

「智樂遊」海外留學生保險投保書 SmarTrip Overseas Student Insurance Application

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

I. 投保人資料 Applicant Details

姓名 Name (Mr.先生 / Ms.女士)		
投保人出生日期 Date of Birth(dd日/ mm月/ yyyy年)	/	/
香港身份證 / 護照號碼 HK ID / Passport No.		
聯絡電話 Contact Tel No.		
電郵地址 E-mail Address		
聯絡地址 Correspondence Address		

II. 保險計劃 Plan Information

計劃類別 Plan Type	☐ 優秀 Credit HK\$2,200	☐ 卓越 Distinction HK\$3,000	☐ 榮譽 High Distinction HK\$5,000
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 (Mr.先生 / Ms.女士)		
出生日期 Date of Birth (dd日/ mm月/ yyyy年)	/	/
香港身份證號碼 HK ID No.		
與投保人之關係 Relationship to Applicant	☐ 本人 Self ☐ 子女 Child ☐ 其他 Other: _____	
慣用左手 Left handed	☐ 是 Yes	

IV 教育學府資料 Details of the Educational Institution

名稱 Name		
城市 City		
國家 Country		

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V. 聲明 Declaration

1. 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.

2. 本人/我們同意此投保書和聲明將成為當事人與簽發保單給本人/我們的Starr International insurance (Asia) Limited (“SIIA”)的基本合約。本人/我們同意授權SIIA向註冊醫生提取本人/我們的病歷，本人/我們並同意提供額外與保單有關的資料及自行承擔所需費用。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”). 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.

3. 此保險申請獲得SIIA接納後便會生效。This insurance application will be effective after it has been accepted by SIIA.

4. 本人/我們現聲明、同意及允許SIIA可保留、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”）（在本港或海外）；以及這產品分銷商、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）（在本港或海外），以便處理本申請及/或提供與保險有關的售後服務，包括但不限於保單管理，及/或索償處理及/或資料核對。I/We hereby declare, agree and consent 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 you and/or processing any claim under the insurance policy issued to you and/or data matching.

5. 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銷資料或來電，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。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.

6. 本人/我們明白、承認並同意當本人/我們繳付保費後，SIIA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.

本公司擬使用及/或提供閣下的姓名、地址、電話號碼及電郵地址予Starr及/或被選定的第三方作直銷和推廣其他保險/金融產品及服務之用途。如閣下不希望本公司使用及/或提供閣下之個人資料予Starr及/或被選定的第三方，請在簽署本聲明前於下列空格內加上 (✓)號。We intend to use and/or provide to the Starr and/or Selected Third Parties your name(s), address(es), telephone number(s) and email address(es) for direct marketing and the promotion of other insurance/financial products and services. If you do not wish us to use and/or provide such personal data to the Starr and/or Selected Third Parties, please indicate your objection before signing this Declaration by ticking the box below.

☐ 本人/我們反對SIIA使用及/或提供本人/我們的姓名、地址、電話號碼及電郵地址予Starr及/或被選定的第三方作直銷和推廣其他保險/金融產品及服務之用途。I/We object to my/our name(s), address(es), telephone number(s) and email address(es) being used by SIIA and/or provided by SIIA to the Starr and/or Selected Third Parties for direct marketing and the promotion of other insurance/financial products and services.

投保人簽署 Signature of Applicant

日期 Date

For Company Use Only 本公司專用欄:

代理人姓名及編號 Producer's Name & Code:	保單號碼 Policy Number:	生效日期 Effective Date :	總保費 Total Premium:
SUN FLOWER			

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