Jebsen Insurance Brokers Ltd.
捷成保險顧問有限公司

Personal Accident Insurance – Information requested for quotation

(個人意外保險 報價所需要的資料)

Insured Name (投保人名稱): _____

Date of Birth dd/mm/yy (出生日期): _____ Gender (性別): _____

HKID Card No. (香港身份證號碼): _____

Occupation (職業): _____

Correspondence Address (通訊地址): _____

Email (電郵): _____ Mobile (手提電話): _____

Period of Insurance (保險期間): _____

Insured Persons's Information (受保人資料):

Surname (姓氏)	Given Name (名字)	Gender (性別)	Date of Birth (出生日期)	HKID No. (身份證號碼)	Relationship with Applicant (與申請人關係)	Occupation (職業)

Existing Insurance Company (現有保險公司名稱): _____

Claim History for past 3 years (過往三年賠償紀錄): _____

Other Requirements (其他要求): _____

Contact Person (聯絡人): _____ Position (職位): _____

Mobile (手提電話): _____ Email (電郵): _____