

申請書附頁

Supplement to Application for Insurance

保單號碼

Policy no. :

準受保人姓名

Name of Proposed Insured :

申請人姓名

Name of Applicant :

申請書簽署日期

Application dated on :

**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 ) 於本附頁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。

本人 / 我們再聲明 ( 1 ) 自上述投保申請書簽署日起 · 本人之身體狀況與投保申請書上之聲明並無改變 · 及沒有接受任何醫療診斷 · 檢驗或治療 ( 2 ) 所有於投保申請書上之填報及一切申報仍然正確。

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 supplement 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.

I/We also certify that (1) since the date of the said application, there has been no change in my health condition, and that I have not received any medical consultation, examination or treatment; (2) all answers as written in the course of the said application are still true.

申請人簽署

Signature of Applicant

準受保人簽署

Signature of Proposed Insured

( 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 )  
(If other than the Applicant and whose age is 18 or above)

見證人簽署

Signature of Witness

簽署日期 ( 日 / 月 / 年 )

Sign date (DD / MM / YYYY)