

Effective 1 January 2016

**Important note about filling in this form:** The answers you give to the questions contained in this Application will form the basis of any insurance policy issued, and will be incorporated into the contract. It is essential that you give accurate, truthful, and complete information for all persons to be insured, as inaccuracies may jeopardize coverage or invalidate a claim.

One Medical Questionnaire must be submitted for each person to be covered by an APRIL policy.

## Name of Proposer (person who will own the policy)

First Name(s): \_\_\_\_\_

Family Name: \_\_\_\_\_

## Applicant Details

This is the Medical Questionnaire of:

First Name(s): \_\_\_\_\_

Family Name: \_\_\_\_\_

Gender (M/F): \_\_\_\_\_ Nationality: \_\_\_\_\_ Relationship to Proposer: \_\_\_\_\_

ID/Passport Number: \_\_\_\_\_ Smoker: Yes  No

Date of Birth (ddmmyy): \_\_\_\_\_ Occupation: \_\_\_\_\_

Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_ OR Height (feet): \_\_\_\_\_ ft \_\_\_\_\_ in Weight (pounds): \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Important:**

Please advise us if any persons to be insured do not live at the Proposer's residential Address.

## Insurance Details

Have you ever applied for, been covered under, or held an APRIL policy? Yes  No  If Yes, please give details:

Do you currently have health insurance with another company? If Yes, please give details and indicate if it will be continued (and if not, as of what date):  Yes  No

Have you ever had a policy or application for life, sickness, accident disability, critical illness or medical insurance refused or had any special terms imposed?  Yes  No If Yes, please give details:

## Medical Details/History

Please indicate if you have or have ever had any of the signs, symptoms, illnesses or disorders below by ticking the appropriate box.

1)	Cancer, leukaemia, tumour or neoplasm (including benign growths), cysts including fibrocystic breast disorder, or any blood disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2)	Asthma, chronic bronchitis, allergies, chronic rhinitis or sinusitis, tuberculosis, any disease or disorder of the lungs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3)	Chest pain, raised blood pressure, heart condition, circulatory disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4)	Indigestion, gastric reflux, gastric ulcer, haemorrhoids	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5)	Spinal condition, bone fracture, joint injury, back, neck or muscle pain	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6)	Malaria, dengue fever, other tropical illness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7)	HIV/AIDS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8)	Kidney Stones, kidney disorder, disorder of the urinary bladder or tract	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9)	Diabetes, liver disorder, hepatitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10)	Disorder of the brain or nervous system, stroke, aneurysm	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11)	Mental health problem, anxiety, addiction	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12)	Gynaecological disorders including pregnancy, irregular periods or bleeding, menstrual pain, complicated pregnancy, HPV infection, or an abnormal smear test result	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13)	Eczema, dermatitis, disorder of eyes, ears	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14)	Any other disorder/injury	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answer "Yes" to any of the above, please provide details in the table below. You may be required to provide a further medical questionnaire or medical reports, depending on the severity of the condition declared.

Question No.	Date of first consultaion	Details of Medical condition, including nature of treatment, results, date of last consultation, and whether you have fully recovered	Name and address of doctor, Hospital or health professional consulted	Do you require any follow up treatment or consultation, if so when?
	dd/mm/yyyy			Yes <input type="checkbox"/> No <input type="checkbox"/> dd/mm/yyyy
	dd/mm/yyyy			Yes <input type="checkbox"/> No <input type="checkbox"/> dd/mm/yyyy
	dd/mm/yyyy			Yes <input type="checkbox"/> No <input type="checkbox"/> dd/mm/yyyy

Please provide more details on a separate sheet if required.

15) Except as disclosed elsewhere in this form, have you ever been admitted to hospital as an inpatient, or (within the last five years) undergone any procedures, scans, or diagnostic tests whether as an inpatient or outpatient?  Yes  No

16) Are you currently taking any medication?  Yes  No

If Yes, please state your dosage, the approximate cost of medication and the name of the drug

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17) Please enter the following details about your usual/family doctor. If you do not have a usual/family doctor, please provide the names, addresses and contact information of all medical providers you have seen in the last 3 years. Use a separate sheet if necessary.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Additional space for further remarks

You may use this space for any further comments about any medical conditions you have or have suffered from. Please remember to enclose any supporting documents with your application

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### Declaration by Applicant

I declare that the statements contained in this application form are correctly recorded, and that they are full, complete and true. I further declare that I have not withheld any material fact and that except as declared herein, all persons to be insured are currently in good health. I will notify APRIL Hong Kong Limited immediately if after signing this application and before a policy is issued if I become aware of material facts not disclosed in this form, or if the health of any person to be insured changes such that any answer on this form is not full complete, and true. If a policy is issued to me, this proposal and the statements made herein shall form the basis of the policy between me/us and Liberty International Insurance Limited. I understand that no insurance shall be in force until and unless the application has been accepted and the appropriate premium paid.

Name: _____	Signature: _____	Date: _____
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Producer Name: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Number: \_\_\_\_\_

## Notice to Customers relating to the Personal Data Ordinance

In relation to: (i) the personal data collected by APRIL Hong Kong Limited (“APRIL”) in this application form, and (ii) any personal data about me/us which may be collected by APRIL in the future if a policy is issued (collectively “my/our personal data”), I/we agree and acknowledge that:

- (a) providing my/our personal data is necessary for APRIL to process this application and provide insurance coverage. If any such data is not provided, APRIL may not be able to process this application or provide insurance coverage.
- (b) my/our personal data will be transferred to Liberty International Insurance Limited (“Liberty International”) and/or other members of the Liberty Mutual Group of Companies (“Liberty Mutual Group”) for all the purposes stated in its privacy policy, available at <http://www.liuhongkong.com.hk/footer/privacy-policy/>.
- (c) my/our personal data may be used by APRIL and Liberty Mutual Group for the following obligatory purposes:
1. to decide whether to issue an insurance policy or to modify an existing policy;
  2. to manage and administer products and services you purchase;
  3. to provide customer service to you and respond to your enquiries;
  4. to compile statistics and to conduct research, insurance surveys and analysis for the purpose of product design and development;
  5. to provide claims service, including assessing, investigating, analysing and paying claims, and to exercise Liberty International's rights as defined in the policy wording including rights of subrogation;
  6. to carry on our business in areas such as finance and accounting, billing and collections, audits, IT system management, reporting, and obtaining reinsurance;
  7. enabling an actual or proposed assignee of Liberty International to evaluate the transaction intended to be the subject of the assignment;
  8. conducting identity and/or credit checks and/or debt collection;
  9. conducting medical or health reference checks for relevant insurance products;
  10. meeting disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on them or their affiliates; and
  11. complying with the legitimate requests or orders of any court of competent jurisdiction and any regulator or self-regulatory entity including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and governmental-related establishments binding APRIL or the Liberty Mutual Group of Companies.
- (d) unless I/we have indicated otherwise by ticking the “Marketing Communications Opt-out” box below, my/our contact details (name, address, phone number and e-mail address) may be used:
1. by APRIL, to contact me/us about other insurance products provided by APRIL and its affiliates; and
  2. by Liberty Mutual Group to provide marketing materials and conduct direct marketing activities (including but not limited to promoting, marketing or selling of the Company, Liberty Mutual Group or co-branded insurance or financial or investment related products or services by electronic or other means) in relation to insurance and/or financial products and services of the Company, the Liberty Mutual Group and/or other financial services providers.
- (e) APRIL may transfer my/our personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (c) above:
1. any affiliate of APRIL (HK);
  2. any Liberty Mutual Group of Companies;
  3. any other company carrying on insurance or reinsurance related business, or an intermediary;
  4. third parties providing services related to the administration of my/our policy (including reinsurers, accountants and data processors);
  5. any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment, banking or other services to the Company in connection with the operation of its business;
  6. financial institutions for the purpose of processing this application and obtaining policy payments or making claim settlements;
  7. in the event of a claim, loss adjustors, assessors, third party administrators, emergency assistance companies, legal services providers, investigators, retailers, medical providers and medical professionals, and travel carriers;
  8. any person to whom APRIL, Liberty International and/or Liberty Mutual Group is under an obligation to make disclosure under the requirements of any law binding on the Company or any of its associated companies for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Company or any of its associated companies are expected to comply, or subject to any order of a court of competent jurisdiction;
  9. any actual or proposed assignee or transferee of the Liberty Mutual Group's rights in respect of the policy owners;
  10. providers of risk intelligence for the purpose of customer due diligence or anti-money laundering screening;
  11. credit reference agencies, and in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
  12. other banking/financial institutions, commercial or charitable organizations with whom APRIL, Liberty International and/or Liberty Mutual Group maintain business referral or other arrangements for marketing communication, or third party marketing service providers and insurance intermediaries, unless you have indicated that you wish to opt-out of receiving marketing communications; and
  13. other parties referred to in APRIL's Privacy Policy for the purposes stated therein.
- (f) I/we may gain access to or request correction of my/our personal data held by APRIL, or opt out of my/our personal data being used for direct marketing at any time, by writing to the Data Privacy Officer of APRIL Hong Kong Limited at 9/F Chinachem Hollywood Centre, 1-13 Hollywood Road, Central, Hong Kong or [privacy@april.com](mailto:privacy@april.com).

I/we may gain access to or request correction of my/our personal data held by Liberty International, or opt out of my/our personal data being used for direct marketing at any time, by writing to the Personal Data Privacy Officer of Liberty International Insurance Limited, 13/F DCH Commercial Centre, 25 Westlands Road, Quarry Bay, Hong Kong.

APRIL and Liberty International reserve the right to charge a reasonable fee for access to data.

- (g) if I am providing information about another person, such as a family member or employee, I confirm that they have consented to me providing that information to APRIL. If appropriate, I have provided them with this personal information collection statement or the APRIL Privacy Policy.
- (h) the full version of APRIL's Privacy Policy is available to me upon request from the Data Privacy Officer (see (e) above) or can be found at <http://en.aprilinternational.com/general-terms-of-use/hong-kong-privacy-statement>. APRIL may make changes to the privacy policy by posting them at <http://en.aprilinternational.com>.

- Please tick this box if you do not wish to receive any marketing communications from APRIL (see d(1) above)
- Please tick this box if you do not wish to receive any marketing communications from Liberty Mutual Group or companies with whom it maintains marketing arrangements (see d(2) above).



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Underwritten by:

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