

供公司使用 — 保险中介详情及印章
For company use – intermediary details and stamp

保险中介公司： Intermediary company:	传真号码： Fax number:
联络姓名： Contact name:	电邮地址： Email address:
电话号码： Telephone number:	官方印章： Official stamp:

请使用正楷字体填写此信息表，并通过您的保险中介或直接向时康管理顾问(上海)有限公司寄送您填写的信息表，转交：亚太财产保险有限公司，中国上海市虹口区吴淞路218号宝矿国际大厦11楼1103室-1105室，邮编：200080。您亦可将其扫描及电邮至ChinaService@now-health.com或传真至+(86) 400 077 7900。

Please complete this form in BLOCK CAPITALS and send it to the insurer via the insured member's intermediary or direct to Asia-Pacific Property & Casualty Insurance Co., Ltd., c/o: Now Health International (Shanghai) Limited, Room 1103-1105, 11/F, BM Tower, No. 218 Wusong Road, Hongkou District, Shanghai 200080, China. The insured member can also scan and email it to ChinaService@now-health.com or fax it to +(86) 400 077 7900.

第一部分：投保人资料
Section 1: Policyholder's details

名： First name(s):	姓： Family name:
会员编号： Membership number:	

第二部分：您想要更改哪一部分信息？
Section 2: What would the insured person like to change?

姓： Family name	<input type="checkbox"/>	地址： Address	<input type="checkbox"/>	电邮地址： Email address	<input type="checkbox"/>
姓 Family name					
曾用名： Old name:			现用名： New name:		
信息变更开始生效的日期：(日/月/年) Date the change to take effect from (dd/mm/yyyy): / /					
<small>多请注意：我们需要一份官方文件（例如结婚证书），以更新我们的记录。 Please note that we need a copy of the official document e.g. marriage certificate to update our records.</small>					
地址 Address					
旧地址： Old address:					
新地址： New address:					
信息变更开始生效的日期：(日/月/年) Date the change to take effect from (dd/mm/yyyy): / /					
电邮地址 Email address					
旧电邮地址： Old email address:			新电邮地址： New email address:		
信息变更开始生效的日期：(日/月/年) Date the change to take effect from (dd/mm/yyyy): / /					

第三部份：注意事项 Section 3: Important Notes

资料保障

我们将在审核您的申请及(如已向您签发保单)与您来往的过程中,收集有关您的若干资料。该等资料将用以您的保单承保、管理及理赔申请处理。您的资料可能为上述用途交给承保人、医生、医疗服务/救援公司及理赔管理人。任何参予管理您的保单的第三方亦需承担相同的保密责任。除上述者外,您的姓名及联系资料将不会向其他机构披露。

Data protection

The insurer will collect certain information about the insured member in the course of considering the insured member's application and, if a policy is issued to the insured member, conducting the insurer's relationship with the members. This information will be processed for the purposes of underwriting the insured member's insurance coverage, managing any policy issued and administering claims. The insured member's information may be passed to underwriters, medical practitioners, medical assistance companies and claims administrators for these purposes. The same duty of confidentiality is required of any third parties to whom the administration of the insured member's policy may be subcontracted. The insured member's name and contact details will not be disclosed to other organisations (except as stated above).

签署(被保险人/投保人):
Signature (Insured person/main applicant):

日期(日/月/年):
Date (dd/mm/yyyy):

/ /

保险合同由亚太财产保险有限公司签发,并委托时康管理顾问(上海)有限公司进行保单管理。
亚太财产保险有限公司地址:中国深圳市福田区中心区福华一路免税商务大厦29-30楼,邮编:518048
时康管理顾问(上海)有限公司地址:中国上海市虹口区吴淞路218号宝矿国际大厦11楼1103室-1105室,邮编:200080

Policies are issued by Asia-Pacific Property & Casualty Insurance Co., Ltd. Registered Office: 29-30F, Dutyfree Business Building, 1st Fuhua Road, Futian CBD, Shenzhen 518048, China.
Policies are administered by Now Health International (Shanghai) Limited. Room 1103-1105, 11/F, BM Tower, No. 218 Wusong Road, Hongkou District, Shanghai 200080, China.