

Policy Cancellation Form

保單取消表格

Private & confidential 私人及保密文件

Important notes 重要事項：

1. Please complete all related sections; failure to do so may result in your request being rejected.
請填妥有關部分，如有遺漏可能拒絕有關申請。
2. This form should be filled in BLOCK LETTERS and ensure all signature boxes are duly signed.
請以正楷填寫及確保已妥善簽署所有簽署位置。
3. Please fill the circle in full when you select the answer.
當閣下選擇答案時，請填滿整個圓圈。

| | | |
|-------------------------|--|--------------------------------------|
| Policy type: 保單種類： | <input type="radio"/> Pet CEO Plan® 寵物CEO Plan® | Name of insured pet: 受保寵物名稱： |
| | <input type="radio"/> Turtle, Tortoise & Bird Insurance 龜鳥保險 | |
| | <input type="radio"/> Home Insurance 家居保險 | Insured property address: 受保物業地址： |
| | <input type="radio"/> Fire Insurance 火險 | |
| | <input type="radio"/> Critical Illness Insurance 危疾保險 | Name of the insured: 受保人名稱： |
| Policy no.: 保單號碼： | | Name of policyholder: 保單持有人姓名： |
| Email/mobile: 電郵/電話： | | HKID no.: 香港身分證號碼： |

I request to cancel the above policy with effect from

| | | |
|----------------------|----------------------|----------------------|
| Day 日 | Month 月 | Year 年 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

本人要求取消以上保單，取消生效日期為

Cancellation requests should be made at least 7 working days before the cancellation effective. The date of cancellation shall be the date that the cancellation process is completed. A cancellation confirmation email will be sent to your registered email address upon completion.

取消申請應至少提前7個工作日提交，取消日期以實際完成處理手續的日期為準，取消確認郵件將在完成後發送至你的登記電郵地址。

Cancellation reason 取消原因

(You may choose more than one. 可選多項。)

- ☐ I would use another offer to repurchase 我需要用另外一個優惠重新購買
- ☐ Your system or service is inadequate 你們的系統或服務不夠完善
- ☐ The policy terms are unclear or coverage is insufficient 保單內容不清晰或保障不足
- ☐ The plan is out of my price range 保單價格不符合預算
- ☐ I prefer the pet insurance from another insurer 我選擇其他公司的保險
- ☐ I will soon leave/have already left Hong Kong 我即將/已經離港
- ☐ The insured is deceased or no longer has relation with me 受保人/物已離世或已與我無關
- ☐ Others (please specify) 其他 (請註明) : _____

Declaration 聲明

1. I agree that once a policy is canceled, policy coverage ends immediately, and policy can't be reinstated. The insured will lose their coverage. If re-enrolls a new policy in the future, underwriting and waiting period(s) are required to go through again. Any conditions that occur on or before the coverage start date may be considered exclusions for the new policy.
本人謹此同意保單一經確認取消，保障會即時失效，並且無法復效保單。若日後重新投保，則需重新核保及經歷等候期，早於新保單等候期結束前的狀況也可能被視為不保事項。
2. I confirm that I have carefully read the cancellation terms of the insurance policy, and clearly understand that due to the different terms of each product, refunds and claims after cancellation will be handled in accordance with the relevant insurance terms.
本人確認已仔細閱讀保單有關取消之條款，及清楚明白因應每種產品條款不同，取消後的退款及索償將按有關保險條款處理。
3. I confirm that I have read through the details of the Personal Information Collection Statement which is made available on our website at <https://odhk.blob.core.windows.net/common/Personal-Information-Collection-Statement.pdf>, and agreed to ODHK's collection and use of personal information.
本人確認已閱讀有關個人資料收集聲明之詳情，並同意 ODHK 收集及使用個人資料。本公司之個人資料收集聲明詳載於 <https://odhk.blob.core.windows.net/common/Personal-Information-Collection-Statement.pdf>

Date signed

簽署日期

Day 日

Month 月

Year 年

Signature of policyholder

保單持有人簽署

PLEASE DO NOT SIGN ON BLANK FORM. 請勿於空白表格簽署。

In the event of any discrepancy or inconsistencies between the English and Chinese versions of this form, the English version shall prevail.
如此表格之中英文版本有任何歧異或不一致，概以英文版為準。

If you have any questions on how to complete this form, please contact our Customer Care at care@onedegree.hk.
倘若閣下在填寫此表格時有任何疑問，請透過 care@onedegree.hk 與我們客戶服務部聯絡。