



ace insurance

ACE Insurance Limited
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Gloucester Road Post Office

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ACE Personal Accident Plan – Special Offer Enrollment Form

Please call ACE Insurance Application Hotline at 3191 6222 or complete this Enrollment Form and fax it to 2519 3233.

[X] YES, I would like to enroll in the "ACE Personal Accident Plan". (Please tick "✓" the appropriate box.)

Table with 6 columns: Coverage (HK\$-), Plan 1, Plan 2, Plan 3, Plan 4, Plan 5. Rows include Accidental Death Benefit, Accidental Dismemberment, Permanent Total Disability, Accident Medical Expenses, and Monthly Premium/Insured Person (HK\$-).

Coverage Selection

Benefit Level selected (please ✓ appropriate one): [] Plan 1 [] Plan 2 [] Plan 3 [] Plan 4 [] Plan 5
Cover For (please ✓ appropriate one): [] Self Only [] Self and Spouse [] Self and Child [] Self and Family Members

Personal Information of Proposed Policyholder (Please fill in capital letters):

Name (as shown on HKID): _____ HKID No.: _____
Sex: M / F Date of Birth: _____ (D/M/YYYY)
Mobile Phone No.: _____ Tel No.(Office): _____ Tel No (Home): _____
Hong Kong Residential Address: _____

Personal Information of Family Members (Please fill in your family member's information if you want to enroll them in this plan)

Table with 4 columns: Name, Date of Birth, Relationship, HKID card number. Rows include Same as above, Spouse, Child 1, Child 2.

I authorize ACE Insurance Limited to debit the monthly premium payable under my ACE Personal Accident Plan, from my Credit Card/Bank Account stated below and pay to ACE Insurance Limited.

[] Credit Card Type : [] VISA [] MasterCard Credit Card No : _____ - _____ - _____ - _____ Expiry Date : (M/ Y)

[] Bank Account No : _____ - _____ - _____
Bank No. Branch No. Account No. Bank Name

DECLARATION

- I/I and my covered family members declare that the above information is, to the best of my/our knowledge, true and complete, and will form the basis of my/our contract with ACE Insurance Limited.
- I/I and my spouse understand that only aged between 18 and 65 are eligible to enroll into this plan. I/we also understand that if I enroll in this plan, my child/children who is/are 30 days to 18 years of age or below 23 years of age and a full time student at a school, college or university is/are eligible to enroll in this plan. All insured persons should hold valid H.K. I.D. Card and reside in Hong Kong during the period of insurance.
- I/I and my covered family members understand that my/our pre-existing medical conditions will not be covered under this policy.
- I understand that upon my enrollment, the premium will be debited from the above Nominated Account.
- I also understand that I am entitled to a 14-day free review period of the policy. If I am not completely satisfied with the policy, I can return it within 14 days upon receipt and will get a full refund of premium paid.
- I/I and my covered family members understand that the ACE Insurance Limited (“the Company”) has the right to reject my/our application for this plan. I/we also understand that the exact terms and conditions, and exclusions should be referred to the actual policy document.
- I/I and my covered family members hereby give my/our consent and authorize that the Company may disclose, verify and/or exchange any information supplied to the Company without further notification to me/us confidentially with its affiliated companies and/or other parties for considering my/our application(s) to any new insurance policies and administering policies taken out with the Company, customer services, marketing and related activities, until the Company receives my/our written instruction to the contrary. Upon my/our written request, the Company shall, without charge, cease to use my/our personal information for purposes other than directly related to my/our insurance policies.
- I/I and my covered family members understand that I/we may give a written contact to the Company's Data Privacy Officer at 25/F, Shui On Centre, No. 6-8 Harbour Road, Wanchai, Hong Kong for any request to access to and/or correct any information supplied to the Company. I/we also understand that the Company may reserve the right to charge a reasonable fee to offset the administrative costs in complying with access requests.

Signature of Proposed Policyholder: _____
(Signature must be the same as that on your Nominated Account)

Date: _____
(dd/mm/yyyy)

Exact terms and conditions, and exclusions should be referred to the actual Policy. Acceptance of this application is subject to the final decision of ACE Insurance Limited.