



「卓悅遊」旅遊保險投保書 TraveLead Travel Insurance Application

請在適當空格內(✓) Please tick the appropriate box (✓)

I. 投保人資料 Applicant Details

投保人名稱 Name of Applicant (個人或公司 Individual or Corporate)	
香港身份證 / 護照號碼 HK ID / Passport No.	
出生日期 Date of Birth (dd日/mm月/yyyy年)	
聯絡電話 Contact Tel No.	
電郵地址 E-mail Address	
聯絡地址 Correspondence Address	

IIA. 單次旅遊保險計劃 Single Trip Plan Information

計劃類別 Plan Type	<input type="checkbox"/> 標準 Essential	<input type="checkbox"/> 非凡 Extra	<input type="checkbox"/> 尊貴 Supreme
計劃選擇 Plan Option	<input type="checkbox"/> 個人 Individual	<input type="checkbox"/> 家庭 Family	
旅遊日期 Period of Travel (dd日/mm月/yyyy年)	由 From	/ /	至 To / /
保單生效日期為受保人離港當日 Policy effective date must be same as the insured person's departure date from Hong Kong			
旅遊地點 Area of travel	<input type="checkbox"/> 中國 China <input type="checkbox"/> 亞洲 Asia <input type="checkbox"/> 歐洲 Europe <input type="checkbox"/> 大洋洲 Australasia <input type="checkbox"/> 北美洲 North America <input type="checkbox"/> 南美洲 South America <input type="checkbox"/> 非洲 Africa <input type="checkbox"/> 其他 Other _____		

IIB. 全年旅遊保險計劃 Annual Travel Plan Information

計劃類別 Plan Type	<input type="checkbox"/> 標準 Essential	<input type="checkbox"/> 非凡 Extra	<input type="checkbox"/> 尊貴 Supreme
計劃選擇 Plan Option	<input type="checkbox"/> 個人 Individual	<input type="checkbox"/> 家庭 Family	
保單生效日期 Policy Effective Date (dd日/mm月/yyyy年)	/	/	
保單生效日期為受保人離港當日或之前 Policy effective date must be same as or before the insured person's departure date from Hong Kong			

III. 受保人資料 Insured Person Information

	姓名 Name	與投保人關係 Relationship to Applicant	香港身份證/護照號碼 HK ID / Passport No.	出生日期 Date of Birth (dd日/mm月/yyyy年)
第一受保人是否投保人? <input type="checkbox"/> 是 <input type="checkbox"/> 否 (如是, 不需填寫第一受保人) First Insured Person is the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, no need to fill in the "First Insured Person")				
第一受保人 First Insured Person				
其他受保人 Other Insured Person				

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請在適當空格內(✓) Please tick the appropriate box (✓)

IV. 聲明 Declaration

- 本人/我們謹此聲明，根據本人/我們所知及所信，所有提供的資料均實屬無訛。
I/We declare to the best of my/our knowledge and belief that the information given is true in every respect.
- 本人/我們同意此投保書和聲明將成為雙方訂立合約，以及Starr International Insurance (Asia) Limited ("SIIA") 簽發保單給本人/我們的基礎。SIIA是一間在香港註冊和經營的保險公司。本人/我們同意授權SIIA向本人/我們的註冊醫生索取本人/我們的病歷，本人/我們並同意提供額外與保單有關的資料，並承擔所需費用。
I/We agree that this application and declaration shall form the basis for the contract between the parties and the issuance of the insurance policy to me/us by Starr International Insurance (Asia) Limited ("SIIA"). SIIA is an insurance company registered and operates in Hong Kong. I/We authorize SIIA to obtain medical information from my/our medical practitioner(s) and I/we agree to supply additional information relevant to the insurance policy at my/our own expense.
- 此保險申請將在SIIA簽發相關保險保單後才視為已被接納。
This insurance application will be deemed accepted only upon the issuance of the relevant insurance policy by SIIA.
- 本人/我們聲明、同意及允許SIIA收集和保留本人/我們的個人資料，並可使用或透露任何SIIA所收集或持有之個人資料（無論在此投保書所載或從其他途徑獲取）予SIIA（在本港或海外）之母公司、子公司、相關公司、集團公司及/或與SIIA相關之個人/組織（統稱"Starr"）；以及（在本港或海外）產品分銷商、承包商、其他金融服務供應商，或提供管理、營運、客戶服務、技術及/或電信支援予SIIA的有關人士或機構，及/或Starr或於SIIA私隱政策及個人資料（私隱）條例（香港法例第486章）內指定的任何人士或機構（"被選定的第三方"），以便處理本申請及/或提供與保險有關的售後服務，包括但不限於對已簽發給本人/我們的保單的管理，及/或索償處理及/或資料核對。
I/We hereby declare, agree and consent to SIIA collecting and storing my/our personal data and that any personal data collected or held by SIIA (whether contained in this application or otherwise obtained) is provided and may be held by, used by and disclosed by SIIA to SIIA's parent companies, subsidiaries, related companies, group companies and/or any individuals/organizations associated with SIIA (collectively the "Starr") (within or outside Hong Kong); and to such product distributors, contractors, other financial services providers or such persons or entities providing administrative, operational, customer, technical and/or telecommunications support to SIIA and/or Starr or any other persons or entities prescribed within SIIA's Privacy Policy and the Personal Data (Privacy) Ordinance (Cap. 486) ("Selected Third Parties") (within or outside Hong Kong), for the purposes of processing this application and/or providing subsequent insurance-related services, including but not limited to administering the insurance policy issued to me/us and/or processing any claim under the insurance policy issued to me/us and/or data matching.
- 本人/我們確認本人/我們已收到、閱讀並明白SIIA的私隱政策 (https://www.starrinsurance.com.hk/static/products/pdf/privacy_policy.pdf)。
I/We acknowledge that I/we have received, read and understood SIIA's Privacy Policy (https://www.starrinsurance.com.hk/static/products/pdf/privacy_policy.pdf).
- 本人/我們明白(i)倘若本人/我們未能提供本投保書所需的資料，SIIA將可能無法處理申請；及(ii)本人/我們有權要求停止接收任何直接行銷或來電，或向SIIA要求查閱及/或更正本人/我們的個人資料。有關的請求可致函香港灣仔港灣道18號中環廣場19樓1901室SIIA個人資料管理員辦理或電郵致hk.a&h@starrcompanies.com。
I/We understand that (i) SIIA may be unable to process this application if I/we fail to provide any information requested in this application; and (ii) I/we have the right to request that I/we do not receive any direct marketing materials or calls, or to request access to and/or correction of any personal information held by SIIA concerning me/us. Such requests can be made to SIIA's Data Privacy Officer at Room 1901, 19/F Central Plaza, 18 Harbour Road, Wanchai, Hong Kong or at hk.a&h@starrcompanies.com.
- 本人/我們明白、確認並同意當本人/我們繳付保費後，SIIA可能會於保單持續有效期間及/或續保之時，支付佣金予負責安排本保單的授權保險經紀。
I/We understand, acknowledge and agree that, upon payment of the premium due under the insurance policy, SIIA may become liable to pay, during the continuance of the insurance policy and/or in respect of any renewal of the insurance policy, a commission to any authorized insurance broker responsible for arranging this policy.
- 本人/我們確認本人/我們自願主動接洽SIIA，其為在香港的授權保險公司，以得到保險服務。
I/We acknowledge that I/we proactively approach SIIA, which is an authorized insurer in Hong Kong, for insurance services of my/our own accord.
- 本人/我們確認SIIA會使用和/或向Starr及被選定的第三方提供本人/我們的姓名、地址、電話和電郵地址（"許可種類個人資料"）作直銷和推廣其他保險/財務產品和服務；如果本人/我們不同意讓SIIA使用和/或向Starr及被選定的第三方提供這些個人資料，本人/我們會於下方表明本人/我們的意向。
I/We acknowledge that SIIA intends to use and/or provide to Starr and/or Selected Third Parties my/our name(s), address(es), telephone number(s) and email address(es) ("permitted kind of personal data") for direct marketing and the promotion of other insurance/financial products and services, which if I/we do not consent to SIIA using and/or providing such personal data to the Starr and/or Selected Third Parties, I/we will indicate my/our disagreement below.

勾選此段文字，表示本人/我們確認已細閱、明白並接受本保單內適用於所有受保人士之上述的聲明、保單條款及條件。本人/我們明白當本人/我們的投保獲得SIIA接納時，本人/我們保單之保費將會從本人/我們的指定之信用卡賬戶中扣除。

By checking this box, I/we confirm that I/we have read, understood and accepted all the above statements, policy terms and conditions which apply to all persons covered under this insurance policy. I/We understand that upon my/our enrollment being approved by SIIA, the premium under my/our insurance policy will be debited from the Credit Card Account provided by me/us.

勾選此段文字，表示本人/我們不允許SIIA就本人/我們保險保單續保向本人/我們發出續保要約和/或其他相關文件和對應。
By checking this box, I/we do not consent to SIIA sending me/us offer to renew my/our insurance policy and/or other documents and correspondences incidental and related thereto.

本人/我們不允許SIIA使用和/或向Starr及被選定的第三方提供本人/我們的許可種類個人資料，以下列之途徑作直銷推廣（上文另行指明的保險保單續保事宜除外）（請於下列相關方格內填上"✓"號）： 電子郵件 手機短訊 郵寄 電話
By checking the relevant box(es) below, I/we do not consent to SIIA using or providing to Starr and/or Selected Third Parties our permitted kind of personal data for direct marketing purposes (other than insurance policy renewal offer separately indicated above) through any of the following channels:
 Email Mobile Message/SMS Post Phone Call

閣下填寫完成和提交本申請後，對於任何上述未選為不接收的續保要約和/或直銷推廣，即表明閣下同意SIIA或Starr及/或被選定的第三方使用閣下的個人資料以上述方式進行保險保單續保和/或直銷推廣活動，一旦得到處理，閣下即授權SIIA替換閣下先前對保險保單續保和/或直銷推廣活動的一切選擇。閣下可以透過上述提供的地址或電子郵箱聯繫我們的個人資料管理員，隨時更新/更改選定的途徑。

If you do not opt-out of the above renewal offer and/or direct marketing, your completion and submission of this application gives consent to SIIA/Starr and/or Selected Third Parties to use your data for insurance policy renewal and/or direct marketing purposes as noted above. Once processed, you authorize SIIA to replace all your previous selections regarding insurance policy renewal and/or direct marketing. You may update/change the selected channels at any time in future by contacting our Data Privacy Officer at the address or email provided above.

投保人人簽署 Signature of Applicant

日期 Date

代理人姓名及編號 Producer's name and number

總保費 Total Premium



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You are pleased to get in touch should you have any enquiry regarding the captioned insurance.

若本單張的英文和中文於意義上有所不同，一概以英語版本為準。

In the event of any ambiguity or inconsistency between the English and Chinese versions of this brochure, the English version shall apply and prevail.