



留學無憂保險 投保書 / 保單

STUDY COMPANION INSURANCE PROPOSAL FORM / POLICY SCHEDULE

請以英文正楷填寫，並在適當的空格內填上 Please fill in this form in English block letters and tick the boxes where appropriate

保單號碼 Policy No.	代理編號 Agent No.
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投保人資料 Proposer Details (必須年滿18歲 Must be 18 years old or above)

姓名 Full Name			性別 Sex <input type="checkbox"/> 男 M <input type="checkbox"/> 女 F
香港身份證 / 護照號碼 HKID Card / Passport No.	出生日期 (日/月/年) Date of Birth (dd/mm/yyyy)	職業及職位 Industry & Position	
通訊地址 Correspondence Address			
<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT			
聯絡電話 Contact No.	電郵地址 Email		
與受保學生關係 Relationship to Insured Student	<input type="checkbox"/> 本人 Self <input type="checkbox"/> 父母 Parent <input type="checkbox"/> 監護人 Guardian	就讀國家 Country of Study	<input type="checkbox"/> 美國 US / 加拿大 Canada <input type="checkbox"/> 其他國家 Rest of the World

受保學生 Insured Student

學生姓名 Name of Student	出生日期 (日/月/年) Date of Birth (dd/mm/yyyy)	性別 Sex <input type="checkbox"/> 男 M <input type="checkbox"/> 女 F
香港身份證 / 護照號碼 HKID Card / Passport No.	電郵地址 Email	
就讀國家 Country of Study	就讀學校 Institution of Learning	
年級 / 班別 Year / Class	學系 Faculty	

保險期限 Period of Insurance

本保單之生效日期由 Policy is Effective From	/	/ 20	(日/月/年) (dd/mm/yyyy)	<input type="checkbox"/> 起一年內有效 for one year <input type="checkbox"/> 起兩年內有效 for two years	本保單所提供的保障，必須在本公司確定接納投保及收妥保費後，才能正式生效。 The liability of the Company does not commence until this proposal has been accepted by the Company and the premium is received.
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請回答下列問題 Please answer all questions listed below

1. 受保學生是否香港居民？(如答「否」，請加紙張提供詳細資料例如國籍及通常居住地等) Is the Insured Student a Hong Kong resident? (If answered "No", please give detail like nationality, usual place of residence, etc)	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
2. 入學證明信件是否隨本投保書附上？ Is the admission letter enclosed with proposal form?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3. 受保學生是否有任何身體殘障或缺陷或正接受醫藥治療或患有任何疾病？(如答「是」，請另加紙張列明詳細資料) Has the Insured Student ever had any physical disability or deformity or been receiving any medical treatment or suffering from any disease? (please give full details if you have answered "Yes")	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
4. 受保學生於過去三年內有否向投保之意外、留學保險、醫療或旅遊保險索償？(如答「是」，請加紙張列明詳細資料) Has the Insured Student ever made any claim to accident, overseas study, medical or travel insurance in the past three years? (please give full details if you have answered "Yes")	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

聲明 Declaration

1. 本人謹此聲明，根據本人所知及所信，本投保表格上所填之資料均屬實無訛，並同意本投保書和聲明將成為保險合約的基礎。 I declare to the best of my knowledge and belief that the information given is true in every respect, I also agree that this proposal and declaration shall be the basis of the insurance contract between Allied World Assurance Company, Ltd and myself.
2. 由保險業監管局收集的保費徵費已按照適用徵費率計算在這張保單內。欲了解更多保費徵費詳情，請登入 https://donline.alliedworldgroup.com.hk/file/IALeVy.pdf 或致電我們：(852) 2968 3000。 IA Levy collected by the Insurance Authority has been imposed on this policy at the applicable rate. For further information on the levy, please visit https://donline.alliedworldgroup.com.hk/file/IALeVy.pdf or contact: (852) 2968 3000.
3. 本人已閱讀、明白及同意隨本投保書附上的個人資料收集聲明。 I have read, understood and agreed to the Personal Information Collection Statement attached to this proposal form. <input type="checkbox"/> 本人不願接收任何貴公司的其他產品、服務或優惠之市場推廣資料和最新消息。 I do not want to receive any promotion materials or updates on other products, services or offers of Allied World.

投保人簽署 Proposer's Signature	日期 (日/月/年) Date (dd/mm/yyyy)
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Underwritten by 承保公司：Allied World Assurance Company, Ltd 世聯保險有限公司 (incorporated in Bermuda with limited liability)

繳付保費方法 Premium Payment Method

<input type="checkbox"/> 支票 抬頭：世聯保險有限公司 Cheque payable to Allied World Assurance Company, Ltd	支票號碼 Cheque No.
<input type="checkbox"/> 信用卡 Credit Card: 於保單發出前，我們會發送電子發票供閣下於網上繳款。 We will email you an invoice to make payment online before we issue the policy to you.	

本公司專用 For Office Use Only

Allied World Assurance Company, Ltd	日期 (日/月/年) Date (dd/mm/yyyy)
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Personal Information Collection Statement

Purpose of Collection

Allied World Assurance Company, Ltd (“Allied World”) may collect and use your personal data to enable it to carry on its insurance business and to serve the purposes of:

- Processing your insurance application;
- Arranging a contract of insurance with you and administering the policy issued;
- Claims handling, investigation and analysis;
- Designing products and/or services for customers;
- Promoting, improving and furthering the provision of products and/or services by Allied World and its group companies; and
- Complying with any legal or regulatory requirements applicable to Allied World.

In general it is voluntary for you to provide Allied World with your personal data. However, if you do not provide sufficient information, Allied World may not be able to provide insurance services to you.

Transferee

Data held by Allied World relating to you will be kept confidential but Allied World may, for the purposes set out above, transfer your personal data to:

- Allied World's group companies;
- Reinsurers;
- intermediaries including insurance brokers and insurance agents;
- claims investigators, loss adjusters and other professional advisors;
- Allied World's other appointed service providers, including for the following services: telecommunications, information technology, administration, data processing, payment processing, emergency assistance, legal, and medical;
- any insurance industry association or federation and their respective members; and
- any other person necessary to comply with applicable legal or regulatory requirements, or orders of competent authorities,

in each case both within and outside of the Hong Kong Special Administrative Region.

Marketing and Promotion

Treating you as a valued customer, Allied World and its group companies may use the personal data, including name and contact details, collected from you for the purposes of direct marketing of Allied World and its group companies' general insurance products, services or offers and for sending you the promotional materials or updates of such products, services or offers when they become available.

Allied World may not use your personal data for direct marketing if you have indicated objection to such use by ticking the box next to the statement above the proposer's signature block in the proposal form. You may also, at any time, request Allied World to cease the use of your personal data for direct marketing purposes, by informing Allied World's Compliance Officer at the contacts set out below.

Access Requests and Corrections

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Allied World. Requests can be made to the Compliance Officer of Allied World Assurance Company, Ltd, by mail to 22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong or fax to +852 2968 5111, or email to hkcompliance@awac.com.

個人資料收集聲明

資料收集目的

Allied World Assurance Company, Ltd 世聯保險有限公司(「本公司」)可能收集並使用閣下的個人資料，作為營運其保險業務及下列目的之用：

- 處理閣下的保險申請；
- 安排保險合約及管理已發出的保單；
- 索償處理、調查及分析；
- 為客戶設計產品或服務；
- 推廣、改善及進一步提供本公司及其集團公司的產品、服務；及
- 遵守適用於本公司的法律或規則要求。

一般而言，閣下向本公司提供個人資料屬自願性質。如閣下未能給予足夠的資料，本公司可能無法提供所需保險服務。

資料轉移

本公司持有的客戶資料將予保密，但本公司可能會把閣下的個人資料提供給下列各方作上述用途：

- 本公司的集團公司；
- 再保險公司；
- 中介人包括保險代理人及保險經紀；
- 索償調查者、公證行及其他專業顧問；
- 本公司其他指定服務提供者，提供包括以下服務：電訊、資訊科技、行政、數據處理、付款處理、緊急援助、法律及醫療；
- 任何保險業組織或聯會及其成員；及
- 任何必要人士以符合任何相關的法律或規則要求，或監管機構之命令，

以上各項適用於香港特別行政區境內及境外。

市場推廣

貴為本公司的重要客戶，本公司及其集團公司可能會透過閣下所提供的個人資料如姓名及聯絡方法，向閣下推廣本公司及其集團公司的一般保險產品、服務或優惠，及為閣下提供該等產品、服務或優惠的市場推廣資料和最新消息。

如閣下已於投保書勾選位於投保人簽署上方的空格表示不願接收任何市場推廣資料和最新消息，本公司將不會使用閣下的個人資料作直接推廣用途。閣下亦可隨時要求本公司停止使用閣下的個人資料作直接推廣用途。屆時請按照下述聯絡方式通知本公司的條例事務主任。

資料查閱要求及更改

閣下有權要求查閱及更改本公司所持有的任何有關您之個人資料。有關申請可循下列途徑向本公司之條例事務主任提出：郵寄至香港鯉魚涌太古坊華蘭路18號港島東中心22樓，或傳真至+852 2968 5111，或電郵至hkcompliance@awac.com。