

PERSONAL ACCIDENT
INSURANCE APPLICATION FORM
個人意外保險投保表格



泰加保險
TARGET INSURANCE

Please complete in ENGLISH BLOCK LETTERS and ✓ as appropriate.
請以英文正楷填寫及於適當的地方加上✓號。

FOR PRODUCER USE 代理人使用

Name 姓名	Producer Code 代理人編號
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PPA.A.202005.001

SECTION A DETAILS OF APPLICANT 甲項 投保人資料

<input type="checkbox"/> Mr 先生	<input type="checkbox"/> Mrs 太太	<input type="checkbox"/> Ms 女士	<input type="checkbox"/> Miss 小姐	Last Name 姓	Given Name 名	(as shown on HKID Card / Passport) (以香港身份證 / 護照為準)				
Date of Birth 出生日期				DD 日	MM 月	YY 年	HKID Card / Passport No. 香港身份證 / 護照號碼			
Telephone Number 電話號碼				Mobile Phone Number 流動電話號碼						
Email Address 電郵地址										
Correspondence Address 通訊地址	Room / Flat 室	Floor 樓	Block 座	Building 大廈名稱						
	Street / Estate 街道 / 屋苑名稱			District 地區						
<input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界										
Period of Insurance 保障期		FROM 由		DD 日	MM 月	YY 年	TO 至	DD 日	MM 月	YY 年

SECTION B DETAILS OF PROPOSED INSURED(S) 乙項 準受保人資料

	Name of Proposed Insured(s) (Last Name / Given Name) 準受保人姓名(姓 / 名)	HKID Card / Passport No. 香港身份證 / 護照號碼	Sex 性別 (M / F) (男 / 女)	Date of Birth (DD / MM / YY) 出生日期(日 / 月 / 年)	Relationship with the Applicant 準受保人與投保人之關係	Occupation / Job Duties 職業 / 職責	Place of Residence 居住地方
1				/ /			<input type="checkbox"/> HK 香港 <input type="checkbox"/> Others 其他
2				/ /			<input type="checkbox"/> HK 香港 <input type="checkbox"/> Others 其他
3				/ /			<input type="checkbox"/> HK 香港 <input type="checkbox"/> Others 其他
4				/ /			<input type="checkbox"/> HK 香港 <input type="checkbox"/> Others 其他

*Proposed Insured must be between the ages of six (6) months and sixty-five (65) years old. (Renewable up to aged 70) 準受保人年齡必須介乎 6 個月至 65 歲。(可獲續保至 70 歲)
*Any unmarried child between the ages of six (6) months and seventeen (17) years old, or renewable up to aged 23 who is enrolled in full-time education and who is wholly dependent on the applicant.
年齡介乎 6 個月至 17 歲，或續保至 23 歲以下仍就讀全日制學校，並在經濟上完全依賴投保人的未婚子女。

SECTION C PLAN SELECTION 丙項 計劃選擇

Coverage 保障範圍	Child Plan 小童計劃	Plan A 計劃 A	Plan B 計劃 B	Plan C 計劃 C
Annual Premium (per person) 全年保費 (每位受保人) (HK\$港幣)				
Occupation Class I 職業類別 I	446	621	929	1,236
Occupation Class II 職業類別 II	N/A 不適用	876	1,311	1,746
Occupation Class III 職業類別 III	N/A 不適用	1,351	2,024	2,696
Occupation Class IV 職業類別 IV	N/A 不適用	2,136	Enquiry 查詢	Enquiry 查詢
<input type="checkbox"/> For higher Sum Insured (HK\$) _____ (subject to individual quotation) 投保更高投保額 (港幣) _____ (須作個別報價)				
	Proposed Insured 1 準受保人 1	Proposed Insured 2 準受保人 2	Proposed Insured 3 準受保人 3	Proposed Insured 4 準受保人 4
Plans 計劃	<input type="checkbox"/> Child <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Child <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Child <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Child <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Optional Coverage 自選保障項目				
Temporary Disablement 暫時傷殘#	HK\$港幣 per week (每週)	HK\$港幣 per week (每週)	HK\$港幣 per week (每週)	HK\$港幣 per week (每週)
Individual Premium 個人保費	HK\$港幣	HK\$港幣	HK\$港幣	HK\$港幣
Total Premium 總保費 : Sum of Individual Premium (HK\$) 個人保費總和 (港幣) _____ + IA Levy* (HK\$) 保監局徵費* (港幣) _____ = HK\$港幣 _____				

*For details of IA Levy, please refer to the last page. 有關保監局徵費詳情，請參閱表格最後一頁。

*For details of Temporary Disablement, please refer to the premium table in Page 2. 有關暫時傷殘詳情，請參閱表格第二頁的保費表。

SECTION C PLAN SELECTION (CONTINUED) 丙項 計劃選擇 (續)

Premium Table (Optional Coverage) 保費表 (自選保障項目)	Premium (premium rate % X sum insured) 保費 (保費率% X 投保額)			
	Occupation Class I 職業類別 I	Occupation Class II 職業類別 II	Occupation Class III 職業類別 III	Occupation Class IV 職業類別 IV
Temporary Disablement 暫時傷殘	18%	22%	33%	N/A 不適用

a) The applicant does not need to be insured to add his spouse and / or child(ren).
 投保人可為他的配偶及 / 或其子女投保而不需成為其中一名受保人。
 b) A child under age 18 years old will not be added for coverage unless a parent is on the policy as well.
 除非父、母也成為其中一名受保人，否則未滿 18 歲之子女不能作獨立申請此保險計劃。

SECTION D HEALTH DECLARATION 丁項 健康聲明

	Proposed Insured 1 準受保人 1	Proposed Insured 2 準受保人 2	Proposed Insured 3 準受保人 3	Proposed Insured 4 準受保人 4				
1. Is the person to be insured currently insured against life, accident or sickness? If "Yes", give details of name of company, amount of insurance (capital sum and weekly benefit). 受保人是否已投保或購有人壽、意外或醫療保險？如答「是」，請詳列保險機構及保障金額 (分述死亡殘損金額及每週賠償等)。	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
2. Has the person to be insured ever been declined or accepted on special terms for life, accident or sickness insurances, or has any company ever canceled or refused to renew your policy or desired to amend the conditions or benefits? If "Yes" give details of name of company, reason and date. 受保人是否曾投購人壽、意外或醫療保險而被拒受或有條件接受，或已受保而在保期中被取消保險，或被拒絕續保或被改動保單條款或保障範圍金額等？如答「是」，請詳述說保險公司名稱、原因及日期。	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
3. Has the person to be insured ever made a claim against any company during the last 5 years for injury or serious sickness? If "Yes", please give details. 受保人是否曾在過去五年內因傷損或嚴重疾病向任何保險機構要求賠償？如答「是」，請列詳細。	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>

SECTION E REMINDER 戊項 提醒您

To help us process your Application quickly, please ensure that you have:

我們想更快地助您完成申請，因此請您在遞交投保表格時謹記：

- enclosed payment of the correct premium amount and a copy of your HKID Card or Passport
連同正確之保費及您的香港身份證或護照副本
- enclosed a copy of your spouse's HKID Card or Passport if your spouse enrolls
連同您配偶之香港身份證或護照副本 (如配偶一同投保)
- enclosed a copy of birth certificate for each of your children who you would like to enrol
連同您子女之出生證明書副本 (如子女一同投保)
- initialled any amendments on this application form
於任何更改之處簽署作實

SECTION F PAYMENT METHOD 己項 付款方式

1. **By Credit Card** 以信用卡繳付 I hereby authorize Target Insurance Company, Limited to charge the total premium of the policy to my credit card account for this insurance.
 本人謹此授權泰加保險有限公司從本人信用卡賬戶中扣除此保險的保費。 VISA Master Card 萬事達卡

Valid Thru 有效期至	MM 月	YY 年	Credit Card Number 信用卡號碼
Card Holder's Name (in ENGLISH BLOCK LETTER) 持卡人姓名 (英文正楷填寫)			
Relationship with the Applicant 與投保人之關係			Applicable when the credit cardholder is not the Applicant. 在信用卡持有人不是投保人情況下適用。
Date 日期	DD 日	MM 月	YY 年
Card Holder's Signature 持卡人簽署			

2. **By Cheque** 以支票繳付 Please make your crossed cheque payable to "Target Insurance Company, Limited".
 請以劃線支票抬頭「泰加保險有限公司」。

Cheque Number 支票號碼	Bank Name 銀行名稱
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OPT OUT OF THE USE OF PERSONAL DATA IN PROMOTION MATERIAL 拒絕在直接促銷中使用個人資料

Target Insurance Company, Limited ("the Company") may use your personal data for direct marketing but the Company cannot use your personal data for such purpose without your consent. Please tick ✓ in the box below if you do not wish the Company to use your personal data for direct marketing.

泰加保險有限公司（「本公司」）可能會使用您的個人資料作直接促銷，但在未經您同意的情况下，本公司不能就此目的使用您的個人資料。若您不希望本公司在直接促銷中使用您的個人資料，請在下列空格內劃上 ✓ 號。

I do not agree to the use of my personal data for direct marketing.

我不同意使用我的個人資料作直接促銷。

The above represents your present choice of whether or not to receive direct marketing contact or information from the Company. This shall replace any choice you may have given to the Company prior to this application.

以上代表您目前就是否希望接受本公司直接促銷的聯繫或資訊的選擇，並取代您在本申請前可能曾給予本公司的任何選擇。

Please note that your above choice shall apply to the direct marketing of the products, services and / or subjects as set out in the Company's Personal Information Collection Statement ("the Statement"). Please also refer to the Statement for the kinds of personal data which may be used for direct marketing.

請注意，您以上的選擇將適用於列在本公司的「個人資料收集聲明」（「該聲明」）內作直接促銷的產品、服務及 / 或標的。請同時參閱該聲明以知悉可能用作直接促銷的個人資料種類。

DECLARATION 聲明

I / We DECLARE AND AGREE THAT:

本人 / 吾等謹此作下列聲明及同意：

1. I / We declare and agree that all particulars and answers given above are true and complete to the best of my / our knowledge and belief. I / We agree that this application form and declaration shall be the basis of the contract between myself / ourselves and Target Insurance Company, Limited.

本人 / 吾等謹此作下列聲明及同意，本投保書填報之一切資料均屬確實完整並同意以本投保書及聲明作為本人 / 吾等與泰加保險有限公司之間所訂合約之根據。

2. I / We also authorize any medical practitioner, hospital, clinic or insurance company that has any records or knowledge of me / us to give any such information to Target Insurance Company, Limited. A copy or photocopy of this authorization shall be as valid as the original.

本人 / 吾等並授權任何醫生、醫院、診所或保險公司提供一切有關本人 / 吾等之記錄或資料予泰加保險有限公司。此授權書之副本或影印本均屬有效。

3. I / We confirm that I / we have read and agreed to Target Insurance Company, Limited's Personal Information Collection Statement ("the Statement"). I / We acknowledge and agree that the personal data and information with respect to me / us which are provided by me / us in this application may be held, used, processed or disclosed to such parties for the purposes as set out in the Statement.

本人 / 吾等確認本人 / 吾等已細閱並同意泰加保險有限公司之個人資料收集聲明（「該聲明」），於是次申請由本人 / 吾等所提供的有關本人 / 吾等的個人資料及其他資料，將可能被持有、使用、處理或披露予有關方面以作「該聲明」所載的用途上。

4. If the intermediary who serves you is an Insurance Broker, please read this:

如為閣下服務的中介人為保險經紀，請閱讀下文：

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Target Insurance Company, Limited ("the Company"), the Company will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to the Company that he or she is authorized to do so.

投保人明白、確知及同意，泰加保險有限公司會就投保人購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。假如投保人為法人團體，代表投保人簽署的獲授權人員須向泰加保險有限公司確認他 / 她已獲法人團體授權。

The applicant further understands that the above agreement is necessary for Target Insurance Company, Limited to proceed with the application.

投保人亦明白泰加保險有限公司必須取得投保人以上的同意，才可以處理其保險申請。

5. This proposal will not become effective until it has been accepted by Target Insurance Company, Limited.

此保險申請經泰加保險有限公司接納後始為生效。

I / We have read and agree to all of the declarations, terms and conditions and Personal Information Collection Statement.

本人 / 吾等已閱讀並同意所有聲明、條款及細則及個人資料收集聲明。

[此投保書及章程中文譯本僅供參考，惟有關條文解釋及引用，概以英文版本含義為準。]

SIGNATURE 簽署

Signature of Applicant
投保人簽署

Date (DD / MM / YY)
日期（日 / 月 / 年）

Target Insurance Company, Limited - Personal Information Collection Statement

Target Insurance Company, Limited ("the Company") will collect, use and disclose the personal data the Company collects about you, which may include your name, address, email address, telephone number and other contact details, date of birth, credit information, claim history, bank account or credit card details, HKID card number and (in connection with appropriate policies) medical data, and which we may collect when, for example, you apply for, renew or make a claim under a policy and/or you correspond with us, for the following purposes:

Insurance Services (mandatory)

1. processing and assessing of applications for any insurance products and daily operation of the related services;
2. administering your insurance policy and providing services in relation to your insurance policy;
3. any alterations, variations, cancellation or renewal of any insurance and related services;
4. investigating, analysing, processing and paying claims made under your insurance policy;
5. invoicing and collecting premiums and outstanding amounts from you;
6. exercising any right under the insurance policy including right of subrogation, if applicable;
7. complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies, law enforcement agencies and court orders;
8. to conduct research, surveys and analysis for the purpose of product design and the development and improvement of our services to you;
9. statistical or actuarial research undertaken by the Company, other members of the Company's group as identified in our corporate chart available from time to time at www.6161.com.hk ("the Group") or its regulators;
10. the operation and administration of the Company's internal business including without limitation any corporate reorganisation;
11. contacting you for any of the above purposes; and
12. other ancillary purposes which are directly related to the above purposes.

The personal data you provide to the Company may be provided or transferred to the following persons only as necessary for the purposes set out in the above paragraph or directly related purposes or as otherwise permitted by applicable law:

- a) any agent, broker, advisor, contractor or third party service provider (whether within or outside the Group) who provides administrative, telecommunications, computer, payment, debt collection, security, research, ratings, consulting services, product design, marketing (where you have consented to direct marketing as described below), data processing or storage or related services or any other person carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to an insurance business;
- b) any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry;
- c) any members of the Federation by the Federation for any of the purposes referred to in (b) above or directly related purposes;
- d) government bodies, regulators or any other body to whom the Company or any company within the Group is required to or has agreed to make disclosure under any applicable laws or regulations;
- e) any agent, broker, employers, insurance loss adjusters, health care professional, hospital, accountant, financial advisor, solicitor, organization that consolidate claims and underwriting information for the insurance industry; fraud prevention organizations; other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information;
- f) auditors; and
- g) other insurance companies within the Group which have undertaken to keep such information confidential.

Some of these persons may be located in countries outside of Hong Kong, where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the data protection laws of Hong Kong. That means your personal data may not be protected to the same or similar level as in Hong Kong. However, the Company will only transfer your personal data to a service provider or overseas where the Company is satisfied that adequate levels of protection are in place to protect the integrity and security of any information being processed and compliance with applicable privacy and data protection laws.

In the unlikely event that the Company or substantially all of any of its assets are acquired by an unrelated third party, your personal data may be one of the transferred assets. The Company may disclose your personal data, on a confidential basis, to any prospective transferee and its professional advisors (in each case whether within Hong Kong or overseas) for the purposes of their due diligence investigations, the completion of any such transaction and the continued operation of the acquired business.

If you do not provide certain personal data (for example, the information indicated as mandatory on the relevant application, registration or renewal forms, or your contact details if you send us an enquiry), it would not be possible for the Company to process your application and render the services or to otherwise correspond with you.

The Company is committed to ensuring your personal data is kept secure and confidential and not kept for longer than is necessary.

Direct Marketing of Products and Services

To provide a more comprehensive range of financial and insurance services, the Company would like to use your name and the contact details you provide to us (for example, your mobile phone number, residential phone number, office phone number, residential address, correspondence address and email address) alongside information that you provide to us about your age, gender and occupation (the "Marketing Personal Data") to provide you with direct marketing communications about the Company's products and services including but not limited to the Company's insurance, banking, financial services and provident schemes products, but we cannot do so without your consent.

Please indicate your consent (which includes an indication of no objection) by ticking the appropriate boxes on your application or renewal forms, or by contacting the Company's customer care centre (for contact details see below).

If you do not want to receive any direct marketing, you may withdraw your consent at any time free of charge by contacting the Company's customer care centre (for contact details see below).

Your rights

You have the right to ascertain the Company's policies and practices in relation to personal data, and to obtain access to and to request correction of your personal data held by the Company. Your right to access your personal data may be subject to payment of an administrative fee. Requests for such access or correction, to withdraw consent to direct marketing, or for further information about our data privacy policies and practices, can be made in writing to the Data Protection Officer, Target Insurance Company, Limited, 5/F, Low Block, Grand Millennium Plaza, 181 Queen's Road Central, Hong Kong (Fax: +852 2789 1539, Email: target@6161.com.hk).

SEPTEMBER 2019

Issued by Target Insurance Company, Limited

泰加保險有限公司 - 個人資料收集聲明

泰加保險有限公司（「本公司」）可以收集、使用和披露閣下的個人資料，包括閣下的姓名、地址、電郵地址、電話號碼及其他聯絡資料，出生日期、信用資料、以往申索紀錄、銀行戶口號碼或信用咭號碼、香港身份證號碼及（與保單有關連的）醫療記錄，以及本公司在以下情況下可能收取的資料，例如根據保單申請、續期或提出索償時用作下列的用途：

保險服務（強制）

1. 處理及評估任何保險產品之申請，及有關服務之日常運作；
2. 管理閣下的保單及為閣下的保單提供相關服務；
3. 有關保險產品及服務的任何更改、變更、取消或續保；
4. 閣下保單索償的調查、分析、處理及賠償；
5. 保費通知、收集保費和款項；
6. 行使有關保單賦予的任何權利包括代位權，如適用；
7. 遵守及符合任何法例及條例規定的要求、行業手則、指引、監管機構、相關行業認可機構、政府機構及法庭頒令的要求；
8. 為產品設計、研發和改進我們為閣下提供的服務進行研究、調查和分析；
9. 本公司及本公司集團下的其他成員（「本集團」— 一組織架構圖可於網頁 www.6161.com.hk 查閱）或其監管機構所提供的統計或精算研究；
10. 本公司內部業務的營運及管理，包括但不限於任何企業重組；
11. 為上述任何用途與閣下聯絡；及
12. 與上述用途直接有關之其他附帶的目的。

閣下向本公司提供的個人資料可能會為上述段落或直接相關的目的或適用法律允許的目的在必要時提供或轉送予下列各方單位作前段所述的用途：

- a) 任何代理人、經紀、顧問、承辦商或提供行政、電訊、電腦、付賬、債務追討、保安、研究、評級、諮詢服務、產品設計、營銷（在閣下同意如下所述的直接營銷）、數據處理或儲存或有關服務的第三者服務供應人或任何其他從事與保險或再保險業務有關的公司，或中介人，或索償或調查或其他提供與保險業務有關的服務供應人，以達到任何上述或有關的用途；
- b) 現存或不時成立的任何保險公司協會或聯會或同類組織（「聯會」），以達到任何上述或有關的用途，或使聯會執行其監管職能，或其他基於保險業的利益而不時在合理要求下賦予聯會的職能；
- c) 或透過聯會提供予任何聯會的會員，以達到任何上述或有關的用途；
- d) 政府機構、監管機構或本集團內任何公司要求或已同意根據任何適用法律或法規進行披露的任何其他機構；
- e) 代理、經紀、僱主；保險理算人、醫護專業人士、醫院、會計師、財務顧問、律師、整合保險業申索和承保資料的組織、防欺詐組織、其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）、警察、和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）；
- f) 認可核數師；及
- g) 本公司集團下的其他保險公司已承諾將資料保密並純粹用作上述的用途。

這些單位可能位於香港以外的國家，在那裡可能沒有與香港類似的資料保障法例。這意味著閣下的個人資料可能不會受到與香港同等或類似的保障。不過，本公司只會將閣下的個人資料轉移到那些可以獲得與個人資料（私隱）條例類近或所提供的保障的服務供應商或海外單位，以保護正在處理的任何信息的完整性和安全性。

在不太可能發生的情況下，本公司或所有資產由非上述之第三方收購，閣下的個人資料亦有可能成為被轉讓資產之一。本公司會在保密的基礎上向任何準買家及其專業顧問（無論在香港或海外）披露閣下的個人資料，並進行必要查核，以完成任何該等交易及繼續業務經營。

如果閣下不同意本公司使用閣下的個人資料於上述用途上（例如保單申請、續期或查詢），本公司可能不能處理閣下之申請及為閣下提供服務。

本公司承諾確保閣下的個人資料保密，並且不會儲存超過所需時間。

直接市場推廣產品及服務

為提供更全面的金融和保險服務，本公司可能會使用閣下的姓名及聯絡資料（如手提電話號碼、家居電話號碼、辦公室電話號碼、居住地址、郵寄地址及電子郵件地址），以及閣下提供給我們的有關閣下的年齡、性別及職業（「市場推廣用途的個人資料」）作直接促銷。除非本公司已取得閣下的同意（包括表示不反對），否則本公司不可以如此使用閣下的市場推廣用途的個人資料，作任何銷售或市場推廣有關本公司或本公司之業務伙伴的保險、銀行、金融服務、公積金計劃或有關服務。

閣下可在投保書或續保表上相應的位置，或聯繫本公司的客戶服務部（有關聯繫方式見下文），表明閣下同意上述的用途（包括無異議的指示）。

如果閣下不想接受任何直接市場推廣，閣下可以隨時聯繫本公司的客戶服務部（有關聯繫方式見下文），撤銷您的同意書，並不需要任何費用。

您的權利

閣下有權查閱本公司就個人資料的政策和實務，並有權要求查閱及更正由本公司持有有關閣下的個人資料，並需支付行政費用。有關查閱或更正的要求，可致函香港中環皇后大道中181號新紀元廣場低座5樓（傳真：+852 2789 1539，電郵地址：target@6161.com.hk）向泰加保險有限公司私人資料經理提出。

2019年9月

[此中文譯本僅供參考，惟有關條文解釋及引用，概以英文版本含義為準。]

INSURANCE AUTHORITY LEVY 保監局徵費

The Insurance (Levy) Order comes into operation on 1 January 2018, and it is made by the Chief Executive in Council under Section 134 of Insurance Ordinance (Cap. 41). The amount of levy payable for each premium payment is the amount of the premium multiplied by the levy rate opposite to the period set out in the Schedule (see below) in which the policy year for which the premium payment is made begins.

The Insurance Authority (IA) levy will start at 0.040% in 2018 and will increase gradually until it meets the target rate in 2021 (see below). It will be collected by the Company along with the premium and will be remitted to the IA.

Calculation method for IA Levy

[Gross Premium – Discount (if any)] x Levy Rate = IA Levy

To apply the above calculation method, suppose a policy where its inception date is 1 January 2018 and the gross premium is HK\$1,000.00. In the case there is no discount, the IA Levy will be (HK\$1,000.00 – HK\$0.00) x 0.040% = HK\$0.40.

If you have any enquiry regarding the IA Levy, please visit 6161.com.hk or contact (852) 2926 2926.

保險業(徵費)令自2018年1月1日起實施,由行政長官會同行政會議根據保險業條例(第41章)第134條作出。每筆保費付款而繳付的徵費的款額,為將該筆保費的款額,乘以附表中徵費率所得的款額(見附表)。凡該筆保費付款是為某保單年度而作出的,而該年度於附表所列的某期間內開始,則上述徵費率,指在附表中與該期間相對之處所列的徵費率。

保險業監管局(保監局)徵費將會以循序漸進的方式引入。2018年,徵費會先按保費的0.040%收取,然後按年逐步調升至2021年達到目標水平(見附表)。保監局徵費經本公司和保費一併收取後會轉交到保監局。

保監局徵費的計算方式

[毛保費 - 折扣(如有)] x 徵費率 = 保監局徵費

套用以上的保監局徵費的計算方式,如果一份保單的開立日為2018年1月1日而此保單的毛保費是港幣1,000.00;在沒有折扣的情況下此保單的保監局徵費會是(港幣1,000.00 - 港幣0.00) x 0.040% = 港幣0.40。

如有任何有關保監局徵費的查詢,詳細請瀏覽6161.com.hk或致電(852) 2926 2926。

Schedule 附表 (Levy Rate 徵費率)

Period ¹ 期間 ¹	Levy Rate 徵費率	Max. Levy 徵費上限
1 January 2018 – 31 March 2019 (both dates inclusive) 2018年1月1日 - 2019年3月31日 (包括首尾兩日)	0.040%	HK\$港幣2,000.00
1 April 2019 – 31 March 2020 (both dates inclusive) 2019年4月1日 - 2020年3月31日 (包括首尾兩日)	0.060%	HK\$港幣3,000.00
1 April 2020 – 31 March 2021 (both dates inclusive) 2020年4月1日 - 2021年3月31日 (包括首尾兩日)	0.085%	HK\$港幣4,250.00
1 April 2021 onwards (inclusive of that date) 2021年4月1日起 (包括該日)	0.100%	HK\$港幣5,000.00

¹A policy inception date, or a policy inception anniversary date (as the case may be) which marks the beginning of a policy year.
保單開立日,或保單開立週年日(視情況而定)標誌著保單年度開始。

DECEMBER 2017

[This page is catered for reference only. In case of discrepancy, the content on the IA website (ia.org.hk) shall prevail.]

2017年12月

[此頁僅供參考,如與保監局內容有差異,概以保監局網頁(ia.org.hk)內容為準。]