

# 伴您遨遊中國旅遊保障計劃申請表格\*

## Travel Direct China Insurance Application Form\*

請以英文正楷填寫 Type or print in English block letters, please.

受保人姓名  
Name of Insured Person : \_\_\_\_\_

出生日期 (月/日/年) 性別  
Date of Birth : \_\_\_\_\_ (MM/DD/YYYY) Sex : \_\_\_\_\_

地址  
Address : \_\_\_\_\_

聲明  
Declaration

• 茲申請「伴您遨遊中國旅遊保障計劃」，並聲明本申請表內之陳述及提供之細節均為完整及真實無訛，而本申請表將會構成本人與美安保險公司香港分行所簽署合約之依據。本人同意投保申請獲接納後方始作實。

I hereby apply for Travel Direct China 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 contract with American Home Assurance Company, Hong Kong Branch. I understand and agree that no insurance will be effected until the application is approved.

• 本人現確認及保證：受保人絕不會違反醫生之勸告，而旅程目的亦非往海外治療疾病及受保人現時健康狀況良好。

I 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.

• 本人同意對所有保障範圍以外之醫療費用或所有超出所定限額之醫療費用，於收到通知書14天內支付予美亞保險香港有限公司。如款項未能於限期內付清，預繳服務將被終止，同時本人須將「中國支援卡」歸還美亞保險香港有限公司，但對所有上述債項仍須負責。如遺失「中國支援卡」，本人須於48小時內向美亞保險香港有限公司報失並繳付HK\$100作補領費用。本人明白本人須為費用提供保證或彌償，美亞保險香港有限公司方為緊急現金匯款服務作出安排。

I hereby agree and undertake to settle any medical expenses that is not payable or covered under this insurance or any amount in excess of the insurance limit within 14 days after the written notification from Chartis Insurance Hong Kong Limited. The credit facility will be suspended if I fail to reimburse Chartis Insurance Hong Kong Limited within the above time limited. Upon suspension, I have to return all CHINA Assist Cards to Chartis Insurance Hong Kong Limited and will remain liable to Chartis Insurance Hong Kong Limited for any outstanding payment in arrears. In the event of loss of CHINA Assist Card, I should advise Chartis Insurance Hong Kong Limited within 48 hours and pay HK\$100 for each replacement card. I understand that Chartis Insurance Hong Kong Limited will not arrange for the emergency cash transmission unless guarantee or indemnity is provided by me Chartis Insurance Hong Kong Limited first securing payment from me.

• 本人現聲明並同意美亞保險香港有限公司可保留、使用或透露任何美亞保險香港有限公司所收集或持有之個人資料（在此申請書所載或從其他途徑取得），並可給予有關人士機構或任何被選定的機構（本港或海外），處理與本申請及其他財務產品及服務，或作直接促銷及資料核對等用途，並因而與本人聯絡。本人明白到(i)倘若本人未能提供本申請書所需的資料，美亞保險香港有限公司將可能無法處理申請，及(ii)本人有權向美亞保險香港有限公司查閱及申請改正所有與本人及受保家庭成員有關的個人資料。有關的申請可來函香港郵政信箱456號美亞保險香港有限公司之個人資料管理員辦理。

I hereby declare and agree that any personal information collected or held by Chartis Insurance Hong Kong Limited (whether contained in this application or otherwise obtained) is provided and maybe held, used, and disclosed by Chartis Insurance Hong Kong Limited to individuals / organizations associated with Chartis Insurance Hong Kong Limited or any selected third party (within or outside of Hong Kong) for the purposes of processing this application and providing subsequent services for this and other financial products and services, direct marketing, and data matching, and to communicate with me for such purposes. I understand that (i) Chartis Insurance Hong Kong Limited may be unable to process this application if I fail to provide any information requested in this application and (ii) I have the right to obtain data access to and to request correction of any personal information held by Chartis Insurance Hong Kong Limited concerning me and any of my covered dependents. Such request can be made to Chartis Insurance Hong Kong Limited's Data Privacy Officer at GPO Box 456, Hong Kong.

受保人簽署  
Signature of Insured Person : \_\_\_\_\_

### 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 "Chartis Insurance Hong Kong Limited"

\* 公司客戶投保，請填寫公司客戶申請表  
For corporate policyholder, please complete the corporate policyholder application form

代理人姓名 Producer Name:

代理人編號 Producer Code:

身份證號碼  
HKID Number : \_\_\_\_\_ 手提電話  
Mobile No : \_\_\_\_\_

受保人職業（職務）  
Occupation (give exact duties) : \_\_\_\_\_

起保日期由 (月/日/年)  
Commencing from : \_\_\_\_\_ (MM/DD/YYYY)

全年保費 文職人員 非文職人員  
Annual Premium : Administrative Duties Non Administrative Duties

HK\$628

HK\$750

日期  
Date : \_\_\_\_\_

信用卡  Visa  MasterCard  
By Credit Card

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支付此保費。  
I hereby authorize and request Chartis Insurance Hong Kong Limited to charge my VISA/Master Card account as below for the premium

有效期至 信用卡號碼  
Expiry Date Credit Card No.  
(月/年) (MM/YY) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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