

## 团体被保险人个人告知声明书 DECLARATION OF HEALTH

由被保险人填写正反面并由其本人签名  
 To be completed by the Insured and please sign the Declaration overleaf

被保险人姓名 Insured Name (Name on China ID Card) 姓/Surname: _____ 名/Given name: _____  身份证 China ID Card 其它证件 (Other certificate) _____ 请在下面空格处填写对应号码: Please fill the related number in the blank:  _____	性别 男性 Male Sex 女性 Female  婚姻状况 (Marital Status) 未婚 Single 已婚 Married 离婚 Divorced 丧偶 Widowed	出生日期(Date of Birth) 年 Y__ 月 M__ 日 D__  基本月薪(Monthly Salary) RMB_____元/Yuan  职位 (Position) _____ 工种 (Occupation) _____
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工作范围/Duties:

您是否有机动车辆驾驶执照?(如有, 请详述驾照类型)  
 Do you have any Driving License? If "yes", please give the type of the license.

您是否有驾车肇事记录?  
 Do you have any record of causing an accident?

您是否参加危险性或比赛性运动, 请在此详述。  
 Do you engage in any hazardous or organized sports? If "yes", please give details.

您现在是否有任何人身保险? 如有, 请详述险种名称、保额、保险公司。  
 Do you have any life or health insurance now? If "yes", please give the plan, sum insured and insurer.

请清楚回答下列问题 Please answer the following questions carefully	身高 Height	体重 Weight	过去 12 个月之体重改变 Any weight change during the past 12 months	改变原因 Reason for Change
	_____米/m	_____公斤/kg	+/- _____公斤/kg	

以下问题必须选择“是”或“否”(All Questions must be answered "Yes" or "No")

	是/否 Y/N
1) 您是否全职工作及现在是否正常工作? Are you now on a full-time basis and active in your job?	
2) 就您所知, 您是否有身体缺陷、畸形、或身体不正常? To the best of your knowledge, do you have any physical impairment or deformity or departure from good health?	
3) 在过去五年内, 您是否接受或被建议接受 X 光检查, 心电图或血液检验(例如胆固醇、后天免疫缺乏症, 肝炎包括乙型肝炎、贫血等)? Have you had or been advised to have an X-ray, ECG or blood test (e.g., Cholesterol, AIDS, Hepatitis including Hepatitis B, anaemia etc) in the last five years?	
4) 在过去五年内, 您是否进行过外科手术或疗养或接受治疗? Have you had a surgical operation or been confined or treated in any hospital, sanatorium or other institution in the last five years?	
5) 您是否接受过下列疾病之治疗或被报告曾患下列疾病: 高或低血压, 心脏、静脉或动脉问题, 风湿热, 昏倒病, 肺部或呼吸问题, 哮喘, 气肿, 胸膜炎, 结肠炎, 溃疡, 胃、胆囊、肝或直肠问题、疝气, 糖尿病, 任何结核病, 肾脏、膀胱或生殖及泌尿系统问题, 甲状腺, 性病、梅毒, 精神或神经的问题, 羊癫病, 痛风, 脑部疾病, 关节炎或风湿病, 骨骼、神经痛, 背部或脊骨问题, 癌症, 肿瘤, 畸形, 瘫痪, 丧失听觉、视觉或肢体, 任何其他以上未提及的健康情况, 损伤及病症, 后天免疫力缺乏症(艾滋病), 与艾滋病有关的并发症或状况? Have you ever been treated for or been told to have high or low blood pressure; heart, vein or artery trouble; rheumatic fever; fainting spells; lung or other respiratory trouble; asthma; emphysema; pleurisy; colitis; ulcers; stomach, gall bladder, liver, intestinal or rectal trouble; hernia; diabetes; any form of tuberculosis; kidney, pancreas, bladder or genito-urinary trouble; thyroid trouble; venereal disease, syphilis; mental or nervous trouble; epilepsy; gout; brain disorders; arthritis or rheumatism; bone trouble; sciatica; back or spinal trouble; cancer; tumours or any form of growth; any deformities; paralysis; loss of or loss of the use of an eye or limb; any physical conditions; or injuries not previously mentioned, or any symptom of ill health, AIDS, AIDS-related complications or AIDS-related conditions?	

- 6) 您现时是否正接受医生的诊治，外科手术或药物治疗？  
 Are you now receiving or contemplating to receive any medical or surgical treatment or taking any medication?
- 7) 您是否曾购买人寿或医疗保险而被拒绝，或保留须加保费，更改或被拒绝延续？  
 Have you ever been refused of any form of life or health insurance or ever had a policy rated, modified or renewal refused?
- 8) 您是否吸烟，服用药物，毒品或含酒精饮料？如有，请列明种类及份量。  
 Do you smoke tobacco, take drugs or narcotics or alcohol? If "Yes", type and quantity.
- 9) 您的父母，兄弟姐妹是否患过这些疾病：糖尿病，肾病，心脏病，中风，高血压，冠状动脉病，精神病或癌症？  
 Has either parent or any brother or sister ever had diabetes, kidney disease, heart disease, stroke, high blood pressure, coronary artery disease, mental illness or cancer?

如果回答“是”请将详细说明列下：(如下列空位不足，请将详情写在另一白纸上—一并交回)  
**PLEASE PROVIDE COMPLETE DETAILS OF EACH QUESTION ANSWERED "YES"(if insufficient space below, please attach a separate sheet)**

问题编号 Question No.	病人姓名及疾病说明 请列明病发次数及病程 Name of person treated and details of the injury or sickness Number of attacks and severity;	治疗 Duration 日期 dates 由 from _____ 到 to _____	治疗/手术名称 请列明结果 /Name of operation/Treatment & Result	诊治医生姓名及地址 Name and Address of Attending Doctor

声明及授权：  
 本人知道除非金盛保险同意接受本人的保险申请，否则该保险不生效。  
 本人声明(1)上述一切陈述及问题的答案，不论是本人亲笔所写，就本人所知，均为完整且准确无误；(2)金盛保险可以在任何情况下核对金盛保险所收集或持有本人相关资料且可以使用、储存透露、转移这些资料给金盛保险认为有需要之人士，不受限制地包括金盛保险之任何关联公司、再保险公司或任何与金盛保险有关之人士或机构，以(i)审核及评估此投保书及任何其它投保申请；(ii)提供所有服务(不论与此投保书是否相关)及推广、改善及进一步推广关于金盛保险及其关联公司所提供所需服务；(iii)用于和相关人士任何其它目的之沟通及/或遵从任何适用相关的法律。  
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Declaration & Authorisation  
 I HEREBY UNDERSTAND that the insurance shall not be in force unless this application is accepted by AXA-Minmetals Assurance Co. Ltd. ("the company").  
 I HEREBY DECLARE AND AGREE on behalf of myself that (1) all statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true; (2) my personal data collected or held by the Company (whether contained in this declaration or otherwise) may be used in connection with matching for whatever purpose with such other personal data and/of may be used, stored, disclosed, transferred (whether within or outside China) to such persons as the Company may consider necessary including without limitation any of its affiliated companies, reinsurers or any individuals/organisations associated with the Company to (i) underwrite and evaluate the application and any other application for insurance; (ii) provide all services (whether related to the application or not) and promote, improve and further promotion of services by the Company and its affiliated companies; (iii) communicate with the relevant persons for any other purpose and/or comply with the laws of any applicable jurisdiction.  
 I HEREBY AUTHORISE on behalf of myself (1) any employer, medical practitioner, hospital, clinic, insurance company, bank, government institution, or person, that has any records or knowledge of myself and/or who has attended or my hereafter attend to me to disclose such information to the Company; (2) the Company or any of its appointed medical examiners or laboratories to perform the necessary medical assessments and tests to evaluate the health status of myself in relation to the application and any claim arising therefrom. A photocopy of this authorization shall be as valid as the original.

是，本人同意 \_\_\_\_\_  
 Yes, I Accept 被保險人簽名/Signature of Insured

日期 \_\_\_\_\_  
 Date