

## Proposer's Details:

Name (last, first, middle): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

## Applicant (Person to be Insured) & Beneficiary:

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ I/D/Passport No.: \_\_\_\_\_

Country of Residence: \_\_\_\_\_ Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_

Beneficiary Name	Relationship	Address	Primary/contingent or % of sum assured
_____	_____	_____	_____
_____	_____	_____	_____

## Additional Information:

1. What is your annual income excluding bonuses, commissions, or any other income of a non-repeating or contingent type?  
\_\_\_\_\_
2. Occupation & employer's name (state exact nature of business & duties. If more than one, state all.)  
\_\_\_\_\_
3. Is manual work involved? To what extent (i.e. supervisory only, supervisory but occasional manual work, supervisory but continuously involving manual work, etc.)?  Yes  No
4. Does the person to be insured take part in any activities involving offshore, underwater, underground, or manual work, or work in a remote location? If yes, please give details.  Yes  No
5. Does the person to be insured suffer from any physical defect or infirmity of any kind, or any defect of sight or hearing, or any chronic ailment? If yes, please give details.  Yes  No
6. Has the person to be insured suffered any accident during the past five years which has required medical treatment? If yes, please give details.  Yes  No
7. Has the person to be insured ever been declined, deferred, or accepted only on special terms or rates for Life, Medical, or Accident Insurance? Has any insurance company cancelled or declined to renew a policy, or wished to impose special terms or rates for renewal, on the person to be insured?  Yes  No
8. Does the person to be insured have any other Personal Accident insurance or life insurance policy? If yes, please state name of company and amount of sum insured including weekly benefit if any:  Yes  No  

Company	Type of Policy	Sum Assured
_____	_____	_____
9. Have you ever made a claim under an accident policy? If yes, please give full details.  Yes  No

## Declaration by Applicant

I hereby apply for an Accidental Death and Permanent Disablement policy/rider to be issued based on the statements contained herein and declare that all answers to the foregoing questions are correctly recorded, and that they are full, complete, and true. I/we agree that the policy/rider as issued including all schedules, endorsements, and this application shall form the whole contract and that no insurance shall be in force until and unless the application has been accepted, and the appropriate premium paid.

Printed Name/Title	Signature	Date
_____	_____	_____

**DATA PRIVACY:** It is hereby declared that as a condition precedent to the liability of Liberty International Insurance Limited ("the Company"), the Insured Person(s) has agreed that any personal information collected or held by the Company is provided and may be held, used and disclosed by the Company to individuals/organizations associated with the Company or any selected third party (within or outside Hong Kong) for the purpose of processing the application and providing subsequent services for this and other financial products and services, direct marketing, data matching, and to communicate with the Insured Person(s) for such purposes. The Insured Person(s) has the right to obtain access to and to request correction of any personal information held by the Company concerning the Insured Person(s). Such request can be made to the Company's Data Privacy Officer, proMedico Unit, Liberty International, 13F DCH Commercial Centre, 25 Westlands Rd, Quarry Bay, Hong Kong.

Please send your premium payment to GlobalHealth Asia Limited, Suite 1401-3, Chinachem Hollywood Centre, 1-13 Hollywood Road, Hong Kong.

(Please see reverse side for important premium payment information)

