



ACCIDENTGUARD APPLICATION FORM

Please complete all sections of this application form that will form the basis of the contract between you and Sun Alliance Insurance (China) Limited.

Also please use block letters, and indicate clearly your choices in the boxes provided.

I YOUR DETAILS

Mr/Mrs/Miss First Name _____ Middle Name _____ Last Name _____

Nationality _____ Passport Number _____ Date of Birth _____ DD/MM/YY

Your Occupation _____ Your Title _____ Your Company _____

Your Office Address _____
 _____ PostCode _____

Tel _____ Fax _____ Email _____

Your Home Address _____
 _____ PostCode _____

Tel _____ Fax _____ Email _____ Mobile _____

Preferred Mailing Address: Office Home Preferred Contact Method: Mail Phone Email

2 YOUR ACCIDENT GUARD PROTECTION

Yes, please insure me under the AccidentGuard insurance policy.

Please cover my spouse and child(ren) as below:

Spouse

First Name _____ Last Name _____ Gender: Male Female

Date of Birth _____ DD/MM/YYYY Passport Number _____

Nationality _____ Occupation _____

First Child

First Name _____ Last Name _____ Gender: Male Female

Date of Birth _____ DD/MM/YYYY Passport Number _____

Nationality _____ Occupation _____

Second Child

First Name _____ Last Name _____ Gender: Male Female

Date of Birth _____ DD/MM/YYYY Passport Number _____

Nationality _____ Occupation _____

*To insure other children, please provide us with their details.

3 YOUR PREMIUM PAYMENT

Annual Premium for:	
Yourself only	RMB 1,635
Your spouse only	RMB 1,635
Your one child only	RMB 330

Premium discount ratio:
_____ % (please refer to the AccidentGuard leaflet for details)

Total Premium:
RMB _____ (to the nearest RMB)

You can pay your annual premium by credit card or debit card.

Credit Card:

Visa Card Master Card

Card Number _____

Bank _____

Card Expiry Date _____ MM / YYYY

Debit Card:

Card Number _____

Bank _____

Note: Payment can also be made by bank transfer, for detailed information, please contact us at 800-820-5918.

4 IMPORTANT NOTICE

Please carefully read the insurance clauses, in particular the exclusion clauses marked with bold text, and pay attention to the explanations from the business representatives of the Insurer. If you do not understand or disagree with such explanations, please make enquiries to the Insurer before applying for insurance. You are deemed to have fully understood and agreed with the insurance clauses if no such enquiry is made.

5 YOUR DECLARATION

- 1) I declare that the information given above is true & complete to the best of my knowledge and belief and understand that this Proposal and Declaration shall be the basis of the contract between the Insurer and me.
- 2) I also declare that I and my spouse/ children (if to be insured) are not employed in the following occupations: Military Personnel, Criminal Law Enforcement Officer; Civil Defence Officer; Bank Security Officer; any off-shore occupations such as ship crew, diver, oil-rigger and fisherman; Dockyard staff/worker; Shipyard staff/worker; Air Crew; Full-time despatch rider who rides a motorcycle or full-time driver who drives heavy vehicles and machinery or full-time bus driver or full-time taxi driver; Construction staff/worker working on-site; Any occupations dealing with poisonous or hazardous gases or substances.
- 3) I agree that this application will not become effective until the Insurer has accepted this Proposal; I also agree that In the event of payment of benefits to a Beneficiary, the Insurer will only accept legally-approved beneficiaries; I consent for the insurer to seek the insured's information from any medical specialist, hospital, clinic, insurance company or any other institute for the purpose of this insurance.
- 4) I hereby authorize Sun Alliance Insurance (China) Limited to charge the annual premium for me and my family members' policy to my above mentioned Credit/Debit Card. I understand that my cover would start on total premium receipt of the total premium by the Insurer.

I have carefully read the insurance policy, in particular the exclusion clauses marked with bold text. The insurance clauses can be obtained through enquiry to the Insurer's representatives at (800 - 820 - 5918) or by accessing the website <http://www.rsagroup.com.cn>. I hereby confirmed that I understood the insurance clauses and would like to submit my application for insurance.

Your Signature _____ Date _____

Sun Alliance Insurance (China) Limited has a number of other insurance plans and promotions suitable for expatriates in China.

If you do not wish to receive these by mail, email or phone, please indicate by ticking this box.

Sun Alliance Insurance (China) Limited

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Customer Service Hotline: 800 - 820 - 5918, 400 - 820 - 5918 (For China Unicom mobile users)
Email: customercare@cn.rsagroup.com