

## **Declarations**

I/We hereby declare as follows:

### **A. General**

1. I/We understand that the policy is only effective after my/our application has been accepted by Allianz Global Corporate & Specialty SE Hong Kong Branch (hereafter "Allianz") and the premium has been paid.
2. I/We confirm my journey originates and ends in Hong Kong, and I/We am/are Hong Kong residents.
3. I/We have read, understood and accepted the terms, conditions and exclusions contained in the Policy Wording and any information or material relating to this Policy.

### **B. Accuracy of Information**

4. All information and statement given in the application form for this policy are true and complete to the best of my/our knowledge and I/We have not withheld any material facts which are relevant to or could affect the acceptance of this application by Allianz. I/We understand that any inaccuracy or non-disclosure may render the policy voidable. Where applicable, I/we declare that I/we have full and complete authority from the insured person(s) to submit on their behalf this application and disclose any personal information being requested to assess this application.
5. In the event that the statement or information given in the application form for this policy becomes untrue, incomplete or inaccurate, I/We will immediately inform Allianz before Allianz issues any policy.
6. I/We understand and agree that this application and declaration and other information provided shall form the basis of the contract between me/us and Allianz.

### **C. Other:**

7. I/We authorize Allianz to obtain the necessary medical information from the insured person's medical practitioner(s) and I/we agree to supply additional information relevant to the policy of this Plan at my/our own expense.

## 聲明

本人/我們作出以下聲明：

### A. 一般事項

1. 本人/我們明白本保單只會在安聯環球企業及專項保險香港分公司 (以下簡稱“安聯保險”) 接納本申請後, 並且已支付保費 才生效。
2. 本人/我們確認投保旅程的出發和返回地點以及本人/我們均為香港居民。
3. 本人/我們已閱讀、明白及接受於保單所列明的條款及細則，以及除外責任之詳情。

### B. 資料無訛

4. 本人/我們在本申請書內填報的資料及陳述，根據本人/我們所知全部正確無訛及完整，沒有隱瞞可能影響安聯保險承保本申請書的事實，否則安聯保險有權將所繕發之保單宣告無效。適用情況下，本人/我們聲明已獲受保人授予授權，可代其提交本申請並披露任何所需之個人資料以評估是次申請。
5. 若本保單申請表內之陳述或資料變得不真實、不完整或不準確，本人/我們將於安聯保險發出任何保單前立即通知安聯保險。
6. 本人/我們明白並同意本申請書、聲明及所提供的其他資料作為本人/我們與安聯保險合約的基礎。

### C. 其他事項

7. 本人/我們等授權安聯保險向受保人之主診醫護人員索取所需醫療資料，並同意自費提供與本計劃保單相關之補充資料。