement Date of the Loan 借貸日期:				
	Are there joint/several Guarantees? If yes, please provide det 是否個別及連帶責任擔保?如是,請提供其餘貸款人之詳情及承	tails of other persons and their percentage share of loan liability. 承擔的貸款百分比。				
	Is this insurance a requirement of the lender in providing the 是次投保申請是否貸款人發放貸款的必要條件?	e loan?				

Signature of Financial Consultant/Witness 理財顧問 / 見證人簽署

-arge various cappendency (BATILIA)	
5. Additional Information 額外資料	
Please use this space to provide us with any additional financial inf 請於此部份提供任何有關投保申請的額外財務資料。	formation relevant to the application.
6. Declaration and Authorisation 聲明及授權	
this form is supplemental to the application for insurance, chan Application No./Policy No. signed by me/us. I agree and confirm the answers to all questions are true and complete; (2) We have not hate I/We signed the Application Form of the above mentioned ap me/us under the Declaration & Authorisation Section and Personal	lication (hereinafter referred to as "We" or "Our"), acknowledge that ge or reinstatement (the "Application Form") in relation to the abovement (1) to the best of my knowledge and belief the above statements and any change in material facts and/or medical consultation since the plication; (3) the declarations, agreements and authorisations made be Information Collection Statement Section of the Application Form shat and become a part of the policy to be issued/reinstated or issued by the
更改或保單復效申請書(「申請書」)。本人同意及確認(1)上述一切陳發	:表格補充本人 / 我們就有關上述投保書編號 / 保單編號已簽署的投保、保 並及問題的所有答案,就本人所知所信,均為事實之全部及確實無訛;(2) 自 台;(3) 載於申請書上聲明及授權部份及收集個人資料的聲明部份內的聲明、 保單的根據,並作為保單一部份。
	pport of the above financial information as and when requested by you
Signature of Proposed Insured/Insured (If aged 18 or above) 建議被保人 / 被保人簽署(如十八歲或以上)	Date Signed (YYYY/MM/DD) 簽署日期(年 / 月 / 日)
Signature of Proposed Owner/Owner (If other than Proposed Insured/Insured) 建議持有人 / 持有人簽署(如非建議被保人 / 被保人)	Date Signed (YYYY/MM/DD) 簽署日期(年 / 月 / 日)
Signature of Payor (If other than Proposed Owner/Owner) 付款人簽署(如非建議持有人 / 持有人)	Date Signed (YYYY/MM/DD) 簽署日期(年 / 月 / 日)

Date Signed (YYYY/MM/DD) 簽署日期(年 / 月 / 日)