

Standardized Underwriting Questionnaire for Chubb VHIS

安達自願醫保產品的標準核保問卷

Application No.: 申請書編號	Proposed Insured: 準受保人	Applicant/Owner: (if other than Proposed Insured) 保單申請人/持有人(如非準受保人)
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Part A - General Information 甲部 - 基本資料

1. Height 身高	centimetres (cm) 厘米	OR 或	feet/inches 呎/吋
2. Weight 體重	kilogrammes (kg) 公斤	OR 或	pounds (lbs) 磅

Please ✓ the appropriate boxes 請在適當方格上填上 ✓		Yes 是	No 否
3. Smoking habit 吸煙習慣 Do you smoke or have you smoked in the last 1 year? 您有沒有吸煙或在過去一年內曾否吸煙？ For the purpose of this question, the meaning of "smoking" includes but is not limited to cigarettes, cigars, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e-cigarettes). 「吸煙」在此問題的含義包括但不限於香煙、雪茄、煙斗、嚼煙及使用尼古丁補充劑產品(例如：電子煙)。 If the answer is "Yes", please answer the following questions 如果答案屬「是」，請回答以下問題 3.1 Type of tobacco product 煙草產品種類 _____ 3.2 Average daily consumption (pcs) 每日平均吸煙數量(支) _____ 3.3 Number of years 吸煙年期 _____ 3.4 If you no longer smoke now, 若您現時已沒有吸煙， (a) when did you quit smoking? 請問您是何時戒煙的？ _____ (b) are you advised by doctor to quit smoking and for what reason? 是否醫生建議戒煙及原因為何？ _____		<input type="checkbox"/>	<input type="checkbox"/>
4. Alcohol consumption 飲酒 In the last 12 months, on average do you drink alcoholic beverage for more than 3 times in a week? 在過去十二個月內，您是否平均每週飲用酒精飲品超過三次？ If the answer is "Yes", please answer the following questions 如果答案屬「是」，請回答以下問題 4.1 Type of alcoholic beverage 酒精飲品種類 _____ 4.2 Quantity of consumption per week 每週飲用量 _____ 4.3 If you no longer drink now, 若您現時已沒有飲酒， (a) when did you quit drinking? 請問您是何時戒酒的？ _____ (b) are you advised by doctor to quit drinking and for what reason? 是否醫生建議戒酒及原因為何？ _____		<input type="checkbox"/>	<input type="checkbox"/>

Please ✓ the appropriate boxes 請在適當方格上填上 ✓	Yes 是	No 否
<p>5. Taking of drugs not prescribed by doctors 服用未經醫生處方之藥物</p> <p>In the last 5 years, have you used any drugs (excluding dietary supplements) which are not prescribed by doctors (including habit-forming or recreational drugs such as cocaine, ecstasy, heroin, methadone, anabolic steroids) for a continuous period of more than 1 month? 在過去五年內，您曾否持續超過一個月使用未經醫生處方之藥物（包括成癮性或消遣性藥物，例如：可卡因、興奮劑、海洛英、美沙酮、同化性類固醇；惟不包括營養補充品）？</p> <p>If the answer is “Yes”, please answer the following questions 如果答案屬「是」，請回答以下問題</p> <p>5.1 Type of drugs 藥物種類 _____</p> <p>5.2 Duration of drug use 用藥持續時間 _____</p> <p>5.3 Frequency of drug use 用藥頻密度 _____</p> <p>5.4 Average daily consumption 每日平均用藥份量 _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Have you engaged in the following activities within the last 12 months or will you engage/intend to engage in the following activities within the next 12 months? 您曾否在過去十二個月內或會否在未來十二個月內參與以下活動？</p> <p>(a) any hazardous sports or activities (such as diving, motor racing, mountaineering or rock climbing, parachuting, sky diving, hang gliding) 任何危險性運動或活動（例如：潛水、賽車、攀山或攀石、跳傘、高空跳傘、懸掛滑翔飛行）</p> <p>(b) flying activities other than as a fare-paying passenger of a licensed air service operating within recognised scheduled routes 飛行活動（不包括以付費乘客身份乘搭由商業性民航客機提供並獲認可的定期航班服務）</p> <p>If the answer is “Yes”, please answer the following questions 如果答案屬「是」，請回答以下問題</p> <p>6.1 Type of activity 活動種類 _____</p> <p>6.2 Duration of engagement in the activity 參與活動的持續時間 _____</p> <p>6.3 Frequency of engagement in the activity 參與活動的頻密度 _____</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Part B – Health Information 乙部 – 健康資料

Note for applicant(s): Questions of Part B do not require the applicant(s) to disclose information regarding the medical conditions or treatments below -
 申請人須知：無需於乙部問題披露以下健康狀況或治療 -

Cold/flu/sore throat, gastroenteritis/food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan/blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia/hyperopia/astigmatism/presbyopia.

傷風/感冒/喉嚨痛、腸胃炎/食物中毒（已痊癒）、消化不良（無需檢查）、瘡癤、肌肉扭傷（已痊癒）、鵝口瘡、常規產前掃描/血液檢驗（檢驗結果正常）、常規子宮頸細胞塗片檢驗（檢驗結果正常）、常規健康檢查（檢查結果正常）、預防疫苗、荷爾蒙補充治療（更年期）、不育治療或胎兒生長情況正常的懷孕、近視/遠視/散光/老花。

If your answer to any of the questions 7 - 14 below is “Yes”, please proceed to answer the relevant follow-up questions in Part C.
 若以下第 7 至 14 項任何一項問題之答案屬「是」，請於丙部回答相關的跟進問題。

Please ✓ the appropriate boxes 請在適當方格上填上 ✓	Yes 是	No 否
<p>7. Have you ever been diagnosed with any of the following diseases or medical conditions? 您是否曾被確診下列疾病或健康狀況？</p> <p>(a) Cancer or carcinoma in situ 癌症或原位癌</p> <p>(b) Brain tumor 腦部腫瘤</p> <p>(c) Heart disease 心臟疾病</p> <p>(d) Stroke (including transient ischemic attack (TIA)) 中風（包括短暫性腦缺血，俗稱「小中風」）</p> <p>(e) Hypertension 高血壓</p> <p>(f) Diabetes mellitus or impaired glucose tolerance 糖尿病或葡萄糖耐量異常</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Please ✓ the appropriate boxes 請在適當方格上填上 ✓	Yes 是	No 否
(g) Kidney disease 腎病	<input type="checkbox"/>	<input type="checkbox"/>
(h) Prolapsed intervertebral disc or degenerative spine conditions 椎間盤突出或脊椎退化性疾病	<input type="checkbox"/>	<input type="checkbox"/>
(i) Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body 需要植入醫療儀器或義肢的疾病或健康狀況	<input type="checkbox"/>	<input type="checkbox"/>
(j) Human immunodeficiency virus (“HIV”) infection 人體免疫力缺乏病毒（愛滋病病毒）感染	<input type="checkbox"/>	<input type="checkbox"/>
(k) Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth) 先天性疾病（指於出生時或之前已存在的醫學、生理或精神上的異常）	<input type="checkbox"/>	<input type="checkbox"/>
(l) Physical defects, impairments, deformities, and/or conditions affecting mobility, sight, speech or hearing 身體缺陷、不健全、畸形，及/或影響活動能力、視力、說話能力或聽力的狀況	<input type="checkbox"/>	<input type="checkbox"/>
(m) Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders, or bipolar disorders) 精神健康狀況（例如：抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症）	<input type="checkbox"/>	<input type="checkbox"/>
(n) Hypercholesterolemia or hyperlipidemia 高膽固醇血症或高血脂症	<input type="checkbox"/>	<input type="checkbox"/>
(o) Liver disorder (such as hepatitis B or hepatitis C (including tested positive), fatty liver or cirrhosis of liver) 肝臟疾病（例如：乙型或丙型肝炎（包括測試呈陽性反應）、脂肪肝或肝硬化）	<input type="checkbox"/>	<input type="checkbox"/>
(p) Multiple sclerosis 多發性硬化症	<input type="checkbox"/>	<input type="checkbox"/>
<p>8. Do you currently have any of the following diseases or medical conditions? 您目前是否患有下列疾病或健康狀況？</p> <p>(a) Hernia 疝氣（俗稱「小腸氣」）</p> <p>(b) Breast lesion (tumour/mass/lump/cyst/nodule/growth) 乳房病變（腫瘤/硬塊/腫塊/囊腫/結節/增生）</p> <p>(c) Uterine or ovarian lesion (tumour/mass/lump/cyst/polyp/nodule/growth) 子宮或卵巢病變（腫瘤/硬塊/腫塊/囊腫/瘰肉/結節/增生）</p> <p>(d) Benign prostatic hypertrophy 良性前列腺肥大</p> <p>(e) Gall bladder stone or urinary stone (renal stone, ureteric stones or urinary bladder stone) 膽結石或泌尿道結石（腎結石、輸尿管結石或膀胱結石）</p> <p>(f) Cataract, glaucoma or retinopathy 白內障、青光眼或視網膜病變</p> <p>(g) Arthritis or other joint disorder 關節炎或其他關節疾病</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>9. In the last 5 years, have you ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half-yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or medical condition? 在過去五年內，您是否曾經或被建議定期或持續（例如：每月、每兩個月、每半年、每年）為任何疾病或健康狀況接受專業醫護人員（例如：專科醫生、物理治療師、精神科醫生）的跟進診治或醫療護理？</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. In the last 5 years, have you been advised by your doctor to take any medications (such as to be taken daily/once per week/as needed as directed by doctor) for a continuous period of more than 1 month? 在過去五年內，您是否曾被醫生建議定期（例如：按醫生指示每日/每週一次/有需要時）服用為期超過一個月的處方藥物？</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>11. In the last 5 years, have you been admitted into a hospital? 在過去五年內，您是否曾入住醫院？</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>12. In the last 5 years, have you undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital? 在過去五年內，您是否曾在非住院情況下接受外科程序（包括內窺鏡檢查或活組織化驗）？</p>	<input type="checkbox"/>	<input type="checkbox"/>

Please ✓ the appropriate boxes 請在適當方格上填上 ✓	Yes 是	No 否														
<p>17. At your best knowledge, have any of your parents or siblings by blood been diagnosed with any of the following diseases or medical conditions at or before age insert a number not more than 60: 就您所知，您的親生父母或兄弟姊妹曾否於六十歲或以前被確診下列疾病或健康狀況：</p> <p>(a) Cancer 癌症 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) Coronary heart disease 冠心病 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(c) Diabetes mellitus 糖尿病 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(d) Motor neuron disease 運動神經元疾病 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(e) Multiple sclerosis 多發性硬化症 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(f) Stroke 中風 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(g) Parkinson's disease 帕金森症 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(h) Hereditary diseases - including cystic fibrosis, familial adenomatous polyposis, Alzheimer's disease, familial cardiomyopathy, inherited blood disorders (hemophilia, thalassemia, sickle cell disease), muscular dystrophy, polycystic kidney disease or Huntington's disease. 遺傳病 - 包括囊性纖維化、家族性大腸腺息肉病、亞茲海默氏症、家族性心肌病、遺傳性血病（血友病、地中海貧血、鐮刀型貧血）、肌肉萎縮症、多囊性腎病或亨丁頓舞蹈症。 If the answer is “Yes”, please answer the following questions 如果答案屬「是」，請回答以下問題</p> <table border="0"> <tr> <td>1. Which family member? 哪個親屬？ _____</td> <td>Which family member? 哪個親屬？ _____</td> </tr> <tr> <td>2. Which disease? 哪種疾病？ _____</td> <td>Which disease? 哪種疾病？ _____</td> </tr> <tr> <td>3. Onset age of disease 病發年齡</td> <td>Onset age of disease 病發年齡</td> </tr> <tr> <td><input type="checkbox"/> Age at or below 30 30 歲或以下</td> <td><input type="checkbox"/> Age at or below 30 30 歲或以下</td> </tr> <tr> <td><input type="checkbox"/> Age 31-40 31-40 歲</td> <td><input type="checkbox"/> Age 31-40 31-40 歲</td> </tr> <tr> <td><input type="checkbox"/> Age 41-50 41-50 歲</td> <td><input type="checkbox"/> Age 41-50 41-50 歲</td> </tr> <tr> <td><input type="checkbox"/> Age 51-60 51-60 歲</td> <td><input type="checkbox"/> Age 51-60 51-60 歲</td> </tr> </table>	1. Which family member? 哪個親屬？ _____	Which family member? 哪個親屬？ _____	2. Which disease? 哪種疾病？ _____	Which disease? 哪種疾病？ _____	3. Onset age of disease 病發年齡	Onset age of disease 病發年齡	<input type="checkbox"/> Age at or below 30 30 歲或以下	<input type="checkbox"/> Age at or below 30 30 歲或以下	<input type="checkbox"/> Age 31-40 31-40 歲	<input type="checkbox"/> Age 31-40 31-40 歲	<input type="checkbox"/> Age 41-50 41-50 歲	<input type="checkbox"/> Age 41-50 41-50 歲	<input type="checkbox"/> Age 51-60 51-60 歲	<input type="checkbox"/> Age 51-60 51-60 歲		
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<input type="checkbox"/> Age 51-60 51-60 歲	<input type="checkbox"/> Age 51-60 51-60 歲															

If more than two of your family members have been diagnosed with the above diseases or medical conditions, please supplement in the blank area below

如果您有多於兩位親屬於六十歲或以前被確診以上疾病或健康狀況，請於以下空白位置補充

Part C - Supplementary Health Information 丙部 - 健康資料補充

If the answer to any of the questions 7-14 in Part B is "Yes", please provide additional information as applicable -
若乙部第7至14項任何一項問題之答案為「是」者，請在適用的問題提供更多資料 -

<input type="checkbox"/> Question No. 題號	Follow-up questions to each of Q7-14 as applicable 題號 7-14 每題適用之跟進問題
(1) Disease/medical condition/sign and symptom 疾病/健康狀況/病徵及症狀	
(2) Date of first occurrence of sign and symptom (DD/MM/YY) 首次出現病徵及症狀的日期 (日/月/年)	
(3) (a) Treatment/investigations/tests/scans that have been performed 已進行的治療/檢查/測試/掃描 (b) Date of such treatment/investigation/tests/scan (DD/MM/YY) 有關治療/檢查/測試/掃描日期 (日/月/年)	
(4) Present condition (such as whether fully recovered, follow up action/medication/next follow up date) 現況 (例如：是否已完全康復、有否跟進/服用跟進藥物/下次覆診日期)	
(5) Date of last follow-up medical consultation/treatment (DD/MM/YY) 最後覆診/治療日期 (日/月/年)	
(6) Name of doctor who treated the disease/sickness/medical condition/sign and symptom 治療有關疾病/不適/健康狀況/病徵及症狀的醫生姓名	
(7) Name of Hospital, where applicable 醫院名稱 (如適用)	

* Please provide information as detailed as possible (e.g. provide year and month if exact date could not be recalled) for the sake of fair assessment in underwriting.
請盡量提供齊全資料 (例如：在未能回憶確實日期的情況下提供年份及月份) 以便作出公平核保決定。

Question for "Chubb VHIS - Flexi Plan" 「安達自願醫保(靈活)計劃」問題

I do not wish to receive Worldwide Emergency Assistance Services
本人不接受國際緊急支援服務

Personal Information Collection Statement 個人資料收集聲明

I/WE HEREBY ACKNOWLEDGE, DECLARE AND AGREE THAT, by signing this form, any personal information collected or held by Chubb Life Insurance Hong Kong Limited (the "Company") is provided and may be used, processed, stored, disclosed, transferred by the Company to the transferees indicated in and in accordance with the Personal Information Collection Statement set out in my/our Application For Life Insurance, which may include without limitation, any branch, subsidiary, holding company, associated company or affiliates of the Company (the "Group Companies"), its authorized agents, reinsurers, claims investigators, loss adjudicators, medical advisors, recovery agents, insurance industry associations and federations, credit reference agencies, government or judicial or regulatory bodies or any person to whom the Company is under legal and/or regulatory obligation to make disclosure, and the Company's appointed third party agents, contractors and advisors, in each case whether within or outside of Hong Kong and Mainland China. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our personal information with the information collected by the insurance industry associations, the federations, the government and regulatory bodies and medical personnel or organizations. I/We am/are obliged to supply the information required from me/us under this form which is a condition precedent for me/us to apply for the insurance products and related services. Failure to supply the required information may result in the Company being unable to process the form. For more details of the Company's policies on personal information and privacy protection, please read the Company's Privacy Notice available at <https://www.chubb.com/hk-en/footer/chubb-life-privacy-policy.html>. Any questions regarding personal information, access to or correction of personal information should be made in writing and forwarded to The Data Protection Officer of Chubb Life Insurance Hong Kong Limited at 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

就簽署此表格，本人/吾等確認、聲明及同意安達人壽保險香港有限公司(「貴公司」)可以使用、處理、儲存、披露、轉移任何貴公司所收集或持有任何本人/吾等的個人資料至在本公司/吾等的人壽保險申請書中的個人資料收集聲明所訂明的資料轉移接收方，包括但不限於，貴公司的任何分行、附屬公司、控股公司、聯營公司或聯營公司(「集團公司」)、其獲授權的代理人、再保險公司、理賠調查公司、理賠調查員、醫療顧問、索償代理、保險行業協會及聯會、信貸資料機構、政府或司法或監管機構或對貴公司具有法律及/或監管責任而須予以披露的任何人士，及貴公司指定的第三方代理、承包商及顧問，不論在香港及中國大陸境內或境外。此外，貴公司獲授權向保險行業協會及聯會、政府及監管機構、及醫務人員或機構取閱及/或核實任何該等機構向本人/吾等收集之個人資料。本人/吾等有責任提供此表格上所需資料，以作為申請保險產品及有關服務之先決條件。如未能提供所需的資料，可能會導致貴公司無法處理本表格。有關安達人壽保險香港有限公司個人資料及私隱保障政策的詳情，請參閱安達人壽保險香港有限公司的私隱政策，網址為<https://www.chubb.com/hk-zh/footer/chubb-life-privacy-policy.html>。如欲查詢有關個人資料事宜，查閱或更正個人資料必須以書面形式向安達人壽保險香港有限公司的資料保護主任提出，並送交至香港銅鑼灣告士打道三一一號皇室大廈安達人壽大樓三十五樓。

I/We hereby declare and agree that the above particulars and answers are complete and true, and this form will form part of the policy application.
本人/吾等在此聲明及同意以上所填報之資料及答案均為正確及事實之全部，並構成保單申請的一部份。

Signature must be consistent with that in your life application form. 閣下簽署模式應與申請書上之簽署相同，以作核對。	
Name of Witness/Agent 見證人/保險代理姓名	
Signature of Witness/Agent 見證人/保險代理簽署	Date 日期
Signature of Proposed Insured 準受保人簽署 (Signature is required for the person whose age is 18 or above) (滿18歲或以上之人士必須簽署)	Date 日期
Signature of Applicant/Owner 保單申請人/持有人簽署 (if other than Proposed Insured) (如非準受保人)	Date 日期