

大額問卷 Large Amount Questionnaire

保單號碼

Policy no. : _____

準受保人姓名

Name of Proposed Insured: _____

申請人姓名

Name of Applicant: _____

第一部分 Part I

1. 投保目的 Purpose of Insurance

(a) 個人 Personal

- 保障家庭成員 Protection for dependents
 遺產保障 Protection for estate duties
 收入取代 Income replacement
 子女教育基金 Children's education fund

(b) 業務 Business

- 公司要員 Keyman
 合夥人 Partnership
 僱員保障 Employee Benefit
 商業借貸保障 Business loan protection

其他 (請詳述之) Others (please give details) _____

2. 請詳細列出保額的計算方法 Please specify how the sum assured amount was calculated _____

3. 收入資料 Income details

(i) 過去三年工作賺取之入息 Earned Income of the last three years:

	年份 Year _____	年份 Year _____	年份 Year _____
全年收入 (工資 / 薪金 / 董事酬金) Annual income (salary / wages / director's remuneration)	港幣 HKD _____	港幣 HKD _____	港幣 HKD _____
獎金 / 紅利 Bonuses / Dividends	港幣 HKD _____	港幣 HKD _____	港幣 HKD _____
其他入息 Others earned income	港幣 HKD _____	港幣 HKD _____	港幣 HKD _____

(ii) 過去12個月非工作所賺取之入息 Unearned Income in the past 12 months:

物業租金收益 Property rental income	港幣 HKD _____	股份所得紅利 Dividend from shares	港幣 HKD _____
銀行存款利息 Interest from bank deposit	港幣 HKD _____	企業投資純收入 Net business investment income	港幣 HKD _____
其他 (請註明) Others (please specify)	(1) _____		港幣 HKD _____
	(2) _____		港幣 HKD _____

4. 資產 Assets

(i) 自置物業 Properties owned

	物業 Property 1	物業 Property 2	物業 Property 3
地址 Address	_____	_____	_____
購買日期 Date of purchase	_____	_____	_____
購入價 Purchase price	港幣 HKD _____	港幣 HKD _____	港幣 HKD _____
未償按揭額 Outstanding mortgage	港幣 HKD _____	港幣 HKD _____	港幣 HKD _____
時值 Current value	港幣 HKD _____	港幣 HKD _____	港幣 HKD _____
業主 / 業權之百分比 Owner / % of ownership	_____	_____	_____

- | | | | |
|--|-----------------|---|-----------------|
| (ii) 活期存款
Saving deposit | 港幣
HKD _____ | (iii) 股票 / 互惠基金 / 債券
Stocks / Mutual funds / Bonds | 港幣
HKD _____ |
| (iv) 銀行存款 / 貨幣市場帳戶
Money in banks accounts /
Money market accounts | 港幣
HKD _____ | (v) 現金
Cash | 港幣
HKD _____ |
| (vi) 其他 (請註明類別)
Others (please specify types) | (1) _____ | | 港幣
HKD _____ |
| | (2) _____ | | 港幣
HKD _____ |

5. 債務 Liabilities

- | | | | |
|--|-----------------|--|-----------------|
| (i) 按揭
Mortgage(s) | 港幣
HKD _____ | (ii) 信貸額 / 透支
Credit line / Overdraft | 港幣
HKD _____ |
| (iii) 私人貸款
Personal loan(s) | 港幣
HKD _____ | | |
| (iv) 其他 (請註明類別)
Others (please specify types) | (1) _____ | | 港幣
HKD _____ |
| | (2) _____ | | 港幣
HKD _____ |
- (v) 現時你是否有未償清的破產債務 Do you have an undischarged bankruptcy currently? 是 Yes 否 No

若「是」，請註明類別及詳情 If "yes", please specify types and details _____

6. 估計淨值
Estimated Net Worth

港幣
HKD _____

7. 生活方式
Family Life Style
- (i) 所供養家庭成員人數
Number of dependents _____
- 與準受保人 / 受保人關係
Relationship to the Proposed Insured / Insured _____
- (ii) 居所 (倘租用) Residential property (if rented)
- 每月租金 港幣
Monthly rental HKD _____
- 租金支付人
Paid by _____

8. 職業 Occupation

若準受保人 / 受保人是公司業務持有人，請同時填寫第二部分 If the Proposed Insured / Insured is a business owner, please also complete Part II

- (i) 準受保人 / 受保人職業
Proposed Insured's / Insured's occupation _____
- (ii) 受聘日期
Commencement date of employment _____
- (iii) 準受保人 / 受保人在公司擔任的主要職務
Main duties of the Proposed Insured / Insured in the company _____

第二部分 Part II

若準受保人 / 受保人是公司業務持有人，請填寫以下資料 If the Proposed Insured / Insured is a business owner, please complete the following:

本人，(準受保人 / 受保人) 會因應泰禾人壽保險有限公司要求遞交由準受保人 / 受保人所持有公司之有關財務證明及經核證之賬目副本。 I, (the Proposed Insured / Insured) will supply a copy of the complete financial statement and audited business results of the company owned by the Proposed Insured / Insured as and when requested by Tahoe Life Insurance Company Limited.

1. 公司業務詳細資料 Details of business interest

公司名稱 Name of company _____

業務性質 Nature of business _____

業務在職年期 Number of years in the business _____ 公司僱員人數 Number of employees in the company _____

2. 擔任的職位及年期 Position held and for how long _____

3. 準受保人 / 受保人於公司資產所佔百分比 Percentage of shares owned by the Proposed Insured / Insured _____

4. 資產總值 Total assets 港幣 HKD _____ 債務總額 Total liabilities 港幣 HKD _____

5. 估計業務淨值 Estimated net worth of the business _____

6. 公司過去三年經核證之賬目 Audited company accounts for the past 3 years

	年份 Year _____	年份 Year _____	年份 Year _____
營業額 Business turnover	港幣 HKD _____	港幣 HKD _____	港幣 HKD _____
毛利 Gross profit	港幣 HKD _____	港幣 HKD _____	港幣 HKD _____
純利 Net profit	港幣 HKD _____	港幣 HKD _____	港幣 HKD _____

7. 公司內其他主管級職員，要員或合夥人是否已投保或同時申請投保

Are other corporate officers, keyperson, or partners insured or being insured at the same time?

是 Yes 否 No

若「否」，請詳述及說明原因 If "no", please give details and explanation _____

第三部分 Part III

1. 公司要員壽險 For Keyman Insurance

- (i) 請提供準受保人 / 受保人為公司要員之原因。

Please provide reasons for the Proposed Insured / Insured is considered to be so valuable to the company.

- (ii) 請詳細列出保額的計算方法。

Please specify how the sum assured amount was calculated.

- (iii) 公司其他的要員是否已投保或同時申請投保？如「否」，請提供原因。

Do other key employee(s) have the same benefit coverage? If "no", please provide reason.

- (iv) 請列出準受保人 / 受保人現時之薪酬（請遞交入息稅申報書以作參考）。

Total value of the Proposed Insured's / Insured's current remuneration (please submit income tax return for reference).

2. 合夥人壽險 For Partnership Insurance

- (i) 倘準受保人 / 受保人去世，公司要負擔什麼債務？

What liabilities will arise on the death of the Proposed Insured / Insured?

- (ii) 是否所有股東 / 合夥人均已投保？如「是」，請詳述保障類別及金額。

Are policies effected on all shareholders / partners? If "yes", please give details on the type and amount of coverage are all shareholders / partners insured / being insured.

- (iii) 公司股份 / 合夥資產時值多少（請遞交買賣協議書以作參考）？

What is the current valuation on the shares / partnership (please submit buy and sell agreement and current official valuation report for reference)?

3. 僱員保障 For Employee Benefit

- (i) 請詳細列出保額的計算方法。

Please specify how the sum assured amount was calculated.

- (ii) 其他同等級之僱員是否已投保相同保障金額？如「否」，請提供準受保人需要此保障額之原因。

Do other employees in the same grade have the same benefit coverage? If "not", please provide reason why the Proposed Insured require the proposed benefit coverage.

4. 商業借貸保障（請遞交貸款合約以作參考） For business loan protection (please submit loan agreement for reference)

貸款人姓名 Name of lender _____

貸款額 Loan amount _____

還款期 Repayment period _____

貸款目的 Purpose of the loan _____

借貸日期 Commencement date of the loan _____

個人資料收集及使用 Personal data collection and use

本人 / 我們確認本人 / 我們已閱讀及明白泰禾人壽之個人資料收集聲明 (「泰禾人壽個人資料收集聲明」)。

本人 / 我們聲明及同意在本表格所載或泰禾人壽保險有限公司 (「泰禾人壽」) 不時以任何方法收集所得、編製或持有的任何個人資料及關於本人 / 我們或本人 / 我們的保單或投資的其他資料，可根據泰禾人壽個人資料收集聲明收集及使用。

本人 / 我們特此確認並同意泰禾人壽根據泰禾人壽個人資料收集聲明使用及轉移本人 / 我們的個人資料。泰禾人壽個人資料收集聲明的最新版本可於以下網址下載：www.tahoelife.com.hk，及可向泰禾人壽索取。

I / We confirm that I / we have read and understood the Tahoe Life Personal Information Collection Statement (the "Tahoe Life PICS").

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this form or collected, compiled or held by Tahoe Life Insurance Company Limited (the "Company") by any means from time to time may be collected and utilised in accordance with the Tahoe Life PICS.

I / We hereby give my / our acknowledgement and agree to the use and transfer of my / our personal data by the Company in accordance with the Tahoe Life PICS. The latest version of the Tahoe Life PICS is available for download from the website: www.tahoelife.com.hk, and is made available upon request.

聲明 Declaration

本人 / 我們於此聲明及同意 (1) 上列各欄的填報，據本人 / 我們所知，均屬完全及真實無訛；(2) 上述各欄的填報及本聲明，將作為承保的根據，亦屬於本人 / 我們向泰禾人壽保險有限公司呈交之投保申請書的一部分，其效用亦與投保申請書相同無異；(3) 於本問卷簽署後及保單發出前，若本人 / 我們的健康情況或可保性有所改變，本人 / 我們必須以書面方式通知泰禾人壽保險有限公司，否則泰禾人壽保險有限公司有權選擇將任何已發出的保單作廢。

I / We hereby declare and agree that (1) all answers to all questions are to the best of my / our knowledge and belief complete and true; (2) all answers to such questions, together with this declaration shall form the basis and become a part of my / our application for insurance to Tahoe Life Insurance Company Limited and they shall be of the same effect as if contained in the original application; (3) in the event of any change in my / our health or insurability after this questionnaire is signed and before the policy is issued, I / we shall inform Tahoe Life Insurance Company Limited of the same in writing, otherwise any policy issued is voidable at the option of Tahoe Life Insurance Company Limited.

準受保人簽署
(如準受保人與申請人不同，並且準受保人年齡為18歲或以上人士)
Signature of Proposed Insured
(If other than the Applicant and whose age is 18 or above)

申請人簽署
Signature of Applicant

見證人簽署
Signature of witness

簽署日期 (日 / 月 / 年)
Sign date (DD / MM / YYYY)