

Cancellation Form

取消申請書

To : ACE Insurance Limited 安達保險有限公司
Customer Service Department 客戶服務部

Tel. 電話號碼 : 3191 6222

Fax. 傳真號碼 : 2519 3233

Address 地址 : 25th Floor Shui On Centre 6-8 Harbour Road Wanchai Hong Kong
香港灣仔港灣道 6-8 號瑞安中心 25 樓

保單持有人姓名 (請以英文正楷填寫)

Policy Holder's Name (In Block Letter) _____

保單號碼

Policy Number _____

香港身分證號碼

HK ID Number _____

聯絡電話

Contact Phone Number _____

I request to terminate 本人欲取消

- the above policy 上述保單
- the coverage of my spouse 本人配偶之保障
- the coverage of my children 本人子女之保障
- _____ (Name of child 子女姓名)
- the coverage of my family members 本人家庭成員之保障
- _____ (Please specify 請註明)
- the coverage of my rider 本人附加之保障
- _____ (Please specify 請註明)

With *effective from *取消生效日期:

_____ (DD/MM/YY 日/月/年)

Cancellation reason 取消原因

- | | |
|-----------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Card / Account cancelled
取消信用卡 / 戶口 | <input type="checkbox"/> Premium too high
保費過高 |
| <input type="checkbox"/> Moved from Jurisdiction
移民 | <input type="checkbox"/> Coverage not Suitable
保障不適合 |
| <input type="checkbox"/> With similar coverage
已購買同類保障 | <input type="checkbox"/> Others (please specify)
其他(請註明) |
- _____

Policyholder's signature 保單持有人簽署

Date 日期

*The effective date of cancellation should not less than 30 days from the date the company received this cancellation form

*取消生效日期由本公司收到此取消申請書起計不少於 30 天

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