

伴您遨遊短線旅遊保障計劃—廣東省及澳門申請表
Travel Direct Guangdong & Macau (Short-Tour) Insurance Application Form

This application serves as your part of the Policy and Premium Receipt after payment received and countersigned by an Authorized Representative.

申請人資料 Applicant Information (請以英文正楷填寫 Please fill in with English Block Letters)

申請人姓名 Name of Applicant _____ 電話 Tel No.: (852) _____

地址 Address: _____ 香港 HK/九龍 KLN/新界 NT

受保人資料 Insured Information

	受保人姓名 Name of Insured Person(s)		與第一受保人之關係 Relationship with 1 st insured	男/女 M/F	出生日期 Date of Birth (月 MM/日 DD/年 YY)	香港身份證/護照號碼 HKID No./Passport No.
	姓 Surname	名 First Name				
1					/ /	
2					/ /	
3					/ /	
4					/ /	

受保日期 Period of Insurance: ____ / ____ / ____ 至 to ____ / ____ / ____ (月MM/日DD/年YY) 總日數 total ____ days (最長保障 14 日 Maximum 14 days)

行程 Itinerary: 香港 HK ———— 香港 HK

旅遊目的 Purpose of Trip: 遊覽 Pleasure
 文職公幹 Business (Administrative Duty Only)

保費表

保障期 Period of Insurance	個人 Individual	家庭 Family	保障期 Period of Insurance	個人 Individual	家庭 Family
1 日 day	38	76	8 日 days	118	236
2 日 days	48	96	9 日 days	128	256
3 日 days	58	116	10 日 days	139	278
4 日 days	72	144	11 日 days	153	306
5 日 days	82	164	12 日 days	165	330
6 日 days	92	184	13 日 days	178	356
7 日 days	108	216	14 日 days	180	360

聲明 Declaration

茲申請「伴您遨遊短線旅遊保障計劃—廣東省及澳門」，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。本人同意保險須為申請獲接納後方始作實。

I hereby apply for Travel Direct Guangdong & Macau (Short-Tour) 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(1)核保及執行保單(包括資料配對)，及(2)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者；(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/our 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.

申請人簽署

Signature of Applicant: _____

Credit Card Payment Authorization Form

信用咭付款授權書

(For Travel Insurance Application ONLY 只適用於申請旅遊保險計劃)

Name of Applicant 保單申請人: _____

Premium 保費: _____

I hereby authorize and request Chartis Insurance Hong Kong Limited to charge my credit card account as below for the premium payment

本人同意及授權美亞保險香港有限公司於本人下列信用咭戶口支付上述保費。

Type of Credit Card 信用咭種類: (Please tick either one 請選擇其中一項)	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card
Credit card No. 信用咭號碼:		
Expiry Date 有效期至:	M 月	Y 年
Name of Cardholder 持咭人姓名:		

Cardholder's Signature 持咭人簽名: _____
(The signature must be identical to the one on your credit card.)
(簽名必須與信用咭上簽名相同)

Date 日期: _____

Remark: Please return this authorisation form and the insurance application form to us either by Fax or Mail
備註: 請連同旅遊保險申請表傳真或寄回此付款授權書

Fax傳真: 2838 4180 Tel電話: 3666 7022
Address: 46/F, One Island East, 18 Westlands Road, Island East, Hong Kong
地址: 香港港島東華蘭路18號港島東中心46樓