AIA International Limited
(Incorporated in Bermuda
with limited liability)

AIA REPRESENTATIVE / BROKER CONFIDENTIAL REPORT 友邦業務代表/經紀報告

Policy Number 保單號碼	Name of Proposed Insured 準受保人姓名	I.D. Card Number/Passport Number 身份證號碼/護照號碼
Area Code 區域編號	Agency/Broker Name 營業員組別/經紀名稱	Agent/Broker Code 營業員號碼/經紀號碼
Operation 營運部 VIP ☐	Agent/Broker's Name 營業員/經紀姓名	Agent/Broker's Tel. No 營業員/經紀聯絡電話

00342029

A. INFORMATION ON PROPOSED INSURED **準受保人資料** :	B. INFORMATION ON APPLICANT **申請人資料**: (Please complete if PB / CIPB is applied **請填寫如有申請付款人危疾保障**)
1 a. Does the Proposed Insured look ill in anyway or have any physical disabilities 準受保人是否看似生病或有任何身體殘障? Yes 是 ☐ / No 否 ☐ b. Have you heard of the Proposed Insured being ill or consulting any physicians? 有否得知準受保人現正生病或現正接受診治 Yes 是 ☐ / No 否 ☐ If 'yes', please give details including name and address of the attending doctor(s) 倘'是'，請詳細說明並包括醫生姓名及地址:	1 a. Does the Applicant look ill in anyway or have any physical defects 申請人是否看似生病或有任何身體殘障? Yes 是 ☐ / No 否 ☐ b. Have you heard of the Applicant being ill or consulting any physicians? 有否得知申請人現正生病或現正接受診治 Yes 是 ☐ / No 否 ☐ If 'yes', please give details including name and address of the attending doctor(s) 倘'是'，請詳細說明包括醫生姓名及地址:

C. Any other information and/or facts that are within your knowledge relevant to the acceptance of risk by the company must be disclosed to the underwriting department for assessing the application. 在你知悉以內，任何對公司在風險承保上有關的其他資料/或事實，必須向核保部作出披露以批核申請。

Agent/Broker's Declaration: **營業員/經紀聲明**

I hereby certify that I have personally asked the proposed insured and/or the applicant all the questions on this report and the application form and witnessed the applicant's signature on the application.
本人謹此聲明本人已親自向準受保人及/或申請人提問此報告及申請書內的問題，並見證申請人於申請書上簽署。

Signature of Agent/Broker 營業員/經紀簽署

Date 日期 MM月 / DD日 / YYYY年