



# Blue Cross 藍十字

An AIA Company 友邦保險成員公司



收集個人資料聲明  
Personal Information  
Collection Statement



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Blue Cross HK App

## 「智醒海外升學保」申請表格 Overseas StudySafe Insurance Application Form



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.

請以英文正楷填寫本表格並於適當空格內加上「✓」號。 Please complete this form in English BLOCK letters and tick where appropriate.

### (I) 投保人資料 Details of Applicant (投保人必須年滿 18 歲或以上。 Applicant must be aged 18 or above.)

|  |  |  |
|--|--|--|
| 1. 投保人姓名 (請先填寫姓氏)<br>Name of Applicant (Surname First)   | <input type="checkbox"/> 先生 Mr. <input type="checkbox"/> 小姐 Miss<br><input type="checkbox"/> 太太 Mrs. <input type="checkbox"/> 女士 Ms. | 2. 香港身份證號碼<br>HKID Card No.              |
| 3. 香港通訊地址 Correspondence Address in Hong Kong<br>室 Flat _____ 樓 Floor _____ 座 Block _____ 大廈 Building _____<br>屋苑 Estate _____ 期 Phase _____<br>街道號數 Street No. _____ 街道名稱/地段 Street Name/Lot _____<br>地區 District _____ <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界/離島 NT/Outlying Islands |  |  |
| 4. 電話號碼<br>Contact Telephone No.<br>(請提供至少 1 個電話號碼 Please provide at least one telephone no.)  | 住宅 Home<br>公司 Office<br>手提 Mobile  | 5. 傳真號碼 Fax No.<br>6. 電郵地址 Email Address |

### (II) 投保詳情 Policy Particulars

|   |   |  |
|---|---|--|
| 1. 保單生效日期 *<br>Policy Effective Date* _____ 日 DD _____ 月 MM _____ 年 YY<br>* 保單生效日期必須為受保人離港當日或之前 The Effective Date must be on or before the Insured Person's Departure Date from Hong Kong  | <input type="checkbox"/> 有效期為 1 年<br>Valid for 1 year | <input type="checkbox"/> 有效期為 2 年<br>Valid for 2 years |
| 2. 選擇計劃 Plan Selection<br><input type="checkbox"/> 智尊計劃 Smart Plus Plan <input type="checkbox"/> 智選計劃 Smart Plan  |   |  |
| 3. 選擇接收保單文件及續保資訊之途徑 (只適用於直接向藍十字投保的客戶)<br>Delivery Channel of Policy Documents and Renewal Information (applicable only to policyholders who make applications directly to the Company)<br><input type="checkbox"/> 電郵 by email <input type="checkbox"/> 郵寄 by post (如無指明, 電郵 (如有提供) 將被指定為接收之途徑 If not specified, email (if provided) will be the defaulted delivery channel.) |   |  |

### (III) 受保人資料 Details of Insured Person

|  |   |
|--|---|
| 1. 姓/名<br>Surname/Given Name   | 2. 與投保人關係<br>Relationship to Applicant<br><input type="checkbox"/> 本人 Self <input type="checkbox"/> 父母 Parent <input type="checkbox"/> 法定監護人 Legal Guardian |
| 3. 香港身份證號碼<br>HKID Card No.  | 4. 護照號碼<br>Passport No.   |
| 5. 性別<br>Gender<br><input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female | 6. 出生日期 (日/月/年)<br>Date of Birth (DD/MM/YY)   |

### (IV) 海外留學資料 Details of Overseas Study Information

|   |
|---|
| 海外留學國家/地區 *<br>Country/Region of Overseas Study*  |
| * 海外留學國家/地區如有任何更改, 投保人及/或受保人須即時以書面通知本公司<br>The Applicant and/or the Insured Person should notify the Company in writing immediately of any change to the country/region of overseas study |

### (V) 其他資料 General Information

|  |  |
|--|--|
| 1. 受保人曾否有身體缺陷, 視力或聽覺受損?<br>Has the insured person suffered from any physical defects or infirmities, impairment of vision or hearing?  | <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No |
| 2. 受保人曾否在過去 3 年內索取意外保險或旅遊保險賠償? (如有, 請列出事件性質、日期、地點及獲得賠償的總金額)<br>Has the insured person made any claim under an accident or travel insurance policy in the past 3 years?<br>(If any, please state the nature of incident, date, location and the total claimed amount) | <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No |
| 3. 受保人於申請意外、醫療或旅遊保險時曾否被拒投保、拒絕續保, 或續保時被附加特別條款?<br>Has the insured person ever been declined, refused to renew or renewed but subject to special terms or conditions for an accident, medical or travel insurance policy?  | <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No |
| 如上述問題的答案為「是」者, 請於另紙詳加說明, 並附以簽署及日期。<br>If you answered "Yes" to any of the above questions, please provide full details on a separate sheet which should be signed and dated.   |  |

### (VI) 付款指示及授權書 Payment Instruction and Authorisation

|  |  |
|--|--|
| 1. <input type="checkbox"/> 支票 Cheque<br>支票號碼 Cheque No. _____ (劃線支票抬頭人請填寫「藍十字(亞太)保險有限公司」)<br>(Cheque should be crossed and made payable to "Blue Cross (Asia-Pacific) Insurance Limited")   | 2. <input type="checkbox"/> 現金<br>Cash |
| 3. <input type="checkbox"/> 信用卡授權 Credit Card Authorisation<br>本人茲授權藍十字(亞太)保險有限公司從本人下列的信用卡賬戶扣除保單的應繳保費。<br>I hereby authorise Blue Cross (Asia-Pacific) Insurance Limited to debit the payable premium from my credit card account specified below for the insurance policy.<br><input type="checkbox"/> VISA <input type="checkbox"/> MasterCard<br>持卡人姓名<br>Name of Cardholder _____ 到期日 (月/年)<br>Expiry Date (MM/YY) _____ 持卡人簽署<br>Signature of Cardholder _____<br>信用卡號碼<br>Credit Card No. _____ 發卡銀行<br>Issuing Bank _____<br>簽署必須與上述信用卡背面之簽署式樣相同。<br>Your signature should match the signature on the back of the credit card specified herein. |  |

(VII) 選擇拒絕在直接促銷中使用個人資料 Opt-out from Use of Personal Data in Direct Marketing

為向你提供最新消息、優惠及推廣活動的資訊，以及進行直接促銷活動，藍十字（亞太）保險有限公司（「藍十字」）可能會按「收集個人資料聲明」（「該聲明」）所述使用你的個人資料作直接促銷及把閣下的個人資料提供予該聲明第 (4)(iii) 段的聯盟計劃合作夥伴作直接促銷，但在未經你同意的情况下，藍十字不能就此目的使用及提供你的個人資料。若你不希望藍十字在直接促銷中使用及提供你的個人資料，請在下列空格內劃上「✓」號。

1. 使用個人資料直接促銷（除接收續保資訊外）

☐ 我不同意藍十字根據該聲明第 (4) 段使用我的個人資料作直接促銷（例如通過向我提供最新消息、優惠及推廣活動的資訊）（除接收續保資訊外）。
2. 接收續保資訊

☐ 我不同意接收此保單的續保資訊。
3. 把個人資料提供聯盟計劃合作夥伴

☐ 我不同意藍十字根據該聲明第 (4) 段把我的個人資料提供予聯盟計劃合作夥伴作直接促銷（例如通過向我提供最新消息、優惠及推廣活動的資訊），不論藍十字會否獲得金錢或其他財產的回報。

以上代表你目前就是否希望接受藍十字及聯盟計劃合作夥伴直接促銷的聯繫或資訊的選擇，並取代你在本申請前可能曾給予藍十字的任何選擇。請注意，你以上的選擇將適用於列在該聲明內作直接促銷的產品、服務、建議及／或標的。請同時參閱該聲明以知悉可能用作直接促銷的個人資料種類以及可能轉移有關個人資料作直接促銷的資料轉承人類別。

In order to provide you with the latest news, offers and promotions and to conduct direct marketing activities, Blue Cross (Asia-Pacific) Insurance Limited (Blue Cross) may use your personal data according to Blue Cross' Personal Information Collection Statement (the "Statement") and provide your personal data to its alliance program partners as set out in paragraph 4(iii) of the Statement for direct marketing but Blue Cross cannot use and provide your personal data for such purpose without your consent. Please tick "✓" in the box below if you do not wish Blue Cross to use and provide your personal data for direct marketing.

1. Use of Personal Data in Direct Marketing (except receiving renewal information)

☐ I do not agree to Blue Cross' use of my personal data for direct marketing (such as by way of providing me updates on latest news, offers and promotions) (except receiving renewal information) as set out in paragraph (4) of the Statement.
2. Receiving Renewal Information

☐ I do not agree to receive renewal information of this policy.
3. Provision of Personal Data in Direct Marketing to Alliance Program Partners

☐ I do not agree to Blue Cross' provision of my personal data to its alliance program partners for direct marketing (such as by way of providing me updates on latest news, offers and promotions) as set out in paragraph (4) of the Statement, whether or not for money or other property.

The above represents your present choice of whether or not to receive direct marketing contact or information from Blue Cross and its alliance program partners. This shall replace any choice you may have given to Blue Cross prior to this application. Please note that your above choice shall apply to the direct marketing of the products, services, advice and/or subjects as set out in the Statement. Please also refer to the Statement for the kinds of personal data which may be used for direct marketing and the classes of persons to which your personal data may be provided for them to use in direct marketing.

(VIII) 聲明 Declaration

本人／我們，謹此聲明並同意：

1. 於此申請表格內所提供的資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人／我們所知及所信而作答的。本人／我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為此項保險合約之承保根據。本人／我們在此確認，如未能提供真實及準確無誤之資料或通知藍十字（亞太）保險有限公司（「藍十字」）任何有關此保險申請之重要資料，將可能導致藍十字不能接受或處理此保險申請或令本保單失效。

2. 一概保障必須在本申請獲接納後並已將應付保費繳交予藍十字後始可生效。

3. 受保人（等）並無違反醫生囑咐或以尋求醫學治療為目的之情況下啟程旅遊，而且清楚明白任何已存在傷病、先天或遺傳性質的疾病一概不受保障；此外，受保人（等）毫不知悉任何可能導致已計劃旅程被取消或縮減的情況、原因或事故。

4. 本人／我們已獲受保人（等）授權提供本申請所需之一切資料，並就本申請之相關事宜，與藍十字進行交涉，並向其接收或索取與受保人（等）有關之資料。本人／我們並確認受保人（等）已獲明確通知及同意，其個人資料將會轉介予藍十字作辦理本申請之用，亦已獲通知其在個人資料（私隱）條例下所享有的權利。

5. 本人／我們明白及確認藍十字會就本人／我們購買及接受藍十字簽發的保單及其後續保該保單，向負責安排有關保單的獲授權保險經紀（如有）支付佣金。本人／我們若在此代表法人團體簽署，即同時確認本人／我們已獲該法人團體授權。 本人／我們亦明白藍十字必須取得上述的同意，才可以處理有關保險申請事宜。

6. 本人／我們確認已閱讀及明白隨本表格附上有關藍十字的收集個人資料聲明。

7. <sup>#</sup>在投保此計劃時，投保人正身處香港。（<sup>#</sup>如不適用，請刪除）

I/WE, HEREBY DECLARE AND AGREE THAT :

1. The information and particulars provided on this application form are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Blue Cross (Asia-Pacific) Insurance Limited (the "Company") and me/us. I/We hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application or the insurance policy void.

2. The insurance coverage applied for shall only take effect when this application has been accepted by and the required premium has been paid to the Company.

3. No insured person is traveling contrary to the advice of a medical practitioner or for the purpose of obtaining medical treatment and that insured person(s) understand(s) that treatment of any pre-existing, congenital or hereditary medical conditions are not covered. I/We further declare that insured person(s) is/are not aware of any condition, cause or circumstances that may necessitate the cancellation or curtailment of the journey as planned.

4. I/We have obtained the authorisation from the insured person(s) to provide the information requested in this application and to deal with and receive or request information concerning the insured person(s) from the Company in relation to any matters arising from this application. I/We further acknowledge that the insured person(s) has(have) been explicitly informed and agree(s) that his/her(their) personal data will be transferred to the Company for the purpose of this application and has(have) been informed of his/her(their) rights under the Personal Data (Privacy) Ordinance.

5. I/We understand and acknowledge that the Company shall pay the authorised insurance broker (if any) a commission for arranging the insurance policy, as a result of purchasing and taking up the policy issued by the Company as well as renewing the said policy thereafter. If I/we sign herein on behalf of a body corporate, I/we further confirm that I/we am/are authorised to do so. I/We further understand that the above agreement is necessary for the Company to proceed with the application.

6. I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.

7. <sup>#</sup>The applicant is physically present in Hong Kong as at the date of this application. (<sup>#</sup>delete if not applicable)

(IX) 簽署 Signature

|                                 |                              |                              |                                |
|---------------------------------|------------------------------|------------------------------|--------------------------------|
| 投保人簽署<br>Signature of Applicant |                              | 日期（日／月／年）<br>Date (DD/MM/YY) |                                |
| 藍十字專用 For Office Use Only       |                              |                              |                                |
| 中介人姓名<br>Name of Intermediary   | 中介人編號<br>Intermediary's Code | 保單號碼<br>Policy No.           | 批核人簽署<br>Underwriting Approval |

本申請表格的中英文版本如有差異，以英文版本為準。  
Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.