

团险 VIP 客户告知书 Group VIP Customer Information

投保单位名称:

Name of Insured Unit:

投保书印刷号:

Application Serial No.

个人信息告知 Personal Information

姓名 Name		性别 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	婚姻 Marital Status	<input type="checkbox"/> 未婚 Single <input type="checkbox"/> 已婚 Married <input type="checkbox"/> 其他 Others _____	国籍 Nation	<input type="checkbox"/> 中国大陆 China's mainland <input type="checkbox"/> 港澳台人士 Hong Kong/Macao/Taiwan <input type="checkbox"/> 外籍人士 Foreigner
出生日期 Date of birth	年 月 日 Year month day	职业 Occupation			职业代码 Occupation code		
证件类型 ID Types	<input type="checkbox"/> 身份证 ID <input type="checkbox"/> 护照 Passport <input type="checkbox"/> 其他 others _____			号码 No.			

一般情况告知 General Information

1. 您目前年收入_____万元, 主要来源为:薪资 营业收入 房屋出租 证券投资 银行利息 其他 _____
1. Your annual income _____ 10,000 Yuan, main resources:
salary, business revenue, house rental, investment in securities, bank interest, and others _____
2. 目前您医疗费用支付方式 社会医疗保险 商业医疗保险 自费 其他 _____
2. Your current payment modes of medical expenses:
social medical security, commercial medical insurance, self-funded and others _____
3. 您目前是否有正在生效的商业人身险(医疗险、重大疾病险、意外险或寿险)产品? 是 否 (如“是”, 请在下栏详细说明)
3. Do you currently have valid commercial life insurance (medical, dread disease, accidental or life insurance products)?
Yes/No, if yes, please explain in the following column.
公司_____险种_____保额/档次_____起止时间_____
Company _____ Product _____ Insured amount/level _____ beginning and ending time _____
公司_____险种_____保额/档次_____起止时间_____ 公司_____险种_____保额/档次_____起止时间_____
Company _____ Product _____ Insured amount/level _____ beginning and ending time _____
公司_____险种_____保额/档次_____起止时间_____ 公司_____险种_____保额/档次_____起止时间_____
Company _____ Product _____ Insured amount/level _____ beginning and ending time _____
4. 过去三年内, 有无因人身险事宜被商业保险公司拒保、延期、加费、免责的投保经历或向保险公司提出过理赔申请? 是 否
4. During the past three years, have you had the experiences of being rejected, asked to increase fees or exempted from the coverages by a commercial insurance company when applying for a insurance policy or have you applied for a claim?
Yes/No
时间_____事由_____结果_____
Time _____ Cause _____ Results _____
时间_____事由_____结果_____
Time _____ Cause _____ Results _____
时间_____事由_____结果_____
Time _____ Cause _____ Results _____

健康状况告知 Health Information

身高 Height _____厘米(cm)

体重 weight _____千克(Kg)

5. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	您是否目前或曾经有吸烟习惯? 如是, 请回答→ Do you smoke? If yes, please answer→	目前吸烟 Smoke now? (<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No)	每日吸烟量_____支 吸烟持续时间_____年 No. of cigarettes per day I have been smoking for _____years
6. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	您是否目前或曾经有饮酒习惯? 如是, 请回答→ Do you drink? If yes, please answer→	目前饮酒? Drink now? (<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No)	种类_____量 ml/周 时间: _____年 Category: _____ml per week I have been drinking for _____years

7. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	您在过去五年内有无进行 危险运动 或 不良嗜好 ? <i>Have you taken any dangerous sports or risky hobbies in the last 5 years?</i>	15. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	您在最近三个月中是否有发热、疼痛、大小便异常或者其他 不适症状 ? <i>Have you had a fever, pain, abnormal stool and urine or any other symptoms in last three months?</i>
8. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	您过去五年内是否曾 住院 检查或治疗(包括疗养院、康复医院等医疗机构)? <i>Have you had hospital check or treatment in the last 5 years (including sanatorium or rehabilitation hospital)?</i>		
9. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	您过去五年内是否做过 手术 (包括门诊手术)? <i>Have you had any surgery in the past 5 years (including surgery at outpatient dept.)?</i>	16. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	您是否接受过 HIV (艾滋病)病毒检测并为阳性? <i>Have you ever taken a HIV test and the result has shown positive?</i>
10. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	您过去五年内是否接受过 心理 或 药物成瘾性 治疗? <i>Have you had any psychological or drug addiction treatment?</i>		
11. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	您在过去三年内是否因疾病而 持续治疗 超过 2 周? <i>Have you had any continuous treatment during last two weeks because of diseases suffered in the past 3 years?</i>	17. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	您是否有其他以上未提及的 疾病、残疾 及器官缺失或功能不全? <i>Do you have other unmentioned diseases, disability or organ dysfunction?</i>
12. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	最近一年内您是否参加身体检查并发现 结果异常 ? <i>Have you had any abnormal examination result during this year?</i>		
13. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	您目前或过去三月内是否使用过 药物 ? <i>Have you taken any drugs during last three months or are you taking any drugs right now?</i>	18. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	(2 周岁以下 儿童 回答) 出生体重____公斤 <i>(For Children under 2 years) weight of birth____kg</i> 是否有新生儿窒息、产伤、先天性疾病、发育迟缓等? <i>Do the children have any neonatal asphyxia, birthtrauma, congenital diseases, or stunt?</i>
14. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	您过去三个月内是否有过医院 门诊 检查或治疗? <i>Have you taken any outpatient examination or treatment during last three months?</i>		
		19. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	(女性回答)是否 怀孕 ? <i>Are you pregnant?</i> 如您目前怀孕, 请告知怀孕____月 <i>If yes, ____months?</i>

在 7-19 问题中如有回答“是”的, 请提供相关证明并详细告知

If your answer is "yes" to any of the questions 7-19, please provide the details in the column below

针对问题 <i>question</i>	疾病、体检、诊断结果、药品、 症状、嗜好、残疾或其他 <i>Disease, medical examination, diagnosis, drugs, risky hobbies, disability, and others</i>	治疗、不适或其他情况 <i>Treatment, discomfortable symptoms or other status</i>		证明机构或医生 <i>Hospital or doctor</i>	目前情况或结果 <i>Present condition or results</i>	能否提供 相关证明 <i>Any related proof</i>
		开始时间 <i>Beginning</i>	结束时间 <i>Ending</i>			
						<input type="checkbox"/> 有 Yes <input type="checkbox"/> 无 No
						<input type="checkbox"/> 有 Yes <input type="checkbox"/> 无 No
						<input type="checkbox"/> 有 Yes <input type="checkbox"/> 无 No
						<input type="checkbox"/> 有 Yes <input type="checkbox"/> 无 No

本告知书有关我的个人信息、一般情况和健康告知, 我已认真审核并确认。

I have already seriously read and confirmed all my personal, general and health information.

被保险人/监护人签名:

Insured/Guardian Signature:

____年 (Year) ____月 (Month) ____日 (Day)