

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 <sup>st</sup> 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安保險公司香港分行所簽署合約之依據。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 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.

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