

重要事項

投保年齡及資格

12至70歲之香港合法居民，準備到海外升學之人士

賠償手續

須於事件發生後30日內填妥賠償表格，並連同所有有關文件送交本公司辦理賠償事宜

資料更新

如更改海外學府之名稱或地址，保單持有人或受保人必須通知美亞保險香港有限公司

TRAVEL GUARD

海外留學生保障計劃 Travel Direct Overseas Student Insurance



Sun Flower Insurance Brokers Limited

Room 1108, Hing Yip Commercial Centre
282 Des Voeux Road Central, Hong Kong
Tel: (852) 2521-1881 Fax: (852) 2521-1919
Web: www.sunflowervip.com www.sunflowermpf.com

此計劃由美亞保險香港有限公司承保。

本小冊子僅提供保單摘要，保單承保範圍請參照保單條文、條款及不保事項。

如本小冊子之譯本於意義上有任何爭議，一概以英文為準。



保障特點

- 學業中斷及教育基金保障海外留學之學費
- 保障包括課餘時外遊之旅程
- 優越計劃特設額外旅遊保障，全面保障留學期間的所有旅程
- 24小時全球緊急支援服務
- 緊急醫療運送、運返費用不設最高賠償額
- 所有保障均不設自負額
- 標準計劃及優越計劃附送「中國支援卡」提供國內住院按金保證服務
- 醫療費用伸延保障回港度假期間長達60日

保障範圍

保障	最高賠償額 (美金)		
	基本計劃	標準計劃	優越計劃
基本留學保障			
1. 學業中斷	\$6,000	\$6,000	\$10,000
2. 教育基金 (只適用於17歲以下學生或23歲以下全日制未婚學生)	\$10,000	\$10,000	\$40,000
3. 緊急啟程 (雙向)	\$6,000	\$6,000	\$10,000
4. 個人意外 (17歲以下學生最高賠償額為US\$40,000)	\$50,000	\$50,000	\$100,000
5. 個人責任	\$250,000	\$250,000	\$500,000
6. 緊急醫療運送 [#]	不設限額	不設限額	不設限額
7. 運返費用 [#]	不設限額	不設限額	不設限額
8. 醫療費用	不適用	\$100,000	\$250,000
9. 海外住院現金津貼 (每日限額US\$50)	不適用	不適用	\$1,000
10. 綁架保障	不適用	不適用	\$40,000
額外旅遊保障			
11. 旅遊證件	不適用	不適用	\$1,000
12. 行李及個人物品 (每件、每對或每套物品賠償限額US\$400) (手提電腦賠償限額US\$1,200)	不適用	不適用	\$2,500
13. 旅程延誤 (每滿8小時可獲賠償US\$80)	不適用	不適用	\$400
14. 行李延誤	不適用	不適用	\$100
15. 海外家居保障	不適用	不適用	\$1,200

[#] 屆時請致電 Travel Guard 國際支援熱線 (852) 3516 8699 以作出有關安排

保費表 (兌換率: US\$1:HK\$7.8)

保費 (美金)	基本計劃	標準計劃	優越計劃
全年保費	\$262	\$779	\$1,109

保障摘要

1. 學業中斷

賠償受保人因下列原因而需中斷學業，其已繳交而不可退還的學費：

- 身故或患上末期疾病
- 連續住院治療達30日或以上
- 因嚴重意外或疾病而須緊急醫療運送返港醫治
- 直系親屬身故

2. 教育基金

(只適用於17歲以下學生或23歲以下全日制未婚學生)

賠償受保人的父母或合法監護人因意外身故或永久傷殘，而該年度尚欠之學費

3. 緊急啟程 (雙向)

賠償因下列原因而引致之合理住宿費及/或旅遊票：

- 受保人身故、嚴重受傷或患上嚴重疾病連續住院5日或以上，需要1名成年直系親屬前往該地
- 直系親屬身故，受保人需要短暫返回香港

4. 個人意外

(17歲以下學生最高賠償額為US\$40,000)

保障受保人因意外而導致永久傷殘或身故

5. 個人責任

保障受保人於海外因疏忽導致他人身故、身體損傷或財物損毀而須負上之法律責任。但並不保障因駕駛或租用汽車、飛機、船隻、及任何水上機動遊戲而引致之個人責任

6. 緊急醫療運送*

提供緊急醫療運送、協助安排交通及護理等服務，運送受保人到其他地方作適當治療

*屆時請致電 Travel Guard 國際支援熱線 (852) 3516 8699 以作出有關安排

7. 運返費用*

安排運送遺體或骨灰返回香港

*屆時請致電 Travel Guard 國際支援熱線 (852) 3516 8699 以作出有關安排

8. 醫療費用

賠償受保人因意外受傷或患病而須接受治療、外科手術及住院服務之費用

- 伸延保障回港60日度假期間之醫療費用，最高賠償額為US\$5,000
- 附送「中國支援卡」提供國內住院按金保證服務

9. 海外住院現金津貼

若受保人於海外住院連續2日或以上，第3日起每日可獲現金津貼US\$50，最高賠償額為US\$1,000，最長為20日

10. 綁架保障

賠償受保人因遭受綁架而導致意外身故

11. 旅遊證件

賠償受保人於海外因被偷竊、搶劫或爆竊而遺失旅遊證件及/或旅遊票之有關補領費用及額外合理交通費及/或住宿費

12. 行李及個人物品

賠償受保人於香港或留學城市以外之地方旅遊期間，其行李、衣服及個人財物之意外遺失或損毀

13. 旅程延誤

若受保人所乘之公共交通工具因惡劣天氣、機件故障、天然災害、騎劫或公共交通工具機構員工罷工而導致行程延誤，每滿8小時可獲現金賠償US\$80，最高賠償額為US\$400。由香港出發的旅程除外。在同一班次之延誤只可索償出發或到達延誤其中一項

14. 行李延誤

若行李因被誤送以致受保人於抵達目的地10小時後仍未取得行李，可獲賠償US\$100。於香港的行李延誤除外

15. 海外家居保障

賠償受保人於香港或留學城市以外之地方旅遊期間，其海外住所因火災而引致之家居財物遺失及損毀

適用於所有保障項目的主要不保事項包括

- 戰爭、內戰、敵侵、叛亂、運用軍事力量、篡奪政府或軍權；任何非法、違反政府法案/法令的行為或活動
- 任何投保前已存在之疾病或傷患；分娩及懷孕；流產或其他由性接觸感染之疾病愛滋病及性病或有關連之病症
- 從事或參與任何持械紀律性部隊或以航空公司工作人員身份乘搭任何飛機所引致的損傷，體力勞動性工作，從事司機或家傭等
- 定期身體檢查；美容及牙科手術 (意外除外)
- 自殺、自我傷害；心智、精神及睡眠不正常等病症
- 與服用酒精或藥物有關損失，由註冊醫生處方之酒精或藥物除外
- 任何賽車活動、職業運動、比賽或參與可賺取收入或報酬的運動；滑翔運動、爬山、攀石、降落傘及駕駛飛機
- 受保人並未盡其所能保護自己的財物及避免身體受傷
- 珠寶首飾、手提電話及配件、食物、古董、電子貨幣 (八達通、信用卡)
- 遺失後24小時內未有向警方報失及持有警方之遺失報告
- 不保國家：阿富汗、古巴、剛果民主共和國、伊朗、伊拉克、利比里亞、蘇丹、敘利亞
- 任何恐怖分子或恐怖組織成員、從事毒品買賣者、核武器，化學或生物武器提供者



Unique Features

- Study Interruption and Education Fund cover tuition fees of overseas study
- Cover leisure trips during holiday
- Premier Plan includes Extra Travel Cover to provide comprehensive protection for all trips under study period
- 24-hour Worldwide Emergency Assistance Services

- Unlimited benefit amount for Emergency Medical Evacuation and Repatriation of Remains
- No excess on all benefits
- Standard Plan and Premier Plan include Free China Assist Card provides hospital guarantee admission deposit service in Mainland China
- Medical Expenses extend to cover temporary home visit (Hong Kong) up to 60 days

Schedule of Benefits

Benefits	Maximum Benefit (US\$)		
	Basic Plan	Standard Plan	Premier Plan
Basic Overseas Study Cover			
1. Study Interruption	\$6,000	\$6,000	\$10,000
2. Education Fund (only applicable to student aged below 17 or aged below 23 for unmarried full-time student)	\$10,000	\$10,000	\$40,000
3. Compassionate Visit (2 Ways)	\$6,000	\$6,000	\$10,000
4. Personal Accident (For aged below 17, Maximum Benefit is US\$40,000)	\$50,000	\$50,000	\$100,000
5. Personal Liability	\$250,000	\$250,000	\$500,000
6. Emergency Medical Evacuation [#]	Unlimited	Unlimited	Unlimited
7. Repatriation of Remains [#]	Unlimited	Unlimited	Unlimited
8. Medical Expenses	Not Applicable	\$100,000	\$250,000
9. Overseas Hospital Cash (Sub-limit per day: US\$50)	Not Applicable	Not Applicable	\$1,000
10. Kidnapping Benefit	Not Applicable	Not Applicable	\$40,000
Extra Travel Cover			
11. Travel Document	Not Applicable	Not Applicable	\$1,000
12. Baggage and Personal Effects (Sub-limit per article / pair / set of articles: US\$400) (Sub-limit for lap-top computer: US\$1,200)	Not Applicable	Not Applicable	\$2,500
13. Travel Delay (Pay US\$80 for each full 8 hours of delayed)	Not Applicable	Not Applicable	\$400
14. Baggage Delay	Not Applicable	Not Applicable	\$100
15. Overseas Residence Guard	Not Applicable	Not Applicable	\$1,200

[#] Travel Guard Assistance Hotline (852) 3516 8699 shall be contacted for the arrangement

Premium Table (Exchange rate: US\$1 : HK\$7.8)

Premium (US\$)	Basic Plan	Standard Plan	Premier Plan
Annual Premium	\$262	\$779	\$1,109

Benefits Highlight

1. Study Interruption

Reimburse the non-refundable or irrecoverable Tuition Fees in the event of Study Interruption due to:

- Death or Terminal Sickness of Insured Person
- Hospitalization of Insured Person for more than 30 consecutive days
- As a consequence of a medical evacuation, Insured Person is evacuated back to Hong Kong
- Death of any Insured Person's Immediate Family Member

2. Education Fund

(only applicable to student aged below 17 or aged below 23 for unmarried full-time student)

Pay the unpaid Tuition Fees in the event of an accidental death or Permanent Total Disablement of the parent(s) or legal guardian(s) of Insured Person

3. Compassionate Visit (2 Ways)

Pay for the reasonable Accommodation and Travel Ticket for:

- 1 adult Immediate Family Member to fly over in the event of Insured Person's death or Confinement in a Hospital for more than 5 consecutive days caused by a Serious Injury or Serious Sickness
- Insured Person's temporary return to Hong Kong in the event of Immediate Family Member's death

4. Personal Accident

(For aged under 17, Maximum Benefit is US\$40,000)

Cover when Insured Person sustains Injury result in Permanent Total Disablement or accidental death

5. Personal Liability

To indemnify Insured Person against legal liability to the third parties outside Hong Kong arising as a result of accidental injury, death, loss of or damage to their property caused by Insured Person's negligence. This does not cover the use or hire of any conveyance

6. Emergency Medical Evacuation*

Provide en-route medical care and transportation to another location for appropriate medical treatment

* Travel Guard Assistance Hotline (852) 3516 8699 shall be contacted for the arrangement

7. Repatriation of Remains*

Arrange for the return of Insured Person's remains to Hong Kong

* Travel Guard Assistance Hotline (852) 3516 8699 shall be contacted for the arrangement

8. Medical Expenses

Reimburse for the costs of qualified medical treatment, surgery and hospitalization as a result of injury or sickness

- Extend cover Medical Expenses during temporary home visit (Hong Kong) within 60 days
- Free China Assist Card provides hospital guarantee admission deposit service in Mainland China

9. Overseas Hospital Cash

Pay US\$50 daily up to US\$1,000 when Insured Person is hospitalized outside Hong Kong for more than 2 consecutive days and up to a maximum of 20 consecutive days

10. Kidnapping Benefit

Cover when Insured Person died from Injury inflicted during Kidnapping

11. Travel Document

Reimburse for the replacement cost of lost travel document and/or Travel Ticket and/or additional traveling and/or Accommodation expenses incurred outside Hong Kong as a direct result of theft, robbery or burglary

12. Baggage and Personal Effects

Pay for loss of or damage to Insured Person's baggage, clothing and personal effects when Insured Person is traveling outside the Overseas Educational Institution city or Hong Kong

13. Travel Delay

Pay US\$80 for each full 8 hours of delayed up to US\$400 if the Common Carrier in which Insured Person has arranged to travel is delayed and caused directly by inclement weather, natural disasters, hijack, equipment failure or strike by the employees of the Common Carrier, except outward journey commenced from Hong Kong. Either departure or arrival delay can be claimed for the same delayed Common Carrier

14. Baggage Delay

Pay US\$100 for full 10 hours of Insured Person's baggage delayed due to misdirection in delivery by the Common Carrier, except Baggage Delay in Hong Kong

15. Overseas Residence Guard

Reimburse for the loss of or damage to household contents in Insured Person's Overseas Residence as a direct result of fire when Insured Person is traveling outside the Overseas Educational Institution city or Hong Kong

General Exclusions Applicable to All Section of Coverage Include

- War, civil War, invasion, insurrection, revolution, use of military power or usurpation of government or military power; any illegal or unlawful act
- Any pre-existing condition ; Pregnancy or childbirth; AIDS or sexually transmitted disease
- Military, naval, or air force service or operations; engaging in any kind of labour work, driver, domestic helper etc
- Routine physical checkups; Cosmetic or plastic surgery and dental care, except as a result of an Accident
- Suicide or attempted suicide while sane or insane; Self-inflicted Injury; mental or nervous disorders or rest cures
- Any connection with alcoholism or drug addiction, or use of any drug or narcotic agent
- Any kind of motor racing, or engaging in a sport in a professional capacity or where an Insured Person would or could earn income or remuneration from engaging in such sport; any competition involving the use of a motorized land, water or air vehicle; hang gliding, mountaineering, rock climbing/repelling, sky diving, and piloting an aircraft
- Failure to take due care and precautions for the safeguard and security of such property
- Jewelry, mobile phone, antiques, plastic money (including credit card, Octopus cards, etc.), foodstuffs etc
- For losses not reported to the police within 24 hours of loss or a loss report not obtained from the police
- Excluded Countries: Afghanistan, Cuba, Democratic Republic of Congo, Iran, Iraq, Liberia, Sudan or Syria
- Any Terrorist, or member of a Terrorist organization, or narcotics trafficker, or purveyor of nuclear, chemical or biological weapons

Important Notice

Age limit & eligibility

Any legal Hong Kong resident aged between 12 to 70, who is enrolled a registered and accredited educational institution outside Hong Kong

Claims Procedure

Obtain, complete and return a claim form together with all relevant supporting documents within 30 days of the incident

Information Update

The policyholder or insured must inform AIG Insurance Hong Kong Limited forthwith of any change of the name and address of the Overseas Educational Institution (OEI) the insured attends

This Insurance is underwritten by AIG Insurance Hong Kong Limited.

This brochure provides only a summary of the policy benefits. Actual coverage provided shall be subject to the terms and conditions and exclusions of the policy.

In the event of differences between the English and Chinese version of this brochure, the English version shall prevail.

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AIG Insurance Hong Kong Limited
46/F, One Island East, 18 Westlands Road,
Island East, Hong Kong

美亞保險香港有限公司
香港港島東華蘭路18號港島東中心46樓

CS Hotline 客戶服務熱線：(852)3666 7022
Fax 傳真：(852)2838 4180

Claims Hotline 索償查詢熱線：(852)3666 7090

Website 網址：www.aig.com.hk

E-mail 電郵地址：travelguard.hk@aig.com

海外留學生保障計劃申請表格

Travel Direct Overseas Student Insurance Application Form

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

申請人姓名
Name of Applicant: Mr./ Ms. _____
(申請人必須為保單持有人 Applicant must be same as Policyholder)

地址
Address: _____

電話
Tel No.: _____

全年保費 Annual Premium	基本計劃 Basic Plan	US\$262	標準計劃 Standard Plan	US\$779	優越計劃 Premier Plan	US\$1,109
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

起保日期
Effective Date: _____ 日/月/年
DD/MM/YYYY
(起保日期必須為受保人於香港出發日期或之前
Effective Date must be same as or before the Insured Person's Departure Date from Hong Kong)

受保人姓名
Name of Insured Person: Mr./ Ms. _____

香港身份證號碼
HKID No.: _____ 出生日期
Date of Birth: _____ 日/月/年
DD/MM/YYYY

與申請人之關係 Relationship to Applicant:	本人 Self	子女 Child	配偶 Spouse	僱員 Employee	其他 Other:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

受保人就讀的海外學府名稱
Name of the Overseas Educational Institution attended by the Insured (OEI): _____

受保人就讀的海外學府地址
Address of the Overseas Educational Institution attended by the Insured (OEI): _____

受保人海外地址 Overseas Address of the Insured: _____

繳費方式 Payment

支票 支票號碼
By Cheque Cheque No.: _____
附上抬頭為「美亞保險香港有限公司」之劃線支票。
Enclosed a crossed check made payable to "AIG Insurance Hong Kong Limited"

信用卡
By Credit Card Visa MasterCard

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扣除此保費。
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

有效期至
Expiry Date: _____ 信用卡號碼
Credit Card No: _____
月/年
MM/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:  Sun Flower Insurance Brokers Limited
Room 1108, Hing Yip Commercial Centre
282 Des Voeux Road Central, Hong Kong
Tel: (852) 2521-1881 Fax: (852) 2521-1919
Web: www.sunflowervip.com www.sunflowermp.com

代理人編號 Producer Code: _____

聲明

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- 本人/吾等現確認及保證：受保人絕不會違反醫生之勸告，旅程目的並非往海外治療疾病，而受保人現時健康狀況良好。
- 本人/吾等確認本人/吾等已細閱以下之「收集個人資料聲明」，並知悉及同意有關於本人/吾等於是次申請由本人/吾等所提供的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用於「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。
- 如遭失「中國支控卡」，本人/吾等須於48小時內向美亞保險報失並繳付12.5美元作補領費用。
- 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**
就有關從此表格所收集的個人資料，本人/吾等同意及確認：
(a) 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；
(b) 美亞保險可按列於其私隱政策的用途使用此表格所收集的個人資料，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）；
(c) 除非本人/吾等於以下的「不收取推廣資料」表格填上√號以作表示（其內容與本人/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，而在未經本人/吾等同意的情况下，本人/吾等之個人資料將不會被如此使用；
(d) 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：
(i) 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）；
(ii) 財務機構，作處理此申請及收取保費；
(iii) 公證人、調查員、第三者管理人、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；
(iv) AIG集團授權的市場推廣公司，以作直銷之用（如上 (c) 項所述）；
(v) 其它在任何國家之AIG集團之成員公司，作上述 (b) 及 (c) 項所列明之用途；或
(vi) 其它於美亞保險私隱政策所列明的人士，作為私隱政策所列明之用途。
(e) 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）查閱、或要求修改本人/吾等的個人資料（美亞保險可查閱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。

Declaration

- I/we hereby apply for Travel Direct Overseas Student Insurance and declare that the statements and particulars given in this application are, to the best of my 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 Hong Kong). I/we understand and agree that no insurance will be effected until the application is approved.
- I/we hereby acknowledge and warrant that: The insured person shall not be traveling contrary to the advice of any medical practitioner or traveling in order to receive medical treatment; and 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 US\$12.5 for each replacement card.
- 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**

In relation to the personal data collected in this application form, I/we, agree and acknowledge that:
(a) (unless specifically indicated otherwise in this form) the personal data requested in this form 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.
(b) 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).
(c) 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.
(d) 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:
(i) third parties providing services related to the administration of my/our policy (including reinsurance);
(ii) financial institutions for the purpose of processing this application and obtaining policy payments;
(iii) in the event of a claim, loss adjusters, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
(iv) for the purpose of conducting direct marketing activities (per (c) above), marketing companies authorized by the AIG group;
(v) another member of the AIG group (for all of the purposes stated in (b) and (c)) in any country; or
(vi) other parties referred to in AIG HK's Data Privacy Policy for the purposes stated therein.
(e) 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.

不收取推廣資料 (如閣下不欲收取推廣資料，請在表格填上√號)
Promotion Material Opt-out (if you wish to opt-out, please tick)

申請人簽署 Signature of Applicant _____ 日期 Date _____

只適用於保險經紀 For Insurance Broker Only

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處理此申請之用，且該資料亦會轉交有關之「Promotion Material Opt-out box」。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閱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交予申請人。
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 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 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: _____