## Overseas StudyCare Insurance Application Form 海外留學保險投保書 Please complete in BLOCK LETTERS and tick where appropriate. 請以英文正楷填寫並於適當空格內加上「✓」號。

(I) Details of Applicant 申請人資料				
Full Name of Applicant 申請人姓名: Date of Birth 出生日期:		HKID Card 香港	HKID Card 香港身份證:	
(Applicant must be aged 18 or above 申請人必須為18歲或以上)				
□ Mrs. 太太 □ Ms. 女士	DD日 MM月	Contact No. 聯絡	各電話:	
□ Mr. 先生 □ Miss 小姐	WINI/I			
Correspondence Address 通訊地址:				
Flat 室, Floor 樓, Block 座, Building 大廈名稱:		Email Address	電郵地址	
Street 街道: District 地區: □ HK 香港 □ Kowloon 九龍 □ NT新界				
(II) Policy Particulars 投保詳情 (Please complete all the following fields 必須填寫以下各項)				
(IIA) Policy Effective Date 保單生效日期:DD日MM月 Notes: The Policy is valid for 1 year and the Effective Date must be same as or be 注意:此保單有效期為1年,而保單生效日期必須為受保人離港當日或之前。		n Hong Kong.		
(IIB) The Person to be Insured 受保人資料 (If different from the Applicant 如與申	請人不同)			
Name of Insured Person 受保人姓名: □ Mr. 先生 □ Miss 小姐	Date of Birth (DD/MM/YY) 出生日期(日	/月/年): HKID Card 香港	身份證:	
(III) General Information 其他資料				
Country of the Overseas Educational Institution attended 海外留學國家:				
Name of the Overseas Educational Institution attended 就讀海外學府名稱:				
Address of the Overseas Educational Institution attended 就讀海外學府地址:				
Does the Person to be Insured have a valid Full-time Overseas Student Visa? 受保	《人是否持有有效的全日制海外學生簽證?		□ Yes 是 □ No 否	
Do you have any other insurance company policies covering overseas in-patient medical expenses?* 受保人是否持有任何其他保險公司之海外		也保險公司之海外住院醫療保險?*	□ Yes 是 □ No 否	
Covered Plan / Premium (HKD) 計劃 / 保費 (港幣): (excluding insurance levy 不包括保費徵費)	Territorial Limit 保障地域範圍	Plan 計劃 A	Plan 計劃 B	
Comprehensive Medical Overseas StudyCare (Benefits 1 - 11 are included) 综合醫療海外留學保障 (包括保障項目1 - 11項)	Worldwide 全球保障 Asia Countries 亞洲地區	\$8,000 \$5,500	□ \$5,000 □ \$3,500	
Standard Overseas StudyCare (Benefits 3 - 11 are included) 基本海外留學保障 (包括保障項目3 - 11項)	Worldwide 全球保障	\$3,500	\$2,000	
Insurance levy is not included in the above premium 以上保費並未包括保費徵費				
(IV) Payment Method 付款方法**				
Cheque should be crossed and made payable to "Bolttech Insurance (Hong Kong 劃線支票抬頭請寫:「保特保險(香港)有限公司」 □ Cheque No. 支票 □ Visa □ MasterCard Credit Card No. 信用卡號碼	que No. 支票   Visa		I hereby authorize Bolttech Insurance (Hong Kong) Company Limited to charge my credit card account specified for this insurance.  本人茲授權保特保險(香港)有限公司從本人列明的信用卡賬戶支取此保險所實施公司	
Cardholder's Name 持卡人姓名 Card Expiry Date 信用卡有:	效期至	應繳之保費		
	Y#		Date 日期	

Levy collected by the Insurance Authority will be imposed on the relevant policy at the applicable rate. For further information, please visit bolttechinsurance.hk or contact: (852) 3123 3344. 保險業監管局將按照適用之徵費率就相關保單收取徵費。如有任何查詢,請瀏覽 bolttechinsurance.hk 或致電:(852) 3123 3344。



Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong Tei: 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.

<sup>\*</sup>Benefit 2 "Top up inpatient medical" only available where policyholder has taken out another inpatient medical cover policy. See provision for details. 保障項目二"備用住院醫療保障" 只適用於持有其他住院醫療保險的保單持有人,詳情請參閱保單條款。

<sup>\*\*</sup>The payer and the policyholder must be the same person. No third party payment is accepted. 付款人及保單持有人必須為同一人。第三者付款不獲接納。

## Declaration 聲明

I/We hereby declare and agree that:

- I/We have read and understood the product brochure and the terms and/or conditions of the policy provisions of the product in this application.
- 2. The information and particulars provided on this application form are accurate, true and complete and are given to the best of my 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 Bolttech Insurance (Hong Kong) Company Limited ("the Company") and me/us. I hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about this application may render the Company unable to accept or process this application or the insurance policy void.
- 3. The insurance coverage applied for shall only take effect when this application has been accepted by the Company and I/ We have paid the required premium.
- 4. I/We have read, understood and accepted the Personal Information Collection Statement of the Company ("PICS"). By signing below, I/We confirm this application and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the PICS, and I understand I can scan the QR code below for review of the PICS or else I can request a copy of the PICS by calling the Company's Customer Service Hotline at 3123 3344.



- 5. If you do not agree to the use and provision of your personal data for direct marketing as set out in paragraphs 8 and 9 of the PICS, please tick the box below and we will not use your personal data for direct marketing.
  □ I/We do not agree with the use and provision of my/our personal data for direct marketing purposes and do not wish to receive any promotional and direct marketing materials.
- 6. (If applicable) I/We have obtained the authorisation from the insured person to provide the information requested in this application and to deal with and receive or request information concerning the insured person from the Company in relation to any matters arising from this application. I/We further acknowledge that the insured person has been explicitly informed and agrees that his/her personal data will be transferred to the Company for the purpose of this application and has been informed of his/ her rights under the PICS (see paragraph 4 above).
- 7. Where the Applicant(s) has/have an Insurance Broker:

  I/We understand, acknowledge and agree that, as a result of the purchasing and taking up the policy by me/us, with the policy issued by the Company, the Company will pay my/our authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy.(If applicable) Where the applicant is a body corporate, I/We am/ are the authorized person(s) signing on behalf of the applicant and I/We further confirm to the Company that I/We am/are authorized to do so. I/We understand that the above agreement is necessary for the Company to proceed with the application.



## Sun Flower Insurance Brokers Limited Placing through Sun Flower Insurance Agency Limited

Room 1105-08, Hing Vip 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.

本人/我們,謹此聲明並同意:

- 1. 本人/我們已參閱並明白有關此申請之產品小冊子及保單條款。
- 2. 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保特保險(香港)有限公司("本公司")及本人/我們之保險合約之承保根據。本人/我們在此確認,如末能提供真實及準確無誤之資料或通知本公司任何有關此保險申請之重要資料,將可能導致本公司不能接受或處理此保險申請或令本保單失效。
- 3. 保障一概必須在本申請獲本公司接納後及本人/我們已繳交應付保費後始可生效。
- 4. 本人/我們已閱讀、明白及接受本公司的收集個人資料聲明。透過以下簽名,本人/ 我們確認此申請並同意本公司可根據收集個人資料聲明列出之目的使用及披露 本公司目前或將來持有的關於本人/我們的所有個人資料,並理解本人可以掃描 以下二維碼查看本公司的收集個人資料聲明,或可致電本公司的客戶服務熱線 3123 3344 索取收集個人資料聲明副本。



- 5. 如閣下不同意本公司根據收集個人資料聲明第8和9段使用及提供本人的個人資料以作直銷目的,請在以下有關方格內加上剔( )號。
  - □ 本人/我們不同意本公司使用及提供本人的個人資料以作直銷目的,並不願意 接收任何推廣訊息或直銷資訊。
- 6. (如適用) 本人/我們已獲受保人授權提供本申請所需之一切資料,並就本申請之相 關事宜,與本公司進行交涉,並向其接收或索取與受保人有關之資料。本人/我們 並確認受保人已獲明確通知及同意,其個人資料將會轉介予本公司作辦理本申請 之用,亦已 獲通知其在收集個人資料聲明下所享有的權利(見上文第4段)。
- 7. 如申請人有保險經紀:

本人/我們明白、確知及同意,本公司會就本人/我們購買及接受其簽發的保單,於保單有效期內(包括續保期)向負責替本人/我們安排有關保單的獲授權保險經紀支付佣金。(如適用)假如申請人為法人團體,本人/我們為代表申請人簽署的獲授權人員並向本公司確認本人/我們已獲該法人團體授權。

本人/我們亦明白本公司必須取得申請人的上述同意,才可以處理其保險申請。

Signature of Applicant / Individual to whom the Personal Information Collection

Statement of the Company is given
申請人/獲發收集個人資料聲明人士簽署
Name of Agent / Broker/ Technical Representative 代理人/ 經紀/ 業務代表
Date (DD / MM / YYYY) 日期 (日/月/年)
Account Code 賬戶號碼

Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.

本申請表格的中英文版本如有差異,以英文版本為準。