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保險中介人報告書 Insurance Intermediary's Report	
請確保及時地完成要保書以避免不必要的延誤 Please make sure that the Application Form is duly completed to avoid unnecessary delay	
準保單持有人來源 Sources of Proposed Policyholder	<input type="checkbox"/> 介紹 Referral <input type="checkbox"/> 客戶主動聯絡 Walk-in/Call-in <input type="checkbox"/> 中介人叩門 Intermediary's Cold Call <input type="checkbox"/> 現有客戶 Existing Client <input type="checkbox"/> 親戚 Relative _____ (請註明 Please specify) <input type="checkbox"/> 其他 Others _____ (請註明 Please specify)
認識準保單持有人年數 No. of Years Proposed Policyholder known	<input type="checkbox"/> 0-6 個月 Months <input type="checkbox"/> 7 - 24 個月 Months <input type="checkbox"/> 2-5 年 Years <input type="checkbox"/> > 5 年 Years
保費支付者 Premium Payor	<input type="checkbox"/> 由準保單持有人支付 Paid by Proposed Policyholder <input type="checkbox"/> 準保單持有人的直系親屬(請填第三者付款指示表格) Paid by Proposed Policyholder's Immediate family member (Please complete Third Party Payment Instruction Form) 與保單持有人的關係 Relationship with Proposed Policyholder : _____
你的觀點來看，準受保人是否身體健康及沒有明顯身體上的殘缺? In your opinion, is the Proposed Insured in good health and without obvious physical defect?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No _____ (請註明 Please specify)
你是否同意關於準受保人/準保單持有人均已充份地透露所有重要的事實? Are you satisfied that all material facts have been fully disclosed by the Proposed Insured / Proposed Policyholder?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No _____ (請註明 Please specify)
備註 Remark(s)	

聲明：本人 _____ 特此證明：本人已小心地檢查這份報告書及本要保書內所回答的內容，並同意上述資料已對準受保人及準保單持有人作出一個準確的描述；本人亦是本公司已委任之保險中介人，獲授權銷售本公司人壽保險產品。

DECLARATION: I _____ hereby certify that I have carefully checked the answers given in the above report and in this Application Form, and am satisfied that they present an accurate picture of the Proposed Insured and the Proposed Policyholder; and I am authorized to solicit Life Insurance for the Company.

持牌保險中介人簽署 _____ 
Licensed Insurance Intermediary's Signature

經理/授權簽署 _____ 
Manager / Authorized Signature

_____/_____/_____
年 Year 月 Month 日 Day

