

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 : _____

身份證號碼 手提電話
HKID Number : _____ 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

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亞保險香港有限公司所簽署合約之依據。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 Chartis Insurance Hong Kong Limited. 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.

• 本人同意美亞保險香港有限公司可使用在此申請書所收集之個人資料於(i)核保及執行保單(包括資料配對)，及(ii)推銷可能對本人感興趣的其他由美亞保險集團所提供之產品及服務。本人同意美亞保險香港有限公司可轉移此個人資料予(i)其他美亞保險集團於本港或海外之成員；(ii)提供有關本人保單管理服務的承包商或第三提供商；(iii)銀行及金融機構，作處理此申請及收取保費用途；(iv)公證人、調查員、第三管理人、緊急支援服務提供者、零售商、醫療提供者、法律專家及交通工具機構，以處理索償事宜；或(v)郵寄公司及(目的只作(2)用途)市場推廣公司。本人明白到本人有權於任何時候致函到香港郵政信箱456號美亞保險香港有限公司之個人資料管理員以查閱或申請修改本人的個人資料，或選擇不參與使用本人的個人資料作上述(2)的用途。

I agree to the personal data collected in this application form being used by Chartis Insurance Hong Kong Limited (1) to underwrite and administer the insurance policy (including for data matching) and (2) to promote other products and services provided by the Chartis group that may be of interest to me. I agree that Chartis Insurance Hong Kong Limited may transfer the personal data to: i) another member of the Chartis group in Hong Kong or overseas; ii) contractors or third party providers providing services related to the administration of my policy; iii) banks and financial institutions for the purpose of processing this application and obtaining policy payments; iv) in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, retailers, medical providers, legal professionals and travel carriers; or v) mailing houses and (for the purpose (2) only) marketing companies. I understand that I may gain access or request correction of my personal information, or opt out of my personal data being used for purpose (2) above at any time, by writing to Chartis Insurance Hong Kong Limited's Data Privacy Officer at GPO Box 456.

受保人簽署
Signature of Insured Person : _____

日期
Date : _____

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"

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

* 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: _____