#### **Sun Flower Insurance Brokers Limited**



Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong
Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.com

Thank you for considering Sun Flower to be one of your selected intermediaries.

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



# "Easy - Group Business Travel"

# **Group Business Travel**

### **Product Highlights:**

- ❖ Flat Premium for Unlimited trips
- Free <u>Standalone Leisure</u>
  <u>Travel</u> for managers and above
- Easy & simple administration— UNNAMED basis & no trip declaration
- Comprehensive with high level benefits
- ❖ No excess on all benefits
- Covering natural disaster (e.g. earthquake, tsunami, etc)

- Covering Terrorist Act
- Covering all kinds of leisure sports
- Covering Food / Drink and Gas Poisoning
- Covering Strike, Riot and Civil Commotion (except direct participating in)
- Extend to cover Black
   Travel Alert in Trip
   Cancellation and Trip
   Curtailment

- Maximum duration of each trip is extended to 180 days
- Extended to cover incidental leisure travel during and/or immediately before/after a business trip designated by the Company
- Worldwide coverage (No geographical limitation)
- Additional gimmicks offered
- 24-hour worldwide emergency assistance services

#### **Benefits:**

Coverage	Maximum Sum Insured Per Person (HK\$)	
	Premier	Standard
Medical Expenses (Accident & Sickness)	1,000,000	1,000,000
- Reimbursement of medical expenses, including		
outpatient, surgery and hospitalization arising from		
accident or sickness during the period of insurance.		
- Follow-up treatment after returning to HK within 365		
days. Including expenses payable to Chinese		
bonesetter, acupuncturist, Registered/ Listed Chinese		
Medical Practitioner, up to HK\$2,000 per accident and		
HK\$4,000 per policy year.		
- Including Hospital Guarantee Admission Service up to		
sum insured stated in Schedule of Benefit		
- Follow-up treatment is covering 100% arising from		
both sickness & accident	** 1	** ** ** **
Emergency Medical Evacuation	Unlimited	Unlimited
Repatriation of Remains	Unlimited	Unlimited
Accidental Death & Permanent Disablement (Scale 2)	1,500,000	1,000,000
Double Indemnity	1,500,000	1,000,000
Oversea Hospital Allowance HK\$500 per day	10,000	7,500
Trip Cancellation	30,000	20,000
Trip Curtailment	30,000	20,000
(i) Trip Delay (HK\$500 per 6 hours)	2,500	2,500
(ii) Trip Re-route	10,000	8,000
Baggage Delay (Reimbursement for emergency purchases	2,500	1,500
after 6 hours)		
Personal Baggage or Personal Effects	20,000	15,000
max. HK\$3,000 per pair/set of item (Including Mobile		
Phone); max. HK\$10,000 for lap-top computer including		
accessories; max. HK\$5,000 for per pair/ set of item for		

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sports equipment.				
Personal Money	5,000	3,000		
Personal Documents	20,000	15,000		
Staff Replacement / Compassionate Visit	20,000	15,000		
Personal Liability	1,500,000	1,000,000		
Additional Benefits				
Burns Benefit (2 <sup>nd</sup> or 3 <sup>rd</sup> degree burns)	200,000	100,000		
Child Escort	15,000	15,000		
Consolation Benefit	10,000	10,000		
Funeral Expenses Benefit	20,000	20,000		
Educational Fund Benefit	25,000	25,000		
Credit Card Protection	20,000	20,000		
Scarring of The Face Benefit	25,000	25,000		
Recruitment Expenses	20,000	20,000		
Coma Benefit (Up to 50 weeks)	500 / week	500 / week		
Rehabilitation Expenses / Home Renovation Expenses	25,000	25,000		
China Medical Guarantee Card (HK\$50per person)	Optional	Optional		
(Plus Premium Levy)*				
Including Free 24-hour Worldwide Emergency Assistance Services (852) 3187 6888				

**Aggregate Limit** 

Total No. of business travelers	Aggregate Limit per Accident (HK\$)		
	Premier	Standard	
3-6	6,000,000	4,000,000	
7-10	10,000,000	7,000,000	
11-15	15,000,000	10,000,000	
16-20	20,000,000	13,000,000	
21-30	25,000,000	17,000,000	
31-40	30,000,000	20,000,000	
41-50	30,000,000	20,000,000	

#### **Premium Table**

Total No. of business travelers	Annual Flat Premium (HK\$)	
	(Plus Premium Levy)*	
	Premier	Standard
3-6	5,000	4,000
7-10	7,000	6,000
11-15	11,000	9,000
16-20	13,000	11,000
21-30	18,000	15,000
31-40	23,000	19,000
41-50	28,000	23,000

## \*Important Note:

From 1 January 2018 onwards, policyholders of new or in-force insurance policies are required to pay premium levy to the Insurance Authority (IA) via the insurance companies in accordance with the law (The Insurance (Levy) Regulation and the Insurance (Levy) Order under the Insurance Ordinance (Cap. 41)). For further information, please visit https://www.ia.org.hk/.

Premium levy amount is a specific percentage to each premium payment subject to a levy cap applied per policy per policy year. The levy rates and caps prescribed by the IA are set out below:

	Phase 1	Phase 1 Phase 2 Phase 3		Phase 4	
	1 January 2018 to 31-Mar-2019	1 April 2019 to 31-Mar-2020	1 April 2020 to 31-Mar-2021	1-Apr-2021 onwards	
Levy rate	0.04%	0.06%	0.085%	0.10%	
Levy cap (HK\$)					
Life insurance	40	60	85	100	
General insurance	2,000	3,000	4,250	5,000	

If you have any questions regarding premium levy on insurance policies, please contact us at info@generali.com.hk or +852 2521 0707 for enquiry.

#### **Administration Method - Unnamed Basis**

No declaration of Insured Person's movement or salary increment is required during the period of insurance except any significant change of underwriting material including but not limited to the addition of subsidiaries and change of business/job nature. Estimated no. of frequent travelers during the period of insurance should be declared to the Company at the expiry of the Policy for the calculation of renewal premium.

#### **Remarks:**

- 1) Max. no. of business travelers per policy is 50.
- 2) Minimum premium per policy is HK\$4,000.
- 3) Age Limit: 17-70
- 4) This Policy only accepts application of full time employees.
- 5) Eligibility Period: 1<sup>st</sup> day of employment
- 6) Beneficiary / Relationship: Legal Estate
- 7) Scope of Coverage: 24-hours worldwide during authorized Business Trip while traveling outside Hong Kong.
- 8) This Policy will not cover (i) PRC citizen who reside and work within the territory of PRC and/or ii) local citizens who work in local countries unless he/she is employed by the Policyholder in Hong Kong with working permit in Hong Kong and Hong Kong Identity Card issued.
- 9) This Policy will not cover manual work, construction site or construction related work

#### 10) Sanction Clause:

- The Company shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Company to any sanction, prohibition or restriction under United Nations resolutions or the trade, economic or financial sanctions, laws or regulations of the European Union, United Kingdom, United States of America or any other locally applicable jurisdictions.
- This Policy does not provide any cover, and does not include any liability to pay any claim or provide any benefit or service, in respect of any risk related to Crimea, Democratic People's Republic of Korea, Iran, Syria, Cuba and Venezuela.
- 11) This Policy does not cover any loss, cost or expenses of whatever nature directly or indirectly caused by, arising out of, contributed to by, or resulting from COVID -19
- 12) All claims must be verified by the policyholder.
- 13) The Company reserves our right to amend the terms

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Thank you for considering Sun Flower to be one of your selected intermediaries.

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Application Form:				
Name of Applicant (Hong Kong registered				
Company Name):				
Address (Hong Kong):				
Nature of Business:				
Effective Date (DD/MM/YY):				
Stationed Location:	Hong Kong			
Stationed Location.	Hong Kong			
Cucum Ducimoss Tueval				
Group Business Travel Loss Record for past 3 years:	□ New case			
Loss Record for past 3 years.		-:		
		☐ If not, please specify any loss incurred in past 3 years - Year (DD /MM /YY):		
	- Claim Items:			
	- Claim Amount: H		<del></del>	
Total No. of business travelers (Max. 50;	- Claim Amount. II	Ι <b>Υ</b> Ψ		
Full time employees):				
Plan Selected:	□ Premier	□ Standard		
No. of China Medical Guarantee cards	Name of Insured		Re-entry Permit / Passport No.	
required:	(English)	(Chinese)	The entry remner russpore ivo.	
(@HK\$50 per card)	1)	(Cilinese)		
r r r r r r r r r r r r r r r r r r r	2)			
*Please use separate sheet if space is not	3)			
enough.	3)			
Annual Premium (Included Premium	HK\$			
Levy):				
carry on insurance business and may be used for the purpos renewal of such product or service; (ii) any claim or investiga related company or any other company carrying on insuran providing services relevant to insurance business for nay of ("Federation") that exists or is formed from time to time for other functions that may be assigned to the Federation from Federation form the insurance industry. I/We have the right to Generali. Requests for such access can be made to Generali's Hong Kong.)  The applicant understands, acknowledges policy to be issued by Assicurazioni General broker commission during the continuance applicant is a body corporate, the author Assicurazioni Generali S.p.A. that he or she	tion or analysis of such claim ce or reinsurance related bus the above or related purposes any of the above or related p time to time and are reason to obtain access to and to reque Personal Data Protection Offi  and agrees that, as the rall S.p.A. Assicurate to of the policy include prized person who	; and (iii) exercising any miness or an intermediary; (b) any association, fed urposes or to enable the I tably and/or to verify any est correction of any persect. (Hong Kong Branch:  a result of the apzioni Generali S.p. ling renewals, for signs on behalf	right of subrogation; and may be transferred to: (a) an or a claims or investigation or other service provide cration or similar organization of insurance companies rederation to carry out its regulatory functions or suc of my/our data with the information collected by the conal information concerning myself/ourselves held be 21/F, Cityplaza One, 1111 King's Road, Taikoo Shing opplicant purchasing and taking up the o.A. will pay the authorized insurance arranging the said policy. Where the	
The applicant further understands that the with the application.	above agreement is	necessary for Ass	sicurazioni Generali S.p.A. to proceed	
Total Annual Premium:	HK\$			
Applicant's Signature				
(With Company Chop)				
Date (DD /MM /YY):				
For Office/ Broker Use				
Producer Name:	Pr	oducer Code:		

Easy202003

Contact Telephone No.:

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Contact Person (Name):

\*\*The Company reserves our right to amend the terms

#### **Personal Information Collection Statement**

- a) From time to time, it is necessary for you to supply Assicurazioni Generali S.p.A., Hong Kong Branch (the "Company") with data about yourself(ves), policyholder(s), life insured(s), beneficiary(ies), claimant(s), and/ or other relevant individuals (the "Personal Data") in connection with the provision of insurance and/ or related products and services to you, the processing of claims under insurance policies issued and/ or arranged by the Company, and/ or the processing of any or all other requests, enquiries and complaints from you.
- b) Provision of the **Personal Data** to the **Company** by you is voluntary. However, failure to supply the **Personal Data** may result in the **Company** being unable to provide insurance and/ or related products and services to you, process claims under insurance policies issued and/ or arranged by the **Company**, and/ or process any or all other requests, enquiries, or complaints from you.
- c) The purposes for which the **Personal Data** may be used are as follows:
  - processing (including, without limitation, underwriting) and/ or approving applications for insurance and/ or related products and services, and any addition, alteration, variation, cancellation, renewal and/ or reinstatement of such products and services;
  - ii) administering insurance policies issued and/ or arranged by the **Company**;
  - iii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and/ or settlement of claims under insurance policies issued and/ or arranged by the **Company**;
  - iv) exercising rights of subrogation, if applicable;
  - v) collection of amounts outstanding (if any) from customers;
  - vi) arranging coinsurance and/or reinsurance in respect of the insurance policies issued and/or arranged by the **Company**;
  - vii) communicating with customers via telephone, mail, e-mail, facsimile and other communication means;
  - viii) customer services (including, but not limited to, processing enquiries and complaints), marketing, and other related activities;
  - ix) conducting data matching procedures;
  - x) designing insurance and/or related products and services for customers' use;
  - xi) marketing insurance and/ or other related products and services of the **Company** and/ or its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the **Company**'s parent company (hereinafter such affiliated companies are collectively referred to as the "**Affiliated Companies**"));
  - xii) direct marketing of insurance and/ or other related products and services subject to your prior prescribed consent (if any), and you can exercise the right of opt-out by notifying the **Company** at any time;
  - xiii) statistical or actuarial research of the **Company**, its **Affiliated Companies**, relevant insurance industry associations or federations, supervisory authority, government department and/ or other competent authority;
  - xiv) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the **Company** and/or its **Affiliated Companies** are expected to comply with, including, without limitation, making disclosures of the relevant information; and
  - xv) fulfilling any other purposes directly relating to (i) to (xiv) above.
- d) The **Personal Data** held by the **Company** shall be kept confidential, but the **Company** may provide the **Personal Data** to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/ or any other relevant individuals to whom the **Personal Data** is related:
  - agents, intermediaries, claims investigation companies, coinsurance companies, reinsurance companies, third
    party service providers, banks and credit-card companies, health and medical organizations, professional
    advisers, contractors, business partners, and/or any other relevant parties, as appropriate, who provide
    administrative, telecommunication, computer, payment, marketing, investigation, advisory and/or other services
    to the Company in connection with the operation of its business;
  - ii) relevant insurance industry associations or federations, and/or members of such industry associations or federations;
  - iii) overseas locations or branches, as appropriate, of the Company and/ or its Affiliated Companies;
  - iv) persons to whom the **Company** and/ or its **Affiliated Companies** are under an obligation to make disclosure under the requirements of any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the **Company** and/ or its **Affiliated Companies** are expected to comply with;
  - v) any court, supervisory authority, government department or other competent authority (including, without limitation, tax authority) under any laws binding on the **Company** and/ or its **Affiliated Companies**;
  - vi) lawful successors or assigns of the Company; and
  - vii) persons who owe a duty of confidentiality to the **Company** and/ or its **Affiliated Companies**.
- e) The **Company** may verify any or all of the **Personal Data** by using information collected and released or transferred by relevant insurance industry associations or federations, and/ or members of such industry associations or federations.
- f) In accordance with the Personal Data (Privacy) Ordinance:

- any individual has the right to: i)
  - check whether the Company holds data about him/ her and, if so, obtain a copy of such data;
  - require the Company to correct any data relating to him/ her that is inaccurate; and
  - C) ascertain the Company's policies and practices in relation to data and to be informed of the kind of data held by the Company; and
- the Company has the right to charge a reasonable fee for the processing of any data access request. ii)
- The person to whom requests for access to data and/ or correction of data and/ or for information regarding policies and g) practices and kinds of data held are to be addressed as follows:

Personal Data Protection Officer, Assicurazioni Generali S.p.A., Hong Kong Branch, 21/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong

#### Use and Provision of Personal Data in Direct Marketing

(This section forms part of the Personal Information Collection Statement.)

- The Personal Data, including but not limited to, name, contact details, other products and services portfolio information, transaction pattern and behavior, financial background and demographic information may be used for the purpose of direct marketing:
  - insurance and/ or other related products and services of the Company and its Affiliated Companies; i)
  - insurance and/ or other related products and services of the Company's co-branding partners (the names of such co-branding partners can be found in the application form(s), proposals, brochures and/or advertising leaflet(s)/ poster(s) for the relevant products and services, as appropriate) and/ or third parties selected by the Company;
  - iii) reward, loyalty and/ or privileges programs/ plans of the Company, its Affiliated Companies and co-branding partners.
- The **Personal Data** may also be provided to the **Company's Affiliated Companies**, co-branding partners and third party service providers selected by the Company for the purpose set out in paragraph (1) above, including, without limitation, call centres.
- The Company requires your consent (which includes an indication of no objection) to the use of Personal Data for the purpose set out in this section. If you do not wish the Company to use or provide to other parties the Personal Data for the purpose of direct marketing, you may exercise the opt-out right below or by notifying the Company at any time thereafter.

Please tick ("\sqrt{n}") the boxes below if you do not agree with the following use(s) of the **Personal Data** in direct marketing.

- I/We do not consent to the provision of the **Personal Data** to the third parties as described herein for the purpose of
- I/ We do not consent to the use of the **Personal Data** by the **Company** for the purpose of direct marketing.

(If you do not tick the boxes but sign the Form/document, you will be regarded as having indicated you have no objection (i.e. you consent) to the use or transfer to third parties of the Personal Data for the purpose of direct marketing by the Company.)

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.

#### **Declaration**

I/We acknowledge that I/we have been provided with a copy of the Personal Information Collection Statement (the "Statement") issued by Assicurazioni Generali S.p.A., Hong Kong Branch ("Generali"). I/ We confirm that I/ we have read and understood the Statement. I/We agree that Generali may collect, use, store, disclose, transfer and otherwise process my/our personal data in accordance with the terms of the Statement. I/We further confirm that I/we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to Generali for the purposes stated in the Statement and for allowing Generali to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the **Statement**.

Signature of Applicant/Claimant/Policyholder(s)/Life Insured(s)



Thank you for considering Sun Flower to be one of your selected intermediaries.