

**海外教育保障計劃申請表 Overseas Education Protection Enrollment Form**

請以大楷填寫 Please complete in BLOCK LETTERS

保單持有人資料 Policyholder Information			只供教育基金保障 For Education Fund Benefit Only (如與保單持有人不同 If different from the Policyholder)		
申請人姓名 (保單持有人) Name of Applicant (Policyholder)	姓 Surname	名 Given Name	受保父母/監護人姓名 Name of Insured Parent/ Guardian	姓 Surname	名 Given Name
香港身份證號碼 HKID No.		性別 Gender <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	香港身份證號碼 HKID No.		性別 Gender <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
出生日期(日/月/年) Date of Birth (dd/mm/yy)			出生日期(日/月/年) Date of Birth (dd/mm/yy)		
地址 Address			地址 Address		
電話號碼 Tel No.	(住宅 residential) (手提 mobile)		電話號碼 Tel No.	(住宅 residential) (手提 mobile)	
電郵地址 Email Address					
受保學生資料 Insured Student Information					
受保學生姓名 Name of Insured Student	姓 Surname	名 Given Name	香港身份證號碼 HKID No.		性別 Gender <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
出生日期(日/月/年) Date of Birth (dd/mm/yy)			與保單持有人之關係 Relationship to Policyholder	<input type="checkbox"/> 本人 Self <input type="checkbox"/> 配偶 Spouse <input type="checkbox"/> 子女 Child	
海外教育學院名稱 Overseas Studying Institution Name			海外教育學院地址 Overseas Studying Institution Address		
保單生效日期(日/月/年) Policy Commencement Date (dd/mm/yy)			留學國家 Studying Country	<input type="checkbox"/> 美國/加拿大 USA/Canada <input type="checkbox"/> 其他 Other	
付款詳情 Payment Information					
保費 Premium	<input type="checkbox"/> (美國/加拿大 USA/Canada)		<input type="checkbox"/> (其他 Other)		

聲明

本人、申請人、代表及授權予安達保險香港有限公司(「安達保險」)(a) 本人得到本申請表上的各受保人(合稱「我們」)正式授權作以下聲明;(b) 本人已向本申請表上的各受保人轉達有關資料以致他們各人亦有效同意以下有關之條款:

本人/我們謹此證實以上所有填報資料屬屬準確無誤,且同意本投保書將會構成本人/他們與安達保險所簽署合約之依據。

本人/我們身體狀況正常,並明白任何之前已存在之病症或任何以尋求醫療診治為目的之行程,概不受本保險所保障。

本人/我們明白並清楚知道本人/我們的個人資料(包括姓名、聯絡資料、年齡、性別及保單繳費資料)會用作該保單的處理申請、保單行政、索償、及客戶服務的目的。本人/我們已閱讀安達保險的「個人資料收集聲明」及清楚知道安達保險根據當中條文,可透露、核對及/或交換由本人/我們所提供的資料。

本人/我們明白本人/我們可以書面聯絡安達保險之個人資料私隱統籌(香港灣仔港灣道6-8號瑞安中心25樓) 翻查及/或更改本人/我們所提供予安達保險的資料。本人/我們並明白安達保險於處理有關查詢要求時,可保留權利收取合理費用以彌補有關的行政開支。

本人/我們明白,安達保險有權拒絕接納本人/我們此計劃之申請。本人/我們亦明白有關此計劃之細則及不保事項,本人/我們須以保單條款內列為準。本人/我們投保書被安達保險接納後,本保單之保費將於以上之信用咭賬戶內扣除。

我/我們已接受以上內容及適用於所有此保單之受保人。

申請人明白、確知及同意,安達保險香港有限公司(「安達保險」)會就申請人購買及接受其簽發的保單,於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體,代表申請人簽署的獲授權人員須向安達保險確認他/她已獲該法人團體授權。

申請人亦明白安達保險必須取得申請人以上的同意,才可以處理其保險申請。

Declaration

I, the Applicant, represent and warrant to Chubb Insurance Hong Kong Limited ("Chubb") that (a) I am duly authorised to make the following declarations on behalf of the insured person named on the enrollment form (jointly "We"); (b) I have conveyed all relevant information to the insured person named on the enrollment form to enable each of them to give legally valid consents as stipulated below:

I/We declare that the above information is, to the best of my/our knowledge, true and complete, and will form the basis of my/our contract with Chubb.

I am/We are in good health and I/We understand that any pre-existing conditions or any trip made for the purpose of obtaining medical treatment will not be covered under this policy.

I/We understand and I/We am/are aware that my/our personal data including name, contact information, age, gender and policy payment details will be used to process my application, policy administration, claim, and customer service. I/We have read Chubb Personal Information Collection Statement and aware of Chubb may disclose, verify and/or exchange any information accordingly.

I/We understand that I/We may write to Chubb's Data Privacy Officer at 25th Floor, Shui On Centre, No. 6-8 Harbour Road, Wanchai, Hong Kong for any request for access to and/or correction of any information supplied to Chubb, I/we also understand that Chubb may reserve the right to charge a reasonable fee to offset the administrative costs in complying with access requests.

I/We understand that the Chubb has the right to reject my/our application for this plan. I/We also understand that I/We should refer to the actual Terms & Conditions for the exact terms, conditions and exclusions. I understand that upon my enrollment being approved by Chubb, the premium under my policy will be debited from the above Credit Card Account.

I/We have accepted the above statements which apply to all persons covered under this policy.

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Chubb Insurance Hong Kong Limited (Chubb), Chubb will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Chubb that he or she is authorized to do so.

The applicant further understands that the above agreement is necessary for Chubb to proceed with the application.

申請人簽署
Signature of Applicant日期(日/月/年)
Date (dd/mm/yy)