AIA
友邦

5624427831

PENDING MEMO (FIRST NOTICE)

Department:	**Policy Owner Service**	**Request No:**	POS202510666764
Policy No:	B633960847	**Date:**	12/17/2025
Doc ID:	OSGPMEMO		

To: HO KAR LEE
CHAMP ARCTERYZ LL (8Y)

From: POS - Operations Team M

Subject: Policy No. B633960847 - Insured: HO KAR LEE

We have received the following request on 11/29/2025 我們於11/29/2025收到以下之申請:

Coverage Changes	更改保單基本計劃

However, we are unable to comply with the request at this moment and need the following for our further processing:
但是我們未能辦理有關申請，原因如下:

AIA VOLUNTARY HEALTH INSURANCE SELECTWISE SCHEME any treatment or services, or Disability of the Insured Person, arising out of and/or in relation to any of the following: GASTRITIS	AIA自願醫保睿選計劃就下列任何一項引起或與之有關的治療或服務，或受保人的傷病而作出賠償：胃炎
Attached counter offer letter(DGAS)	連同保單修訂計劃書

Please provide us with the above requirements not later than 01/14/2026*. To help us processing the case more effectively, please reply us by completing the slip below/at the back and returning any required documents together with this memo to us.
請於01/14/2026*前回覆並連同此通知書及所需文件交回給我們。

Please follow up and reply the request as soon as possible. Please note that we will file close the request after the deadline.
請盡快跟進並回覆申請。請注意，我們將會於限期後終止此申請。

For any queries, please send email to HK.Opns-Enquiry-POS@aia.com. 如有任何查詢，請電郵至HK.Opns-Enquiry-POS@aia.com。

This is a computer print-out and signature is not needed
此乃經由電腦發出之函件，故無需簽署

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*Important note:
The above deadline does not mean an extension of the grace period. Premium should still be received by us within the policy grace period.

*注意事項：
以上列出之限期並不代表延長保單之寬限期，客戶仍須在寬限期內繳交保費。

(Please tick appropriate box below but do not detach 請在適當方格內 "√" 並不要撕開此回條部份)

To: POS - Operations Team M

From: HO KAR LEECHAMP ARCTERYZ LL (8Y)8Y

Re: Pending Memo for Policy No.B633960847 - Insured HO KAR LEE

☐ Completed form(s)/Counter-offer letter attached You can also submit us with the documents in iChange 填妥表格/修訂計劃
你亦可透過iChange電子更改遞交相關文件

☐ *Other messages: _____

其它資料 _____

_____ on _____

Signature of AIA Financial Planner
友邦財務策劃顧問簽名

Date (MM/DD/YY)
日期(月/日/年)

*If the message is relating to the owner's/insured's declaration of his/her own health/financial information or clarification from owner/insured is required, signature of owner/insured is needed too. 若聲明是關於保單持有人/受保人健康狀況/財政狀況，保單持有人/受保人必須簽署。
*Please use a separate A4 size paper if more space is needed. 若有須要，請用另一張紙填寫。

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AIA
友邦
COUNTER-OFFER LETTER

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Department:	**Policy Owner Service**	**Request No:**	POS202510666764
Policy No:	B633960847	**Date:**	12/17/2025
Doc ID:	OSGPCOF		
Policyowner:	HO KAR LEE		
Insured:	HO KAR LEE		

親愛的客戶,

多謝投保友邦。

經過詳細審核，很抱歉我們未能接受閣下原本的申請。然而，我們樂意為閣下提供一個修訂計劃，詳情如下:

保險計劃類別	修訂保費/不保事項/特別條款與條件
AIA自願醫保睿選計劃	就下列任何一項引起或與之有關的治療或服務，或受保人的傷病而作出賠償： 胃炎

閣下如接受以上修訂計劃，請於28天內簽妥以下的「接受修訂計劃聲明」並連同此信給回本公司便可。

營運部 – 保户服務謹啟

此乃經由電腦發出之函件，故無需簽署

（請勿撕下）

接受修訂計劃聲明

本人HO KAR LEE，及作為受保人的代表，同意接受以上的修訂計劃。並聲明由健康証明書簽署日11/29/2025至現在，本人在健康証明書內申報的一切記錄資料，仍屬正確，健康狀況並無變更。

_____ _____

* 持有人/信託人簽名　　簽署日期（月/日/年）

* 請刪去不適用者

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