

伴您遨遊中國旅遊保障計劃申請表格

Travel Direct China Insurance Application Form

(請以英文正楷填寫 Please type or print in English block letters)

投保人姓名 (保單持有人)

Name of Applicant (Policyholder): _____

通訊地址

Correspondence Address: _____

起保日期

Effective Date: _____ (日/月/年)

全年保費

Annual Premium

文職人員

Administrative Duties

非文職人員

Non-administrative Duties

HK\$628

HK\$750

手提電話號碼

Mobile No.: _____

傳真號碼

Fax No.: _____

受保人姓名 Name of Insured Person(s) (Surname, First Name)	性別 Gender (M/F)	香港身份證號碼 HKID No.	出生日期 (日/月/年) Date of Birth (DD/MM/YYYY)	受保人職業 (職務) Occupation (give exact duties)	保費 (港幣) Premium (HK\$)
1					
2					
3					

(如空位不足, 請以另頁補充 If space provided is insufficient, please use a separate sheet)

*註: 部份職業的投保恕不接受, 詳情請向我們或您的保險顧問查詢或查閱保單。

*Note: Application from some occupations are not accepted. For details, please contact our customer service hotline or your insurance consultants or refer to the policy wording.

合共 Total: _____

聲明

- 本人/吾等現申請投保「伴您遨遊中國旅遊保障計劃」, 並聲明本申請表內之陳述及提供之細節均為完整及真實無訛, 而本申請表將構成保單/吾等與美亞保險香港有限公司(「美亞保險」)所簽署合約之依據。本人/吾等同意保險須為申請獲接納後已將保費繳付美亞保險方始生效。保單簽發後概不發還保費(商務客戶除外)。
- 本人/吾等現確認及保證: 受保人絕不會違反醫生之勸告, 而旅程目的亦非往海外治療疾病及受保人現時健康狀況良好。
- 本人/吾等現確認本人/吾等已細閱以下之「收集個人資料聲明」, 並知悉及同意有關關於本人/吾等於是次申請由本人/吾等所提供的所有個人資料及其他資料將可能被持有、使用、處理或披露予有關方面以作「收集個人資料聲明」上所載的用途。
- 本人/吾等聲明本人/吾等已獲受保人授予全權簽署本項申請, 並提供任何個人資料作評核此項申請之用。
- 如遺失「中國支援卡」, 本人/吾等須於48小時內向美亞保險報失並繳付HK\$100作補領費用。
- 商務客戶適用: 任何於保單發出後就保險計劃而作之更改(包括受保人之增加、刪減或更換或其他類型的更改), 本公司或本人/吾等本公司授權同意:

- 該等更改須於美亞保險收到本公司書面指示後方為處理, 而任何保費之改動將按日數比例計算; 及
- (2) 在刪減受保人的情況下, 本公司必須將中國支援卡退回給美亞保險, 否則美亞保險不會於該刪減生效後退還任何就該受保人已付之保費。

- 商務客戶適用: 本公司或本人/吾等本公司授權同意只有在保障生效前, 經本公司填妥指定表格向美亞保險申報其名字的會員/職員才合格受保於本計劃。
- 如本申請是經由保險經紀安排, 本人/吾等在簽署本表格後, 同意美亞保險向保險經紀支付佣金, 作為保險經紀安排(及/或續保)有關保單的報酬。

- 收集個人資料聲明**
就有關此表格所收集的個人資料, 本人/吾等同意及確認:
 - 除非於本表格上另有訂明, 本表格所要求提供的個人資料是供美亞保險香港有限公司(「美亞保險」)處理此申請的所需資料; 若未能提供任何所需資料此申請則可能不被處理;
 - 美亞保險可控制於其私隱政策的用途使用此表格所收集之個人資料, 其用途包括核保及管理已申請的保單(包括獲取再保險、核保續保之保單、資料配對、處理索賠、調查、付款及行使代位權及任何有關用途);
 - 除非本人/吾等於以下的「不收取推廣資料」表格填上「是」以作表示(其內容本人/吾等已細閱), 美亞保險可使用本人/吾等的聯絡資料(姓名、地址、電話號碼及電郵地址)聯絡本人/吾等有關其由AIG集團提供之保險產品, 而在未獲本人/吾等同意的情况下, 本人/吾等的個人資料將不會被如此使用;
 - 美亞保險亦可向以下類別的人士(不論在香港或海外)轉交該些個人資料, 作上述(b)及(c)項所列明之用途:
 - 提供有關本人/吾等保單管理服務的第三者(包括再保險公司);
 - 財務機構, 作處理此申請及收取保費;
 - 公證人、調查員、第三者管理、緊急支援服務提供者、法律服務提供者、零售商、醫療提供者、及交通工具機構, 以處理索償事宜;
 - AIG集團授權的市場推廣公司, 以作直銷之用(如上(c)項所述);
 - 其它在任何國家之AIG集團之成員公司, 作上述(b)及(c)項所有列明之用途; 或
 - 其它於美亞保險私隱政策所列明的人士, 作為私隱政策列明之用途。

- 本人/吾等可隨時致函到美亞保險香港有限公司之私隱事務主任(地址: 香港郵政總局信箱456號或電郵: cs.hk@aig.com)查詢, 或要求修改本人/吾等的個人資料(美亞保險可查詢及修改要求收取合理費用), 或選擇不將本人/吾等的個人資料用作直銷用途。美亞保險私隱政策的全文載於www.aig.com.hk。

不收取推廣資料(如閣下不欲收取推廣資料, 請在表格填上「是」)

Declaration

- I/We hereby apply for Travel Direct China Insurance and declare that the statements and particulars given in this application are, to the best of my/our knowledge and belief, true and complete and that this application will form the basis of my/our contract with AIG Insurance Hong Kong Limited ("AIG HK"). I/We understand and agree that no insurance will be effected until the application is accepted by and the required premium has been paid to AIG HK. No refund of premium is allowed once the application has been accepted (except for corporate client).
- I/We hereby acknowledge and warrant that none of the Insured Person(s) is traveling contrary to the advice of any medical practitioner or for the purpose of obtaining medical treatment and that all of the Insured Person is now in good health.
- I/We confirm that I/We have read the Personal Information Collection Statement below and acknowledge and agree that all personal data and information with respect to me/us and the Insured Person(s) which are provided by me/us in relation to this application may be held, used, processed or disclosed to such parties for such purposes as set out in the Personal Information Collection Statement.
- I/We declare that I/we have full and complete authority from the Insured Person(s) to sign the application and to disclose any personal information being requested to assess the insurance application.
- In the event of loss of CHINA Assist Card, I/we should advise AIG HK within 48 hours and pay HK\$100 for each replacement card.
- For corporate client: In case we/our company wish(es) to effect any change in the insurance plan (including addition or deletion or substitution of the insured person or other kinds of adjustment) after issuance of the insurance policy, our company or the undersigned on behalf of the company acknowledges and agrees that:
 - such change will be processed after our company's instruction in writing received by AIG HK and any adjustment in the amount of premium payable will be effected pro-rata on daily basis; and
 - In case of deletion of any Insured Person, our company must return the CHINA Assist Card to AIG HK, otherwise AIG HK will not refund any paid premium in respect of such Insured Person after such deletion has become effective.
- For corporate client: Our company or the undersigned on behalf of the company acknowledges and agrees that only those member(s)/employee(s) named and/or declared by our company to AIG HK under prescribed form prior to binding of the insurance coverage shall be eligible for the plan.
- If this application is made through an insurance broker, by signing this form I/We agree to AIG HK paying the insurance broker commission as remuneration for arranging and/or renewing the insurance policy.

Personal Information Collection Statement

- (unless specifically indicated otherwise in this application form) I/we, agree and acknowledge that: In relation to the personal data collected in this application form, I/we, agree and acknowledge that: It is necessary for AIG Insurance Hong Kong Limited ("AIG HK") to process this application and any such data not provided may mean this application cannot be processed.
- the personal data collected in this form may be used by AIG HK for the purposes stated in its Data Privacy Policy, which include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting, renewals, data matching, claim processing, investigation, payment and subrogation and any related purposes),
- unless I/we have indicated otherwise by ticking the "Promotion Material Opt-out" box below (of which I/we take note), AIG HK may use my/our contact details (name, address, phone number and e-mail address) to contact me/us about other insurance products provided by the AIG group and that my/our contact details may not be so used without me/us giving this agreement.
- AIG HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (b) and (c) above:
 - third parties providing services related to the administration of my/our policy (including reinsurance);
 - financial institutions for the purpose of processing this application and obtaining policy payments;
 - in the event of a claim, loss adjusters, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
 - for the purpose of conducting direct marketing activities (per (c) above), marketing companies authorized by the AIG group;
 - another member of the AIG group (for all of the purposes stated in (b) and (c)) in any country; or
 - any other parties referred to in AIG HK's Data Privacy Policy for the purposes stated therein.
- I/we may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), or opt out of my/our personal data being used for direct marketing at any time, by writing to the Privacy Compliance Officer of AIG Insurance Hong Kong Limited at GPO Box 456 or cs.hk@aig.com. The full version of AIG HK's Data Privacy Policy can be found at www.aig.com.hk.

Promotion Material Opt-out (if you wish to opt-out, please tick)

申請人簽署 Signature of Applicant

日期 Date

繳費方式 Payment

- 支票 By Cheque 支票號碼 Cheque No. _____
附上抬頭為「美亞保險香港有限公司」之劃票支票。
Enclosed a crossed check made payable to "AIG Insurance Hong Kong Limited"
- 信用卡(只適用於個人投保人) By Credit Card (for Individual Applicant ONLY)
本人授權美亞保險香港有限公司從本人下列之信用卡戶口支付此旅遊保險保費。
I hereby authorize and request AIG Insurance Hong Kong Limited to charge my VISA / Master Card account as below for the premium payment of this insurance.
信用卡種類 Type of Credit Card Visa MasterCard
信用卡號碼 Credit Card No.: _____
有效期至 Expiry Date: _____ 月MM 年YYYY
持卡人姓名 Name of Cardholder: _____

持卡人簽名 Cardholder's Signature: _____
X
簽名必須與信用卡上簽名相同
The signature must be identical to the one on your credit card

代理人姓名 Producer Name:

代理人編號 Producer Code:

保險經紀 For Insurance Broker

如保險經紀代申請人填妥此表格, 保險經紀請細閱下文並簽署:

本人確認申請人授權本人協助其填妥此申請表。本人已向申請人解釋上述聲明及「收集個人資料聲明」(以及向申請人說明「不收取推廣資料」表格), 及申請人明白及同意作出上述聲明及同意其個人資料將轉交予美亞保險作處理此申請之用, 且該資料亦會轉交有關第三方作該些用途, 此外, 申請人亦明白及同意其可透過保單上列明的聯絡資料要求查詢或修改美亞保險所持有其個人資料。本人在收到保單後會將保單轉發予申請人。

本人已告知申請人美亞保險會向本人就安排此保單向本人支付佣金。

For Broker who completes this application for the Insured Person/Applicant

I confirm that the Applicant has authorised me to assist him/her complete this application. I have explained the above Declaration and the Personal Information Collection Statement to the Applicant (and drawn the Applicant's attention to the Promotion Material Opt-out box) and the Applicant understands and has agreed to make such declaration and agreed that his/her personal data will be transferred to AIG HK to process this application and that the data may be transferred to third parties involved in that process and that the Applicant may request access to or correct such data which AIG HK holds (by means of the contact details given in the policy). If the policy is sent to me, I will forward it to the Applicant.

I have told the Applicant that AIG HK may pay commission to me for arranging this insurance.

保險經紀簽署
Signature of Broker

日期 (日/月/年)
Date (DD/MM/YYYY)

保險經紀姓名及編號:
Broker Name and Code

保險經紀電話:
Phone No. of Broker